

**CONFIDENTIALITY OF PATIENT CARE**

All patient care information at EvergreenHealth Monroe, as in any healthcare institution is strictly confidential. Volunteers, as well as employees, are not to repeat anything they see or hear to anyone inside or outside the hospital, (with the exception of the attending physician or nurses). Any unauthorized disclosure of such information could render the institution liable for damages on grounds of defamation or invasion of the right to privacy. Anything you see, hear or read is private and can't be repeated.

**Please read the following rules re privacy and confidentiality, and sign agreement below:**

1. Patient medical charts should only be read by the attending physician or nurse. If the patient wishes to read something on his/her chart, refer the request to the physician or nurse in charge.
  
2. Never repeat a diagnosis. Refer any patient or family inquiries to the physician or nurse in charge.
  
3. Information concerning friends or acquaintances you see on the census or in the hospital is confidential. When and why an individual is in the hospital is a personal matter.
  
4. Information concerning the business end of a patient's stay such as their bill, charges, insurance, etc. is confidential.

**As a volunteer with EvergreenHealth Monroe, I understand confidentiality and agree to keep all information concerning a patient's care strictly confidential.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer Services Staff

\_\_\_\_\_  
Date

**VOLUNTEER  
CONFIDENTIALITY AND SECURITY AGREEMENT**

This Agreement applies to all members of EvergreenHealth Monroe’s workforce, including all employees, temporary and contract employees, volunteers and students. The purpose of this Agreement is to help you understand your personal obligation regarding confidential information. Signed acknowledgement of this form is required prior to issuance of computer network or application credentials (user ID and password).

As a member of EvergreenHealth Monroe’s workforce, you may have access to confidential information including patient, financial or business information obtained through your association with EvergreenHealth Monroe. Confidential information is valuable and sensitive and is protected by law and by strict EvergreenHealth Monroe policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires protection of confidential information contained within a healthcare information system. Inappropriate disclosure of patient data may result in termination and the imposition of fines up to \$250,000 and ten years imprisonment per incident.

Accordingly, as a condition of and in consideration of my access to confidential information, I acknowledge and agree that:

1. I will not access confidential information for which I have no legitimate need to know and for which I am not an authorized user. I will not access my own records for any reason. I will not access the records of my family members or friends except for assigned job-related duties. When accessing a patient’s record, I will only access the minimum necessary information to satisfy my job role or the need of the request.
2. I will not in any way divulge, copy, release, sell, loan, review, alter, post online, destroy or forward outside of EvergreenHealth Monroe any confidential information unless expressly permitted by existing policy except as properly approved in writing by an authorized officer of EvergreenHealth Monroe within the scope of my association with EvergreenHealth Monroe.
3. I will not utilize another user’s password in order to access any system nor will I reveal my computer credentials to anyone else for any reason. **I accept personal responsibility and understand that I will be held accountable for all activities occurring under my computer credentials.**
4. If I observe or have knowledge of unauthorized access or divulgence of confidential information I will report it immediately to my supervisor or the Privacy Officer.
5. I will not seek personal benefit or permit others to benefit personally by any confidential information that I may have access to or that I access as an unauthorized user.
6. I understand that all information, regardless of the media on which its stored (paper, computer, videos, recorders, etc.), the system which processes it (computers, voice mail, telephone systems, faxes, etc.), or the methods by which its moved (electronic mail, face to face conversation, facsimiles, etc.) is the property of EvergreenHealth Monroe and shall not be used or disclosed inappropriately or for personal gain. I also understand that EvergreenHealth Monroe reserves the right to inspect or monitor any company owned, leased, or controlled computer, computer device, network, computer facility, storage device, voice mail or telephone system at any time for any reason and that EvergreenHealth Monroe may divulge any information found during such inspections or monitoring to any party it deems appropriate. I understand that I should not consider electronic communications to be either private or secure, nor have an expectation of privacy in anything I create, store, send, or receive on the computer and network.
7. I agree to abide by all EvergreenHealth Monroe rules and regulations as specified in EvergreenHealth Monroe Policies.
8. I understand that my duty to maintain confidentiality continues after I am no longer employed by EvergreenHealth Monroe.
9. I understand that my failure to comply with this Agreement may result in corrective action which might include, but is not limited to, termination of employment and/or loss of my privileges within EvergreenHealth Monroe, as well as potential civil or criminal penalties.

**I acknowledge that EvergreenHealth Monroe has an active on-going program to review records and transactions for inappropriate access and I understand that inappropriate access or disclosure of information can result in penalties up to and including termination of employment and/or legal action. My signature below indicates that I have read, accept and agree to abide by the requirements of this agreement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Students & Volunteers:** must provide a 4 digit code for identification

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Supervisor

### CHEMICAL HAZARD ATTESTATION

In compliance with State Law, all volunteers must be trained in the use of any hazardous chemicals they handle. In general, volunteers do not handle dangerous chemicals; however, some common products such as detergents or glass cleaner, hand sanitizer and disinfectant wipes are considered hazardous. Volunteers do handle the above products and must be trained in their proper use. The training is as follows:

1. Detergents or glass cleaner: Do not drink. Do not spray directly onto skin or in eyes. If this accidentally happens, rinse with clear water.
2. Hand sanitizer: Do not swallow, do not place directly into eyes. If eye contact occurs, flush with large amounts of clean water and seek medical attention if signs/symptoms persist. If swallowed, do not induce vomiting unless instructed to do so by medical personnel, give two glasses of water and get medical attention if needed.
3. Disinfectant wipes: wear protective clothing as needed, avoid contact with eyes and skin. If skin irritation developed, call a physician.

