Volunteer Orientation

New Volunteer orientation is provided via this packet to allow new volunteers to readily have access to information necessary for meeting orientation requirements for placement. This orientation must be completed prior to the first day of your placement.

Step 1: Read the Volunteer Orientation Handbook

Step 2: Please read Our Values and Ethics at Work Reference Guide

Step 3: Read and complete the following.

- Acknowledgement and Certification Form
- Confidentiality Agreement
- Safety Test
- HIPAA and Corporate Responsibility Test
- Personal Electronic, Computers and Social Networking Acknowledgement
- Consent to Photograph
- Volunteer Agreement
- Customer Service Excellence Commitment
- Orientation Handbook Checklist
- Pre-Check Volunteer Release Form

If you are under the age of 18, in addition to the above, please complete:
Federal Laws for Teens under 18 years of age and the Volunteer Parent Consent and Release of Liability Form, also provided in this packet.

Due to federal and state regulations, you will not be given a start date or be allowed to give any service, until all the required paperwork, including the orientation above and the health requirements below, have been received.

Step 4: Health Requirements – TB Tests

All NEW Volunteers are required to have a TB test completed. There are some exceptions to this, based on your TB test history. TB testing and flu shots are offered by our Employee Health department at no cost to you. Upon submission of this Orientation Packet, you will be contacted by the Volunteer Services Office to schedule your TB test and meet to review placement.

Revised: May 2019
Orientation Handbook
For Volunteers

This handbook will provide you with a helpful overview of important information and key safety policies for CHI Mercy Health facilities.

CHI Mercy Health includes the hospital, outpatient Imaging/labs/therapies, Shaw Heart and Vascular Center, a home health/hospice agency, and physician groups across Roseburg, Oregon.

Mercy Medical Center is affiliated with Catholic Health Initiatives (CHI), a national not-for-profit organization based in Denver, Colorado. CHI is the third largest Catholic health system in the United States with 72 hospitals, 40 long-term care, assisted and independent living and residential facilities and five community-based health organizations in 19 states.
WELCOME

We are pleased to welcome you to CHI Mercy Health. Your desire and dedication to helping others has enabled you to join a highly valued group of people. All will appreciate your special gift of service.

You have our thanks for your very important and valuable contributions of time and talents. We believe that this experience will be a rewarding one for you.

Mission - The Mission of Mercy Medical Center and Catholic Health Initiatives is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century. Fidelity to Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.

Vision - Catholic Health Initiatives’ vision is to create a national Catholic ministry that will live out its mission by transforming health care delivery and creating new ministries that promote healthy communities.

Values - Mercy Medical Center and Catholic Health Initiative’s Core Values define the organization and serve as guiding principles. They are the roots or anchors from which all activities, decisions and behaviors follow.

**REVERENCE * INTEGRITY * COMPASSION * EXCELLENCE**

REVERENCE - Profound spirit of awe and respect for all of creation, shaping relationships to self, to one another and to God and acknowledging that we hold in trust all that has been given to us.

INTEGRITY - Moral wholeness, soundness, uprightness, honesty, sincerity as a basis of trustworthiness.

COMPASSION - Being accountable for beliefs, attitudes and actions. Feeling with others, being one with others in their sorrows and joy, rooted in the sense of solidarity as members of the human community.

EXCELLENCE - Outstanding achievement, merit, virtue; continually surpassing standards to achieve/maintain quality.

*As employees/volunteers of Mercy Medical Center and Catholic Health Initiatives, we are called to fulfill a sacred trust to care for those we serve and for each other. By living our core values every day, we create relationships that heal, bring hope to those in need, and make a positive difference in our workplace and our world. We hold ourselves to be responsible stewards of our values and resources as we continue to meet the emerging health care needs of the community.*

Revised: May 2019
Health Requirements

All CHI Mercy Health Employees and Volunteers have the following requirements for health documentation:

TB Tests - As a new volunteer you will be required to have a TB skin test and highly encouraged to have the flu vaccination. Upon completion of the orientation packet, please call the Volunteer Services Office to schedule your TB skin test. Once you are active, volunteers are encouraged to get an annual flu vaccination.

Volunteer Service

- The minimum age for volunteering is 16. We do not have a specific “teen” volunteer program. Our volunteer opportunities are available to those 16 years of age and older.
- Acceptance for volunteer service at CHI Mercy Health will depend upon the ability to meet the requirements of the volunteer services program.
- After an interview, volunteer assignments are made according to interest, availability, and ability to fulfill requirements and designated hours.
- All volunteers will submit an application, documentation of the health requirements and sign a background check consent form. Teen volunteers will also be required to submit a signed parental consent form.
- All volunteers will complete the online orientation and receive one-on-one training with a seasoned volunteer prior to being on their own.
- Annual education is required for all volunteers for Safety Training, HIPAA Training, and Confidentiality.

Volunteer Bill of Rights

- **The right** to be treated as a team member.
- **The right** to a suitable assignment with consideration for personal preference, temperament, life experience, education and background.
- **The right** to know as much about the organization as possible – the policies, the people, and the programs.
- **The right** to be trusted with necessary confidential information.
- **The right** to continuing education on the assignment as well as follow-up to initial training.
- **The right** to guidance and direction by someone who is experienced, patient, and well-informed.
- **The right** to be heard, to have a part in planning, to feel free to make suggestions, to have respect shown for an honest opinion.

Revised: May 2019
Volunteer Code of Conduct

- **Be Positive:** Display a *positive* image of CHI Mercy Health by demonstrating courteous and professional behavior toward patients, physicians, employees and visitors and by following the values of CHI Mercy Health.
- **Be Sure:** Look into your heart and know that you really want to help others. Know your own limits.
- **Be Convinced:** Believe in the value of what you are doing.
- **Accept the Rule:** Don’t criticize what you don’t understand. There may be good reason.
- **Speak Up:** Ask about things you don’t understand.
- **Be Willing to Learn:** Training is essential to any job well done. Prepare for each assignment.
- **Keep on Learning:** Know all you can about your hospital and your assignment. Use your time wisely; don’t interfere with others’ performance.
- **Welcome Supervision:** Consult with supervisor when unclear on policy or action. You will do a better job and enjoy it more if you are doing what is expected of you.
- **Be Dependable:** Your word is your bond. Do what you have agreed to do. Don’t make promises you can’t or won’t keep.
- **Be a Team Player:** Find a place for yourself ON THE TEAM. Constructive feedback will improve effectiveness.

General Information and Regulations

**Attendance**
Dependability is the key to a successful volunteer experience. Reporting on time is important. If you are unable to come in, please contact at least two of your team members to see if someone can sub for you. If you are unsuccessful, call the volunteer office to let them know. Please let us know of your absence as far in advance as possible.

**Awards**
Every year, service awards are presented to volunteers at a special ceremony to recognize various levels of hours achieved and various levels of years served.

**Benefits**
Active volunteers receive the following benefits:
- Free meal (up to $7) on the days you volunteer.
- Annual flu shot at no charge, if available.
- TB screening at no charge.
- Participation in certain hospital receptions, open houses, picnics, parties and other events.
- Volunteers can request letters of recommendation.

**Change of Name or Address**
Notify the Volunteer Office immediately whenever your name, address, telephone or emergency information changes. The department endeavors to keep records as current as possible.

Revised: May 2019
Confidentiality
Confidentiality is required at all CHI Mercy Health entities. All information regarding patients, staff, volunteers, job shadowers, physicians and visitors is confidential. Volunteers and job shadowers are required to sign the Confidentiality Agreement acknowledging this. A violation of confidential information is a violation of hospital ethics, and a volunteer/job shadower may be dismissed immediately by Volunteer Services for such a violation.

Dos and Don’ts
Volunteers should perform only those duties to which they have been assigned and properly trained. When in doubt, ask questions about what to do. Job Shadowers do not perform any duties and must stay with their sponsor at all times.

Drug and Alcohol Use
CHI Mercy Health prohibits the use and/or abuse of drugs and alcohol in the workplace. All are expected to abide by the terms of this policy as a condition of being able to work within the hospital. Anyone who is found to have violated its prohibitions is subject to disciplinary action, including suspension and/or discharge.

Employment Opportunities
All employment matters are handled through the Human Resources Department.

Employees as Volunteers
Acceptance of an employee for volunteer services will be contingent upon the employee’s ability to meet the requirements of the volunteer service program. Qualified employees may volunteer after working hours provided the volunteer positions they seek are in areas other than the ones in which they are employed. Employees who are retired from CHI Mercy Health may volunteer. However, the areas to which they are assigned must be at the discretion of CHI Mercy Health, the Department Coordinator, and Volunteer Services.

Equal Opportunity
The Volunteer Services Department shall select and place volunteers/job shadowers based on ability and interest. CHI Mercy Health shall provide equal opportunity to all people in all aspects of volunteer relations without discrimination due to race, color, religious creed, sex, national origin, ancestry, marital status, age or qualified disability. It is the hospital’s policy to maintain a working environment free of sexual harassment and intimidation.

Food and Beverages
Food or beverages are never to be consumed in reception, registration, information or public areas of a unit or department. Breaks and meals should be taken in the cafeteria, or in the department’s break-room.

Identification Badge
All volunteers/job shadowers are required to have an identification badge. This badge should be worn at all times while giving service, either on your clothing at collar level, or on the lanyard provided to you by the volunteer office. No person may borrow or loan an identification badge. The ID badge should be returned to the Volunteer Services Office when you are finished with your service.

Revised: May 2019
Personal Appearance
Everyone must observe the CHI Mercy Health dress code and present themselves to others in a manner and dress that is both professional and conservative. We reserve the right to dismiss you if this is not followed.

General Guidelines
- Work attire shall be professional, business-like, clean, neat and appropriately fitted.
- Dresses and skirts must be modest in length. Pant length above the calf is not appropriate.
- Clothing must cover midriff and back side.
- Summer style sandals should not take away from a professional, business-like appearance.
- A few examples of unacceptable work attire are:
  - Tee shirts (with or without logos)
  - Tank tops or spaghetti strapped tops or dresses strapless tops
  - Shorts of any length
  - Short skirts/dresses
  - See-through, low-cut, or revealing clothing
  - Denim clothing of any style or color
  - Spandex and leggings (leggings/tights can be worn with appropriate length dresses/skirts/tunic tops)
- Tattoos
  - Visible tattoos must not be obscene, profane, vulgar, offensive or distracting to others;
  - Tattoos visible above the jaw line are not acceptable.
- Volunteers who are not dressed appropriately will be asked to change clothing or leave.

Some modifications may apply based on specific requirements of the department based on their safety or infection control procedures.

Smoking/Tobacco Use
The use of tobacco products and electronic smoking devices is strictly prohibited at CHI Mercy Health and its off-campus entities, except in designated smoking areas. Tobacco waste products are to be disposed of in the appropriate receptacle. Staff must smoke in the designated employee smoking area located next to the Facilities building. Staff who fail to comply with this policy are subject to progressive discipline. Staff are not permitted to provide tobacco products and/or electronic smoking devices to visitors or patients. It is the responsibility of administration, department leaders, medical staff leaders, and all staff to enforce this policy.

Volunteer Placement and Relatives
The placement of volunteers with immediate relatives within the same department is discouraged and will normally not be permitted. Immediate relatives within the same department will only be allowed when such individuals are scheduled on different shifts from one another and are not involved in the supervision of one another. In no case will an individual supervise an immediate relative. This placement must have final approval of the Volunteer Services director, and the Director of the specific department.

Revised: May 2019
Diversity

One of the goals of CHI Mercy Health is to recognize each person’s unique composition of body and soul, which embraces physical, emotional, and spiritual, needs. We consider each person as an individual, and strive at all times to be consistent with our core values of Reverence, Integrity, Compassion and Excellence for all individuals.

What we must do to actively support Diversity:

- Be mindful of your language; avoid stereotypical remarks and challenge those made by others.
- Speak out against jokes and slurs that target others.
- Your silence sends a message that you agree. It is not enough to refuse to laugh.
- Speak up when people take positions that work against understanding and communication.
- Welcome new people into your life and seek opportunities to meet others.

Patient Rights

In accordance with its mission and values, CHI Mercy Health treats each patient as a whole, irreplaceable, unique, and worthy person. Patients in this facility enjoy the following rights:

1. The right to considerate care that respects the patient’s personal value and belief systems.
2. The right to receive from his/her physician current information concerning his/her diagnosis, treatment and prognosis in easily understood terms. When it is not medically advisable to give such information to the patient, it should be shared with an appropriate person on his/her behalf. The patient has the right to know the name of the physician responsible for coordinating his/her care.
3. The right to receive from his/her physician information necessary to give informed consents prior to the start of any procedure or treatment. Except in emergencies, the information should include, at minimum, the specific procedure and/or treatment, the significant risks involved and the expected length of recuperation. When alternatives for care or treatment exist, or when the patient inquires about alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of this action.
5. The right to formulate advance directives and appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law.
6. The right to receive every consideration of privacy and confidentiality concerning his/her own medical care and treatment.
7. The right to expect that all communications and records will be treated as confidential.
8. The right to expect that CHI Mercy Health will make a reasonable response to the patient’s request for services.
9. The hospital will provide evaluation, service and/or referral as indicated. The patient may be transferred to another facility only after he/she receives complete information and explanation concerning the needs for and the alternatives to a transfer.
10. The right to obtain information about any relationship of the hospital to other health care and educational institutions which could impact care of the patient. Also, the patient has the right to obtain information concerning any professional relationships among individuals who are providing treatment.

11. The right to know if there are plans for the hospital to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in research projects.

12. The right to expect continuity of care and to know in advance what follow up plans and services will be needed after discharge.

13. The right to examine and receive an explanation of his/her bill regardless of the source of payment.

14. The right to know what hospital rules and regulations apply to patient rights.

Customer Service

CHI Mercy Health is a community of competent and caring individuals. It is the desire of all of us to continue to deserve that reputation. We should all conduct ourselves in a professional manner, always taking into consideration the image that is being presented to our guests and fellow team members. We believe that we are here to serve our customers and exceed their expectations by providing the highest quality of service with the utmost care and courtesy. These are some of the ways we can show we care about our patients, their families, and one another.

Simple Courtesies

- Do not allow anyone to feel ignored.
- Initiate a friendly greeting with immediate eye contact, smile and say “hello.”
- Introduce yourself by your first name. Tell the customer who you are and what you will be doing.
- Name badges should be worn at chest level at all times.
- Address patients as they wish to be called. Do not refer to patients as honey, sweetie, etc. Teen Volunteers: You are expected to address all patients older than yourself as Miss, Mrs., Mr., Dr., etc. unless they request to be called something else!
- Face the patient or family member when speaking, using clear, distinct words.
- Listen attentively and do not interrupt.
- Knock on the patient’s door before entering.
- Observe visitors. If someone appears to need directions, offer to help and TAKE the customer to his or her destination. If you are unable to personally escort a customer, take him or her to someone who can.
- Use the age appropriate communication techniques located on page 15.

Attitude in Action

- Recognize that the people we serve have a sense of urgency, and show we value their time. They are not an interruption of our work; they are our reason for being here.
- Treat every person as if he or she is the most important person at CHI Mercy Health.
- Listen carefully and with an open mind to what people have to say. Show a sincere interest. Avoid unnecessary interruptions.
- Be receptive to comments, suggestions, questions and complaints.
- Use good manners.
- Rudeness is never tolerated.

Revised: May 2019
Meet an individual’s immediate needs, or gladly take him/her to someone who can. Proudly exceed expectations.
Always be eager to help patients under any circumstances. Never say: “It’s not my job.” Or “I don’t have time.”
Assist in making sure patients are taken directly to areas you have been assigned to take them to. The patient is your number one priority. Don’t stop to chitchat with a coworker or friend. Your mission is the patient!
Before leaving, ask, “Is there anything else I can do for you?”