*If eye contact occurs, hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control center or doctor for treatment advice.*

If you are ever asked to handle any product that you believe may be hazardous, please consult the **Material Safety Data Notebook** located in each department. It will contain safety sheets on all hazardous products used within that department.

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I have read, understand and agree to the above.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## CODE RED

CODE RED is our fire code. You need to know the following:

For all CODE RED and CODE RED DRILLS - stay where you are and listen for further instructions. Remain calm and reassure patients/visitors. When in doubt, get help.

**DO NOT open or block fire doors. They are designed to contain smoke and fire.**

Know the location of the pull stations, fire extinguishers, telephones and exits for your area.

Designated staff will respond to CODE RED OR CODE RED DRILL. Volunteers do not respond to this (or any other) code. Staff is highly trained to handle emergencies of this nature. We need to stay out of their way. If you happen to be the first person to discover a fire, immediately pull the fire alarm and dial 4444 for further help.

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### PROCEDURE FOR CODE RED - IN CASE OF FIRE

- 1 R Rescue all people from immediate danger.
- 2 A Activate fire pull stations.
- 3 C Contain the fire if possible.
- 4 E Extinguish the fire if possible.
- 5 Shut off Oxygen zone valve (staff).
- 6 Fight the fire if it is manageable.

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I understand CODE RED and know what to do when I hear it.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

CERTIFICATION  
**HIV- AIDS- HEPATITIS B VIRUS TRAINING**

This is to certify that the participant has received education based on the KNOW-HIV / AIDS Prevention Curriculum for health care facility employees in accordance with Washington State RCW 70.24.310.

The participant has completed the requirement by reading the HIV / AIDS / HEPATITIS B Virus curriculum provide in the State. The Manager of Infection Control provided additional information and/or clarification of the curriculum as needed by the individual participant.

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Participant Signature

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Volunteer Programs Department

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Shelly Simpson, Manager-Employee Health

## **VOLUNTEER UNIFORM AND PHOTO I.D. LOAN AGREEMENT**

Uniforms along with the photo I.D. are loaned to volunteers but remain property of EvergreenHealth Monroe. Please do not deface either one of them. The ID badge should not have holes punched in it, or stickers or other decorations. The uniform cannot have personal pins, buttons, etc. Each will be returned to the volunteer office when the volunteer ends their volunteer service.

### **UNIFORM AND PHOTO I.D. LOAN**

A volunteer uniform is obtained at the volunteer office, along with the form for the photo I.D. badge. Volunteers will take the signed form to the Plant Operations office to obtain a badge photo I.D. The badge must be worn on a lanyard and visible to patients, staff and other volunteers.

### **UNIFORM AND PHOTO I.D. USE**

Volunteers are required to wear a uniform and photo I.D. badge while on duty.

### **UNIFORM AND PHOTO I.D. RETURN**

When you are finished volunteering with EvergreenHealth Monroe, the uniform and photo I.D. will be returned to the Volunteer Coordinator.

I understand the terms of the uniform and badge I.D. loan agreement. I agree to abide by these rules.

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Signature of Volunteer

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Date

*Working together to enrich the health and well-being of every life we touch.*

**VOLUNTEER AGREEMENT: AS AN EVERGREENHEALTH MONROE VOLUNTEER, I AGREE THAT...**

1. I shall hold as **absolutely confidential** all information that I may obtain directly or indirectly concerning patients, family members, doctors or personnel, and not seek to obtain confidential information from a patient.
2. I understand that EvergreenHealth Monroe will screen all volunteers via: Washington State Patrol, and the Health and Human Services – Office of Inspector General. (<http://www.nsf.gov/oig/>). Also if a volunteer helping patients in the gift shop, or other departments, EvergreenHealth Monroe may also screen using a national background check, which requires disclosure of my social security number.
3. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and if unsuccessful, attempt to resolve any such problems with the Volunteer Services Coordinators or with the human resource department.
4. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude (d) unsatisfactory work or appearance; or (e) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of EvergreenHealth Monroe. I shall at all times uphold the philosophy, mission, and standards of EvergreenHealth Monroe.
5. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
6. I agree that: As a representative of EvergreenHealth Monroe, I will present myself in the best possible manner. Prior to volunteering, I will shower, and have clean hair and nails. My uniform, shoes and clothing should be clean and free from odor. I will not wear fragrances. Face and lip jewelry will not be worn while volunteering. I will wear my ID Badge and any additional required uniform or pin at all times. I understand the following are not allowed: revealing clothing, shorts, hats (except for religious purposes), and open-toed shoes.
7. I shall give two (2) weeks notice before terminating my volunteer position and one week notice for vacation leave.
8. I shall make my best effort to fulfill my commitment by completing all assignments that I accept.
9. I understand that EvergreenHealth Monroe assumes no responsibility for any contact, visits, or services provided by me outside of the responsibilities assigned through Volunteer Services of EvergreenHealth Monroe.
10. I agree to evaluation for suitability of volunteer assignment.

***I have read each of the above conditions and I agree to be bound by them.***

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Volunteer Signature

Date

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Signature of parent if volunteer is under age 18.

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Volunteer Services Staff signature

Date