Elevator Etiquette
Our customers always have the right of way while using elevators and navigating hallways. Use this as an opportunity to make a favorable impression.
Always transport patients in wheelchairs facing the elevator door

Conversations with Patients
Conversations with patients should be limited to cheerful, non-controversial subjects. When visiting patients, do not discuss their illness. Patients may divulge information that is highly personal. Volunteers should listen with compassion and understanding, but should not invite confidences. Volunteers should never offer opinions on personal affairs, medical treatment, administration of medication, choice of physicians or referral of services.

Concerns
If a patient or visitor complains about something, don’t argue or offer excuses. Simply say, “I’m sorry you have had difficulty.” Then report the complaint either directly to the Patient Advocate or the volunteer services office. If the comment/complaint needs to be heard immediately by someone in authority, contact the following offices in this order:
Patient Advocate
Volunteer Services Office
Unit Manager
Guidelines for Effective Communications for All Age Groups

As a volunteer at Mercy you will come in contact with people of all ages. It is important that you have basic knowledge about each patient’s unique needs as they relate to their age. By learning and understanding the specific needs of each of the following age groups you will be able to better deal with patients and visitors at Mercy.

INFANTS AND TODDLERS (ages 0 to 3 years) are curious. During the first few years of life, infants and toddlers are growing rapidly. They explore the world by playing, crying, babbling, and later by learning how to talk. Infants and toddlers do not like to be separated from their parents. They depend on others to care for them, and, generally speaking, they seek to trust others. Because they don’t know much about the world and they are eager to explore, safety is a major concern for this age group.

Examples of age specific care for this age group include:
• Whenever possible, involve parent in care during feeding, diapering and bathing.
• If a child/parent couple is separated while in the ER, be the link between the parent and the child until they can be reunited again.
• Provide safe toys and ample opportunity to play. As a volunteer, you may be just the right person to help entertain children in our care. Read to them, speak to them, play with them, and smile! Remember also to watch out for their safety, as young children often have no sense of fear or danger.
• Encourage child to communicate by talking to them, smiling at them, etc.

YOUNG CHILDREN (ages 4 to 6 years) are active. As children grow, their growth rate slows down a bit and their motor skills continue to improve. They learn basic skills such as dressing themselves and toilet training. They also being to use symbols (like letters) and have a very vivid imagination. At this age, children become more independent and begin to be more aware of others’ feelings.

Examples of age specific care for this group include:
• Involve parent and child in care—let the child make some food choices, etc. Don’t be afraid or shy to reach out to parents/children at Mercy. Chances are they will welcome your friendly smile and your willingness to connect with them.
• If the child is a patient at Mercy, this is your opportunity to play! Use toys and games to reach child and reduce fear.
• Encourage the child to ask questions, play with others, and talk about their feelings.
• As a volunteer you will be more aware of the safety rules at Mercy. When appropriate, feel free to answer questions the parents may have about safety rules at Mercy (such as our pediatric safety/alarm program that helps to protect our young patients). Help parent teach child safety rules.

OLDER CHILDREN (ages 7 TO 12) are doers. Physical growth slows down until puberty. They love to learn new things and have a good understanding of cause and effect; they can read and do math. By this age children have developed a sense of self and the focus on school activities and sports. It becomes important to “fit in” with their peers, to feel competent and useful.

Examples of age specific care for this group include:
• Allow the child to make some care decisions. For example, if you have been asked to help feed a

Revised: May 2019
child, ask them what they would like to eat first.

- Be friendly and answer questions the children/parents may have. If you don’t know the answer, say “I am not sure about that but I will find out.” Remember, children this age love to learn new things so they will welcome bits of information you can give them about being a volunteer, the hospital, etc.
- Build their self esteem – ask them to help you, recognize them when they do something good.
- Help them make good, healthy, safe choices.

**ADOLESCENTS** (ages 13 to 20 years) are in transition. During adolescence, we see another growth spurt. Physical development of reproductive system begins at this stage. Teens develop the ability to be abstract thinkers an

**YOUNG ADULTS** (ages 21 to 39) build connections. Physical and sexual maturity is reached at this stage. Nutritional needs are for maintenance, not for growth. New skills are acquired to solve problems. Career goals are set and it becomes important to seek closeness with others. Often, it is during this stage that a person starts his/her own family.

**Examples of age-specific care for young adults:**

- Support the person in making health care decisions.
- Recognize family and work commitments. Ask them about their families, their children, and their jobs.

**MIDDLE ADULTS** (ages 40 to 64) seek personal growth. Adults in this age group begin to age and some may develop chronic health problems. At this time in their lives, they use life experiences to learn, to create and to solve their problems. Middle adults hope to contribute to future generations, like to stay productive and to try hard to avoid feeling “stuck” in life. They also struggle with balancing their dreams with reality and being planning for retirement. At this time in their lives they may be faced with caring for aging parents.

**Examples of age-specific care for middle adults:**

- When speaking with them, keep a hopeful attitude and focus on their strengths, not their limitations. Encourage them to talk about their plans, their feelings, etc.
- Ask them about things they have done in their lives and recognize the person’s physical, mental and social abilities/contributions.
- If they bring up their retirement plans, ask about them. Show interest, concern and warmth toward them.

**OLDER ADULTS** (ages 65 to 79) enjoy new opportunities. Older adults age gradually, and there may be a natural decline in some physical abilities and in their senses (hearing, seeing, etc.). They continue to be active learners and thinkers although their memory may begin to decline a bit. During this time in their lives, older adults may experience new roles (grandparent, widow/er, etc.) and they may struggle between independence and dependence. Older adults also spend time reviewing their live experiences.

**Examples of age specific care for older adults:**

- Be willing to listen to them. Encourage the person to talk about their life experiences. If they have experienced a loss, allow them to share their feelings of loss and grief.
- Treat them with respect and recognize that they may have limitations such as not hearing well.
Offer assistance if they seem to need it.
- Be friendly; answer their questions and obtain help if you don’t have the answers.
- Encourage them to get involved in social activities such as volunteer work, senior clubs, etc.

**ADULTS AGES 80 AND OLDER** move to acceptance. As adults reach this age group, their physical abilities continue to decline and they may be at increasing risk for chronic illness and other major health problems. Learning does continue although memory skills and/or speed of learning may decline. Confusion in this age group may be caused by illness or a medication problem. Emotionally, older folks begin to accept end of life and personal losses and they try to live as independently as possible.

**Examples of age-specific care for adults ages 80 and older:**
- When possible, encourage their independence by providing physical, mental and social activities.
- Be there for them when they face difficulties --- a kind word, a smile, a warm touch, a listening ear go a long way! The above age-specific characteristics give you with some basic facts about human growth and development. We encourage you to use this information as a starting point in your interaction with patients, visitors, staff and other volunteers. Remember, however, that each person is a unique individual who deserves to be treated, above all, with dignity and compassion.
HIPAA Privacy and Security: Our Values and Ethics at Work

HIPAA (Health Insurance Portability and Accountability Act) is a Federal regulation imposed on health care organizations including hospitals, home health agencies, physician offices, nursing homes, other providers, health plans and clearinghouses.

**HIPAA Privacy Rule:**
- Gives patients a right to access their medical records and restrict (in someways) who may access their health information.
- Requires organizations to train its workforce and to take measures to safeguard patient information in every form.
- Provides penalties for individuals and organizations who fail to keep patient information confidential. Criminal penalties under HIPAA: maximum of 10 years in jail and a $250,000 fine for serious offenses. Civil penalties under HIPAA: maximum fine of $25,000 per violation.

**HIPAA Security Rule:** Pertains to electronic patient information and requires physical, technical and administrative safeguards.

**Protected Health Information (PHI):** PHI is any patient information which identifies a patient directly or indirectly. PHI in any form (written, faxes, electronic, photographs/images, conversations, labels, monitor strips) must be protected.

**HIPAA Privacy Official and HIPAA Security Official:** The Privacy Officer shall oversee all ongoing activities related to the development, implementation and maintenance of the practice/organization’s privacy policies in accordance with applicable federal and state laws. The Security Officer is responsible for the ongoing management of information security policies, procedures, and technical systems in order to maintain the confidentiality, integrity, and availability of all organizational healthcare information systems. Please consult your Volunteer Services office for names and phone numbers of the HIPAA Privacy Officer and the HIPAA Security Officer.

**Privacy and Security Tips:**
- Do not look at PHI unless you need to know the information to do your job.
- Use the minimum amount of PHI necessary to perform your job duties.
- Do not use your work access privileges to access, view or print your own PHI or the PHI of your spouse, children, other family, friends or coworkers.
- Be conscious of who else may be listening when speaking with patients or family members. Lower your voice when appropriate or move to a more private location.
- Dispose of PHI by shredding it or placing it in a locked confidential storage container. Do not place PHI in the regular trash.
- Before giving out paperwork, make sure each page is for the correct patient.
- Patients (including you) should go to the Health Information Management (HIM) department to complete the required paperwork to obtain copies of their PHI. HIM employees will verify identity and legal rights to the information and release it as appropriate.
- Do not discuss what you overhear about a patient or share information gained in the course of

Revised: May 2019
work with your family, coworkers, or friends.

- Do not discuss PHI with others who do not need the information to perform job duties such as those you encounter at Walmart, church, or grocery stores.
- Do not discuss patients in public areas such as elevators, hallways, or cafeterias, where individuals outside the healthcare team may hear you.
- Do not leave an individual without identification in a confidential or secure area. Offer assistance and ask for identification if necessary.
- Do not leave patient records lying around where visitors or other unauthorized persons may view them. Keep them secure.
- Keep PHI in folders, turn it face down or use a cover page.
- Lock your office door if you leave it unattended.
- Remove PHI from printers, fax and copy machines in a timely manner.
- Do not post or write down your passwords. Never share your password.
- Make your password something you can remember but difficult for others to guess. Do not include personal information others may know about you in your password (name, date of birth, spouse or children’s names, pet names).
- Log out of patient information systems when you leave your work area.
- Turn patient information monitor screens away from public view.
- If you need to email PHI to perform job duties, you must encrypt 100% of your messages containing PHI sent outside of CHI Mercy Health’s network. You can encrypt any email message from your CHI Mercy Health email account by entering #secure# anywhere on the subject line of your message.
- Double check the “To” line before sending an email to verify correct recipient.
- Verify you have entered the correct fax number before faxing PHI.
- Use a fax cover sheet with appropriate confidentiality language.
- Be mindful of your location when discussing PHI on a cell phone.
- Avoid using speakerphones when discussing PHI.
- Be careful about how much PHI you leave on home answering machines.
- Keep laptops and other mobile devices secure at all times.
- Always wear your identification/name badge where it is visible to others.
- PHI on labels must be removed and placed in a locked confidential storage bin, or marked through with a black permanent marker or placed in hazardous waste container if appropriate.
- If you are not involved in the care of the patient or the welfare of the family, remove yourself from the area of confidential patient discussions.
- After asking their permission, put phone calls on hold to prevent overhearing background conversations about other patients.
- Knock and pause before entering the patient’s room.
- Ask visitors to leave the room if the patient would like them to do so before discussing PHI.
- Direct media inquiries to Public Relations or Administration.
- Report potential violations to your Volunteer Services office, Privacy Officer or Security Officer.
• If a government agent needs computer access to view PHI, you may cooperate only after seeing his ID. Let him know that CHI Mercy Health and you will cooperate, but that you first must contact the CRO, Risk Manager, and Department Director over the area.
• Posting advertisements on bulletin boards for personal businesses, like selling candles or cosmetics, etc. is not permitted because the CHI Mercy Health facilities are charitable, tax-exempt organizations.

Notice of Privacy Practices (NPP): Provided during the patient’s first visit, posted in the facility, and on the website. Outlines: how we may use and disclose PHI, rights regarding their PHI and how to access it, how to file a complaint or opt out of the facility directory, and how to request a list of those who have received their PHI (Accounting of Disclosures), amendments, alternative means of communication (Confidential Communications), and restrictions.

TPO (Treatment, Payment and Operations): HIPAA permits us to share PHI for treatment, payment or operations (coding, billing, quality review, risk, etc.) without authorization from the patient.

Authorization: CHI Mercy Health must obtain a signed and dated authorization form from the patient before using or sharing PHI for reasons other than TPO unless the use or disclosure is mandated by law.

Marketing: In most cases, we may not use or disclose PHI to market or film or photograph a patient for marketing purposes without obtaining a valid signed and dated authorization form from the patient. If an outside entity is involved in filming, photographing or interviewing a patient, they will work with the Communications department. Certain forms must be signed by the patient and by those filming, photographing, or interviewing the patient.

Legal Personal Representatives: Persons having the authority (under federal and state laws) such as Durable Power of Attorney with a healthcare designation or Health Care Surrogate or Court Order to act on behalf of a patient in making healthcare decisions have the same rights to access the patient’s information unless the involvement of the personal representative would put the patient at risk.

Legal Personal Representatives for Minors: Parents, guardians, and others who have authority (under federal and state laws) to act on behalf of a minor in making healthcare decisions also may have access to the minor’s health information as his/her personal representative unless the minor is emancipated.

Discussing PHI with a Patient’s Friends and Family: HIPAA permits hospitals to share information that is directly relevant to the level of involvement of a family member, friend, or other person identified by a patient, in the patient’s care or payment for health care.
• If the patient is present, or is otherwise available prior to the disclosure, and has the capacity to make health care decisions, you may discuss this information with the family or other persons if the patient agrees or, when given the opportunity, does not object.
• You may also share relevant information with the family and other persons if you can reasonably infer, based on professional judgment that the patient does not object.
• Even when the patient is not present or it is impractical because of emergency circumstances or the patient’s incapacity for us to ask the patient about discussing his/her care or payment with a
family member or other person, you may share this information with the person when, in exercising professional judgment, you determine that doing so would be in the best interest of the patient.

- You may also disclose PHI as necessary to obtain payment for services provided. You may contact persons who are involved with the patient’s care and payment for services other than the individual as necessary to obtain payment for health care services. You are required to reasonably limit the amount of information disclosed to the minimum necessary to process payment.

**Facility Directory:** A patient has the right to **opt out** of the facility directory.

- Check the directory before responding to any inquiries about a patient.
- If the patient has agreed to be in the directory, release only location and general condition (fair, critical, etc.).
- If the patient has opted out of the directory, advise the caller or individual present that you have no information on the individual requested.

**Access is monitored:** Electronic access to PHI is monitored. Inappropriate access or sharing of PHI results in disciplinary action up to and including termination.

**Breach Notifications:** Hospitals must notify patients within 60 days if their unsecured patient information was acquired, accessed, used or disclosed inappropriately. The notice must describe what happened and what the organizations is doing to investigate the breach, how similar breaches will be prevented in the future, steps individuals can take to protect themselves and contact information. Patients will be able to sue and may be able to receive compensation for breaches. Breach investigations and notifications will be handled by the Privacy Officer and the Privacy Coordinators.

**What is Your Responsibility?**
If you suspect a patient’s privacy has been violated, or if a patient alleges his/her patient information has been accessed, used or disclosed inappropriately, immediately call the Privacy Officer.
Corporate Responsibility: Our Values and Ethics at Work

The Corporate Responsibility program:
• Mandated to reduce health care fraud
• Designed to help organizations monitor themselves
• A way to raise concerns anonymously
• The right thing to do

Examples of Corporate Responsibility Issues:
• Providing poor care
• Falsifying records
• Billing for services not rendered
• Accepting kickbacks
• Billing for medically unnecessary services
• Double billing
• Patient dumping/refusing to treat patients based on ability to pay
• Violating patient confidentiality
• Giving gifts to physicians in exchange for referrals

Health Care Fraud is No. 1 Concern
Since 1996, Congress has more than TRIPLED the budget for Medicare and Medicaid fraud enforcement. This had resulted in criminal and civil convictions, and recovered taxpayer dollars. In 2010-2011, 1,116 criminal healthcare fraud claims were investigated. As a result, there were 488 criminal cases involving 931 defendants, and 726 criminal convictions.

Federal False Claims Act
• Prohibits anyone from knowingly submitting or causing to submit a false or fraudulent claim
• Violations include billing for services not provided, double billing, or being referred by someone in exchange for a kickback
• Protects whistleblowers who sue organization on behalf of government
• If the lawsuit recover funds for the government, the whistleblower can receive up to 30 percent of the recovery

Our Values and Ethics at Work Reference Guide
• Our Values and Ethics at Work Reference Guide is a policy document.
• It is designed to help you do what is right and to ensure that your behavior demonstrates our values.
• The reference guide includes examples of how the standards of Catholic Health Initiatives apply to your daily work.
• Our Values and Ethics at Work Reference Guide is one of many tools that can help you work in a responsible, professional and ethical way.
• By understanding and using this reference guide, we demonstrate our commitment to our core values.
• Failure to comply with Our Values and Ethics at Work Reference Guide may result in disciplinary action up to and including suspension or termination of services.

Revised: May 2019
• Please review completely your copy of the *Our Values and Ethics at Work Reference Guide*, discuss any questions or concerns regarding this reference guide with your Volunteer Services office, sign and return the Acknowledgement and Certification form on the last page as your individual commitment.

Catholic Health Initiatives, CHI Mercy Health and its organizations promote an environment that encourages all of us to seek clarification of issues and report questions and concerns. It is our duty and responsibility to promptly report possible violations of our standards, guidelines, or policies. You will be protected from retaliation if you make a good-faith report, complaint or inquiry. A person who retaliates against you for making a good-faith report is subject to discipline, up to and including dismissal from employment or termination of a business relationship with Catholic Health Initiatives or its organizations. Non-retaliation policies do not protect you if your actions violate the policies of Catholic Health Initiatives, CHI Mercy Health or applicable laws.

**Reporting Process:** To ask questions or report potential violations or concerns please:

• Speak with your supervisor or another manager.
• If the supervisor/manager is not available, or you are not comfortable speaking with him/her, or you believe the matter has not been adequately resolved, contact your human resources representative or your Corporate Responsibility Officer.
• If you want to report a concern anonymously, you have two options:
  o Call the Ethics at Work Line phone number, 1-800-261-5607.
  o File your report using the Internet at www.ethicspoint.com.
• Both of these confidential reporting options are available 24 hours a day, seven days a week. Reports made by phone or the Internet are received by trained staff who document and forward information to your local and/or national corporate responsibility officer for appropriate action. These reports are not traced or recorded. You may remain anonymous if you wish. If you choose to identify yourself, there is no guarantee that your identity will remain anonymous. However, when you identify yourself it is easier for the corporate responsibility officer to provide you with a direct response.

This contact information is also provided in your *Our Values and Ethics at Work Reference Guide*, on *Our Values and Ethics at Work* posters in the volunteer service department, and on the volunteer communications bulletin board.

**Role and Responsibility of the Corporate Responsibility Officer (CRO):** The CRO is responsible for the administration of CHI Mercy Health’s Corporate Responsibility Program, monitoring laws and regulations and distributing communications regarding these to appropriate persons, and overseeing the prompt investigation and corrective action of suspected compliance violations.
**General Safety Information**

**Ergonomics - Protecting YOU from Work Injuries**
Good body mechanics is good back protection for YOU.
- Adjust the height of your chair to achieve proper posture.
- Your ear, shoulder, and hip should be in a straight line.
- Sit with your head and neck in an upright position, even when on the telephone.
- Do ask for help. Most back injuries occur because volunteers do not request additional lifting help.
- Do lift with your legs, not your back. Keep your body straight with the item that you are lifting.
- Do not twist or turn your body while lifting.
- Think about using carts, patient rollers, and lifts. Do not put unnecessary strain on yourself. Plan ahead for the assigned job.

**Environmental Safety** - As a volunteer, you may help us maintain a safe environment by remaining conscious of the environment at all times. Please take the initiative to notice any electrical hazards and report them to the supervisor. Odd smells, frayed cords, smoking equipment are examples of hazards. In the event of a power outage essential functions at Mercy will maintain power due to an emergency generator. Outlets that are connected to the generator are located throughout the hospital. These outlets are designated with a RED switch plate cover. These outlets are to be used at all times for critical patient care electrical equipment only. For instance, a ventilator, not a television set. Take pride in the hospital environment: pick up trash that is lying around, report spills or other slipping hazards to Environmental Services immediately. The Material Safety Data Sheet book contains information on every potentially harmful substance found in the hospital. Each department has a Material Safety Data Sheet or MSDS sheet on all substances used in that department. Each MSDS sheet contains the following information:

- Name of chemical
- Manufacturer’s name
- Safe handling instructions
- Appropriate personal protective equipment
- First-aid measures in the event of exposure
- Clean-up procedures

Before beginning service in a hospital department, please note the location of the MSDS book used in that department.

**Slips, Trips, Falls and Other Accidents** - There is no such thing as an unimportant accident. Any accident is a danger signal that an unsafe condition or working habit exists. Report any accident to the Volunteer Service Office and/or Security immediately. Your prompt action may help save someone from painful or serious injury.
**Housekeeping practices** - Wet floors may enter the work place unexpectedly because of plugged drains, spills and leaks. Wet floors are also a natural result of certain housekeeping, food service, and maintenance activities. STOP and...

- Notify housekeeping for assistance.
- Mark the area with a wet floor sign.

**Watch your step**
- Problem areas to be especially careful around are entranceway carpets and tile, liquid soap on restroom floors, painted/waxed floors, metal doorsills and steps, plastic carpet protectors, and darkroom floors.
- The parking garage where motor oil or ice is present can cause the floor of the garage to be very slick.

**Work surfaces and walkways and stairs**
- Keep floor area free from clutter.
- Wear appropriate shoes for your job.
- Pick up pencils, paperclips and other objects that might cause a slip.
- Beware of telephone and electrical cords lying across floors.
- Use handrails on stairways and take one step at a time.
- Avoid obstructing your vision with large loads.
- Don’t hurry, especially around corners.
- Report out-of-order lights promptly.

**Medical Gas Safety** - A volunteer may be asked to transport a patient who is using an oxygen tank. Volunteers SHOULD NOT handle oxygen tank cylinders! If the patient needs assistance with the oxygen tank cylinder, please ask a supervisor for assistance. **REMEMBER:** An oxygen tank cylinder can become a deadly missile if compressed gas is not controlled.

**Safe Medical Devices Act** - If you realize a piece of equipment is not working properly, contact a supervisor who will remove the equipment, tag it “Do Not Use” and take care of the patient immediately. Any item used for patient care is considered equipment including, but not limited to, wheelchairs, outlets, call buttons, medical devices and machinery.

**Utilities Management**

**Electrical Power**
If there is an electrical power failure, the emergency generator or its backup should kick in. Only the **RED OUTLETS** will be operational. **Plug all life support equipment into the RED outlets.**

**Elevators Out of Service** - In the event that elevators are out of service, employees will:
- Use carry teams to move critical patients.
- Use stairwells.
- Use runners for supplies.
- If available, use generator supported elevators.

Revised: May 2019
**Radiation Safety** - Radiation, including X-rays and radiation therapy, can provide many benefits for our patients, but must be managed with caution. Do not enter any area where the radiation symbol is displayed.

**Infection Prevention**

It is our responsibility to protect our patients, co-workers and visitors health through consistent observance of infection control measures. Through orientation and ongoing education, volunteers are made aware of their responsibility in maintaining a safe environment. The first step in safeguarding our environment takes place when you, as a prospective volunteer, are required to have a TB skin test. In addition, volunteers and employees are encouraged to get a flu shot, provided by CHI Mercy Health, each fall.

**Hand Hygiene: When and What - The single most important factor for preventing the spread of infection is proper hand hygiene.** Hand hygiene is the most effective way to prevent the spread of infection. We employ both soap and water hand washing and alcohol hand decontamination agents. It is the policy of Mercy that doctors, nurses and employees are required to wash their hands before and after each visit with every patient. Because this policy is in place to protect the safety of our environment, volunteers must abide by the same practice. As a volunteer you should practice hand hygiene when hands are visibly soiled, when you arrive at the hospital, when you use the restroom, when you cover your cough or sneeze, after blowing your nose, before eating or drinking, before and after using gloves, before and after leaving a patient room, before you leave the hospital at the end of your shift. You, as a non-clinical member of our team, can set an example for others and help to keep yourself and those who come in contact with you safe from infection.

**Adhering to Isolation Guidelines** - When our patients have infections that can spread to others, and we know how the spread can occur, we isolate those patients. Anyone entering the room must use Standards Precautions to protect themselves from the blood and body fluids of all patients. This includes using personal protective equipment, including gloves, masks or gowns when coming in contact with body fluids from any patient. The most frequently used form of isolation is CONTACT isolation. Contact isolation is required when an infection is spread by a person touching the infected person (or object used by the patient) and then transferring the infection to themselves. Some volunteers are permitted in patient isolation rooms after they have had specific, detailed training. Isolation signs are posted outside a patient’s room. Please watch carefully for patient isolation signs BEFORE entering a patient room.

**Personal Responsibility** - Please stay home when you are sick!

**Maintain Your Vaccinations**

Revised: May 2019
Emergency Plans

When volunteers are familiar with hospital emergency procedures they can be an asset by providing assistance to our guests rather than being an additional person in need of assistance. Emergencies are reported to the hospital operator by dialing ext. “175-3366” from any hospital telephone. Volunteers have the right and the responsibility to call a code when necessary. When the phone is answered, state the nature and the location of the emergency. In the event of any emergency, volunteers are instructed to take direction from their immediate supervisor regarding the role they should play in any response. Never leave the hospital during an emergency without first notifying the Volunteer Services Department and/or the service area supervisor. Once an emergency is reported, the information has to be communicated to all hospital staff and volunteers. However, since we do not want to alarm our guests, we use an emergency code system to communicate the nature of the emergency to our staff and volunteers without providing too much information to anyone else. When announced overhead, codes will note the location of the emergency. For example: “Code Blue in ICU.” Please help responders by helping to clear hallways of equipment or obstructions, including visitors or other people that may be in the way. Please avoid the areas affected by any codes. An Emergency Code reference card is given to all staff and volunteers that goes behind your badge. Refer to the chart on the following page to understand the codes and the appropriate volunteer response:

Key Safety Resources - If you have questions or concerns about compliance with regulations or to discuss or report possible violations, contact any of the following:

- Your supervisor or director
- Director of Corporate Responsibility & Privacy Officer
- Ethics at Work Line at 1-800-261-5607

As you can see, CHI Mercy Health is committed to Safety! A number of committees such as the House-wide Safety Committee, Safety Sub-Committees for Utilities and Bio-Medical Equipment, and Clinical Safety Committee meet on an ongoing basis. Many employee and volunteer ideas have been implemented to improve safety and prevent potential safety problems. If YOU see a potential danger for a patient, employee, visitor, student, volunteer … Do not walk away! Report the finding immediately to the appropriate department or your supervisor.
### Emergency Codes and Immediate Staff Response

For further response details please consult the policies located on the intranet.

<table>
<thead>
<tr>
<th>CODE/CONDITION</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMBER ALERT</strong></td>
<td>1. Call 175-3366</td>
</tr>
<tr>
<td>Abducted or Missing Child or Infant</td>
<td>2. Staff to monitor exits near them</td>
</tr>
<tr>
<td></td>
<td>3. Be aware of your surroundings</td>
</tr>
<tr>
<td><strong>CODE BLUE</strong></td>
<td>1. Call 175-2266</td>
</tr>
<tr>
<td>Cardiopulmonary Arrest</td>
<td>2. Designated staff report to area where code is paged</td>
</tr>
<tr>
<td><strong>CODE GRAY</strong></td>
<td>1. Call 175-3366</td>
</tr>
<tr>
<td>Combative Person</td>
<td>2. Designated staff report to area where code is paged</td>
</tr>
<tr>
<td><strong>CODE ORANGE</strong></td>
<td>1. Immediately evacuate area. Close all doors and restrict access</td>
</tr>
<tr>
<td>Hazardous Material Spill Response</td>
<td>2. Call 175-3366</td>
</tr>
<tr>
<td></td>
<td>3. Code Orange responders will report to spill site</td>
</tr>
<tr>
<td><strong>CODE RED</strong></td>
<td>1. Rescue person(s) in immediate danger</td>
</tr>
<tr>
<td>Fire</td>
<td>2. Activate alarm and call 175-3366</td>
</tr>
<tr>
<td></td>
<td>3. Close ALL doors</td>
</tr>
<tr>
<td></td>
<td>4. Extinguish by smothering with blanket or use fire extinguisher</td>
</tr>
<tr>
<td></td>
<td>5. Relocate if directed to do so</td>
</tr>
<tr>
<td><strong>CODE PURPLE</strong></td>
<td>1. Rescue person in immediate danger</td>
</tr>
<tr>
<td>Suicide Emergent Risk</td>
<td>2. Call 175-3366</td>
</tr>
<tr>
<td><strong>CODE SILVER</strong></td>
<td>1. Call 175-3366</td>
</tr>
<tr>
<td>Hostage Situation or Weapon</td>
<td>2. Personnel shall immediately instruct individuals to take cover behind closed doors and shelter in place</td>
</tr>
<tr>
<td></td>
<td>3. Close all doors and barricade them if possible</td>
</tr>
<tr>
<td></td>
<td>4. Do not come out until “all clear” is announced overhead</td>
</tr>
<tr>
<td><strong>INCIDENT ALERT</strong></td>
<td>1. Prepare to respond if necessary</td>
</tr>
<tr>
<td>An External/Internal Event Has Occurred</td>
<td>2. Any recalled staff will report to employee entrance and sign in</td>
</tr>
</tbody>
</table>

Off-campus sites call 9-911 for any Code

Revised: May 2019
Our Values and Ethics at Work Acknowledgement and Certification

Each volunteer is required to acknowledge they have received a paper or electronic copy of the Catholic Health Initiatives' “Our Values & Ethics At Work Reference Guide” and have read it or agree to read it completely. The reference guide can be accessed at: www.catholichealthinit.org. Scroll to the bottom of the page and click on “Mission and Values” on the right side. On the next page, click on “Corporate Responsibility” on the left and finally click on “Our Values & Ethics At Work Reference Guide.”

How to submit your acknowledgement form:

1. Read through the Reference Guide (see above for access instructions)
2. Complete and sign the acknowledgement form and include it with you orientation paperwork

If you are unable to read through the electronic version of the guide, please stop by the Volunteer Services office to borrow one of our copies of the Reference Guide (we have limited quantities). These will be available anytime during regular office hours (M-F 8 a.m. – 4:30 p.m.). Once you read through the guide, we will provide you with a copy of the Acknowledgement and Certification form

If you have any questions, please contact: Jennifer Ranger at 541.677.1253 or jenniferranger@chiwest.com
Our Values and Ethics at Work
Acknowledgement Form

I acknowledge that I have read, or agree to read completely, the copy of Catholic Health Initiatives’ Our Values and Ethics at Work Reference Guide. I also agree to discuss any questions or concerns regarding this reference guide with my supervisor or other appropriate Catholic Health Initiatives’ leader.

☐ I AGREE

☐ I DO NOT AGREE

I agree to comply with the Our Values and Ethics at Work Reference Guide standards and guidelines and any other standards or policies set by Catholic Health Initiatives or the local organization I serve that apply to me in my role throughout my association with Catholic Health Initiatives. I understand that it is my responsibility to report any concerns regarding possible violations of these standards, guidelines and/or policies. I also understand that I may be asked to cooperate in an investigation of matters that may affect or relate to compliance with applicable standards, guidelines or policies and agree to do so when asked. Furthermore, I understand that neither Catholic Health Initiatives nor the local organization I serve will retaliate against me for making a report in good faith.

☐ I AGREE AND UNDERSTAND

☐ I DO NOT AGREE OR UNDERSTAND

I understand that Catholic Health Initiatives and/or its organizations will conduct an excluded provider background check prior to my employment or association and periodically thereafter. I understand that Catholic Health Initiatives reserves the right to terminate my employment or other association if I am an excluded provider.

☐ I UNDERSTAND

☐ I DO NOT UNDERSTAND

I understand that the Our Values and Ethics at Work Reference Guide contains standards for behavior within Catholic Health Initiatives and its organizations and is not a contract for employment or other services. I also understand that these standards may be amended, modified or clarified at any time, and that I will receive periodic updates to these guidelines.

☐ I UNDERSTAND

☐ I DO NOT UNDERSTAND

Revised: May 2019
I acknowledge that I have read the above statements. I also agree to discuss any questions or concerns regarding this with my supervisor or other appropriate Catholic Health Initiatives’ leader.

☐ I AGREE

☐ I DO NOT AGREE

Name (printed) ________________________________________________________________

Signature ___________________________________________________________________

Date _____________________________________________________
Volunteer Confidentiality Agreement

Catholic Health Initiatives Confidentiality and Acceptable Use Agreement

Employee Notice, Acknowledgement and Certification of Signature

Catholic Health Initiatives, its affiliates and subsidiaries (CHI), treat information about CHI’s business and about individuals such as the patient or resident and their families, and employees as confidential and take precautions to protect the privacy, confidentiality, and security of this information.

CHI confidential information means any information regardless of the format that it is in (for example, paper, electronic, oral conversations, films) about a patient, resident, employee, student, physician, professional staff, or CHI business and financial operations that is not available to the public. Confidential information includes, but is not limited to, protected health information, billing, payroll, employment records, employee benefits, trademark, copyright, intellectual property, technical ideas and inventions, written published works, contracts, supplier lists and prices, price schedules, business practices, marketing, or strategy, confidential information of third parties for business purposes, or information that is only intended for internal use.

During the course of your employment or association with CHI, you may have access to CHI confidential information. In order to access confidential information you must read the following statements and conditions and indicate your intent to comply.

_____ I understand

I will look at and use only the confidential information I need to perform my duties such as to provide health care for a patient, resident, member or other individuals, or to perform CHI business related duties.

_____ I understand and agree

I will not look at confidential information that I do not need to perform my volunteer role, for my own personal benefit or profit, for the personal benefit or profit of others, or to satisfy personal curiosity, or to disclose or divulge confidential information to others.

_____ I understand and agree

I will not share confidential information with anyone who is not authorized by CHI to have access to it. If my responsibilities include disclosing confidential information with outside parties, such as healthcare providers, contractors, consultants, or insurance companies, I will follow CHI policies and procedures for these types of disclosures.

_____ I agree

I will take reasonable precautions and follow CHI policies and procedures for safeguarding confidential information to prevent the unauthorized use or disclosure of confidential information.

_____ I agree

I will ensure that confidential information that I no longer need will be returned and maintained in the appropriate CHI department or location, or in accordance with CHI policies and procedures.

_____ I agree

Revised: May 2019
I understand that passwords, verification codes, or electronic signature codes assigned to me are the equivalent to my personal signature; and

- I will only use my password, verification or electronic signature code, in accordance with CHI policies and procedures;
- I will not use the password, verification or electronic signature code of other CHI employees or individuals authorized by CHI to have such password, verification or electronic signature code;
- I am responsible and accountable for all entries made and retrievals accessed using my password, verification or electronic signature code regardless of whether it is used by me or by another individual; and
- I will not use my password, verification or electronic signature code after my employment or affiliation with CHI ends.

_____ I understand and agree

If I become aware that another individual has access to or is using my password, verification or electronic signature code or is using his/hers or another individual’s password, electronic signature or verification code improperly, I will immediately notify my direct supervisor or the CHI Privacy Officer.

_____ I agree

I understand that my obligation to maintain the confidentiality of CHI’s confidential information extends beyond termination of my employment or association with CHI, and I agree that I will not disclose or use CHI confidential information for any purpose after my employment or association ends.

_____ I understand

During the course of my volunteering with CHI I may need to have access to information systems, applications, and information technology network infrastructure (CHI IT Assets) to obtain and use CHI information for my duties. In order to obtain and maintain access privileges to CHI IT Assets I agree to read the following statements and conditions and indicate my intent to comply with CHI policies and procedures and this Confidentiality and Acceptable Use Agreement.

_____ I understand

I am responsible for complying with the CHI Acceptable Use Policy. If I have any questions about my use of CHI IT Assets I am to ask my immediate supervisor and/or the IT Help Desk for assistance. The Acceptable Use Policy is available on Inside CHI or from my manager.

_____ I understand and agree

I understand that CHI maintains ownership of CHI IT Assets and the CHI Information contained on these IT Assets. CHI Information includes information that I may create, access, or obtain on behalf of CHI.

_____ I understand

I am not permitted to install or remove any software on CHI IT Assets. If I need specific software for specific duties, I will ask my director who will make a request to the IT Help Desk to install or remove such software.

_____ I agree

I am responsible for complying with software licensing, copyright, and patent requirements, and the

Revised: May 2019
laws which protect these rights. I understand that I am not permitted to download, reconfigure, or reverse engineer any software that CHI uses with its IT Assets.

_____ I agree

I am responsible for handling CHI Information in such a manner as to prevent unauthorized use or disclosure of CHI Information. I am also responsible for preventing unauthorized access and use of CHI IT Assets reasonably within my scope of influence, including, but not limited to, taking additional physical precautions to protect IT Assets such as logging out of my computer when not in use, and physical protection of IT Assets to prevent theft or loss, such as with mobile devices and laptop computers.

_____ I understand and agree

I am responsible for securing CHI Information when it is used and disclosed electronically, such as using encryption when sending confidential information.

_____ I understand and agree

I am responsible for knowing and following the CHI defined acceptable uses of the Internet, email, Instant Messaging, file transfer, and proper data storage as set forth in the CHI Acceptable Use policy.

_____ I understand and agree

I am responsible for protecting CHI IT Assets, including my company computer, from viruses and the introduction of malware. If I have any questions or concerns about unknown emails or Internet web sites, I will contact the ITS Help Desk for assistance.

_____ I understand and agree

I will immediately report any security incident involving CHI IT Assets to the ITS Help Desk regardless of how insignificant I may think the incident is.

_____ I agree

I understand that CHI:
• issues user identification and secure passwords to access confidential information that is maintained electronically;
• regularly monitors access and use of CHI confidential information to determine my compliance with CHI policies and procedures and the terms of this Agreement;
• and will monitor my access, use, and transmission of information on CHI IT Assets.

_____ I understand

I understand that I do not have, and should not expect any personal privacy rights when using CHI IT Assets.

_____ I understand

I understand and agree to abide by the obligations of this Confidentiality and Acceptable Use Agreement and associated CHI policies and procedures related to privacy, information security, information technology and confidentiality. I understand that CHI may take disciplinary action if I do not abide by the CHI policies and procedures, including up to termination of my employment, contract, or association with CHI.

_____ I understand

Revised: May 2019
I understand that CHI is entitled to take legal action against me, including seeking money damages, if I do not follow CHI policies and procedures or if I inappropriately use or disclose CHI’s confidential information.

_____ I understand

I understand that agreeing to comply with the Confidentiality and Acceptable Use of CHI IT Assets Agreements and related CHI policies and procedures to protect confidential information is not an employment contract. I understand that these policies and procedures may be revised or amended at any time and I will be made aware of the updated policies and procedures.

_____ I understand

I understand that I may access a copy of the Corporate Responsibility Program Plan from the Volunteer Services office.

_____ I understand

I will adhere to the conditions of this Confidentiality Agreement for continued affiliation with CHI Mercy Health.

By signing this document, you are acknowledging you have received this information and agree to follow these guidelines:

O I HAVE READ, I UNDERSTAND, AND I AGREE
O I DO NOT AGREE

Name (printed) ______________________________________________________________________

Signature _______________________________________________________________________

Date ________________________________________________

Revised: May 2019
Volunteer Safety Test

Please answer the following questions:

You should not enter a patient’s room if there is an isolation category sign on the door.

True
False

Isolation categories are Airborne, Droplet, or Contact. These categories are indicated by a sign on patient’s doors. In order for a volunteer to enter a patient room with an isolation sign on the door, the volunteer must be wearing:

A. A surgical mask  
B. A specially fitted mask  
C. Gloves  
D. A surgical gown  
E. None of the above, a volunteer should never enter a room with an isolation category on the door.

The most important precaution for preventing the spread of infection is

A. Environmental Controls  
B. Personal Protective Equipment  
C. Hand Hygiene  
D. Infection Waste Management

Which Code is called during a cardio/pulmonary emergency for patients, visitors or associates?

A. Code Green  
B. Code Blue  
C. Code Red  
D. Call for Rapid Response Team

To whom should slips, trips, falls, or other accidents be reported:

A. Volunteer Services Office and/or Security  
B. Emergency department  
C. Corporate Responsibility Officer or Privacy Officer  
D. House Administrator

Revised: May 2019
The code called over the P.A. system for a fire or a fire drill is:
   A. Code Red
   B. Code Blue
   C. Code Silver
   D. Code Pink

In the case of a fire, you should R.A.C.E.R. which stands for
   A. Rescue, Alarm, Contain, Exterminate
   B. Rescue, Alarm, Contain, Extinguish, Relocate
   C. Rescue, Alert, Contain, Evacuate/Excavate

The code called over the PA system in case of a hazardous material spills is:
   A. Code Orange
   B. Code Green
   C. Code Silver
   D. Code Pink

The code called over the PA system in case of a weapons threat is:
   A. Code Orange
   B. Code Silver
   C. Code Red
   D. Code Pink

What should a volunteer do when an “Incident Alert – Stage 3” is called?
   A. Leave the hospital grounds if you wish.
   B. Report to the Volunteer office for more instructions.
   C. Evacuate to the Employee Overflow lot.
   D. Prepare to respond if necessary.
The code called over the PA system in case of a combative person is:

A. Code Gray
B. Code Pink
C. Code Blue
D. Code Amber

Which of the following would most likely be classified as an airborne transmitted disease?

A. Chickenpox and shingles
B. Measles
C. Tuberculosis (TB)
D. Smallpox
E. All of the above

The code called over the P.A. system when a child is missing is:

A. Code Gray
B. Code Pink
C. Code Adam
D. Amber Alert

Name (printed) ________________________________________________________________

Signature ________________________________________________________________

Date ________________________________________________________________
Please answer the following questions.

Your sister’s friend just had triple bypass surgery at one of our facilities. She asks you to find out his condition. What should you do?
   a. Ask a nurse on the floor how the patient is doing and pass the information along to your sister.
   b. Log in to the computerized record system and read the patient’s record to find information for your sister.
   c. Explain that it is a violation of the patient’s privacy for you to ask around or look at his record, and suggest that she talk to her friend or call one of her friend’s family members.
   d. None of the above.

A government agent comes into one of our facilities and tells you he must access patient information on the computers and wants you to answer questions and give him computer access. How should you respond to this request?
   a. Immediately provide him with the information or access he needs.
   b. After seeing his ID, let him know that the organization and you will cooperate, but that you first must contact the Corporate Responsibility Officer, Risk Manager, and Department Director over the area.
   c. Tell him, “No way. That information is protected.”
   d. None of the above.

HIPAA defines confidential patient information as “PHI”. PHI is the abbreviation for:
   a. Private Hospital Issues
   b. Primary Healthcare Infrastructure
   c. Protected Health Information
   d. Privileged Health Interrogatory

When are you free to repeat a patient’s PHI that you hear on the job?
   a. After you no longer work at the organization.
   b. After a patient dies.
   c. If you know the patient would not mind.
   d. When your job requires it.

You see an open recycling bin full of paper. You can see patient names, addresses, and diagnoses on the paper. What should you do?
   a. Nothing.
   b. Bring it to either your supervisor, Corporate Responsibility or Privacy Contact so he/she can dispose of it properly and determine why it was put there.
   c. Read the report and try to figure out what workforce member disposed of it improperly.
   d. None of the above.

Revised: May 2019
What question should you always ask yourself before looking at patient information?
   a. Would the patient mind if I looked at this?
   b. Do I need to know this to do my job?
   c. Can anyone see what I’m doing?
   d. Am I curious?

What type of gifts may I accept from a business source, patient, resident or a member of his/her family?
   a. Cash or cash equivalents.
   b. Computer & printer for my office.
   c. Equipment & furniture for your department.
   d. Gifts of minimum value such as T-shirts, promotional pens or office supplies, flowers, fruit, candy or other small, perishable gifts.

When is it acceptable to share your password?
   a. When one of our physicians forgets his/her password: he/she must have immediate access.
   b. When your new co-worker hasn't had one assigned from IT yet and it saves time.
   c. When you know you can trust the person to use it appropriately.
   d. Never.

Which of the following types of information does HIPAA’s privacy rule protect?
   a. Patient information in electronic form.
   b. Patient information communicated orally.
   c. Patient information in paper form.
   d. All of the above.

You are in the hospital volunteering and you learn that one of your neighbors has just arrived in the ER for treatment after a car crash. You should:
   a. Contact the neighbor’s spouse to alert him or her about the injuries
   b. Try to find out the seriousness of your neighbor’s injuries
   c. Tell the Charge Nurse in the ER that you know how to reach the patient’s family and can offer information if needed.

You are delivering flowers to a patient’s room. When you enter, you realize you know the patient. You should:
   a. Smile, say hello, state why you are there, have friendly conversation.
   b. Ask the patient why he or she is in the hospital
   c. If the patient tells you why he or she is in the hospital, assume it is ok to tell others.
   d. If the patient tells you why he or she is in the hospital, ask if it is ok to tell others.
      1. Both a and c
      2. Both a and d
      3. Both a,b and d
      4. None of the above

Name (printed) ________________________________________________________________________
Signature _____________________________________________________________________
Date _____________________________________________________
Volunteer Personal Electronic, Computers, and Social Networking Acknowledgment

Electronic devices for personal use, including but not limited to cellular phones, bluetooth, laptops, tablets, ipods, mp3 players, or PDAs, are prohibited while on duty. These devices are to be placed on silent or vibration mode and be put away. You may use your personal devices if you are on a lunch break.

Hospital Telephones
Hospital telephones are designed for patient care or hospital business use and should be used for personal calls only in an emergency.

Camera Use
Due to the sensitive and confidential nature of the work performed at our facilities, you are not permitted to take pictures or video without prior approval from leadership. If you are given permission, any pictures or video taken must NEVER include anything that would identify a patient. Photos of patients, staff, proprietary information, or work areas should never be posted on personal social networking pages.

Hospital Computers
There may be public access computers in the facility, which you may use before or after your volunteer shift. However, keep in mind these computers are monitored for activity at all times. Volunteers should never be on a work computer unless a) use of the computer is required to complete the volunteer assignment and b) the volunteer has been assigned a personal username and password by the organization. These computers should never be used for anything not specifically required for the volunteer assignment.

Social Networking
Although the organization understands and supports the value of sharing information electronically, it is the responsibility of all staff and volunteers to ensure appropriate content and behavior when engaging in social networking sites.

When using social networking, you should do so with the understanding that you are accountable for anything you send or post regarding the organization, its patients/families, staff and physicians. If any such posting are in violation of the organization’s policies or in any way harm the reputation/image of the organization, the volunteer may be subject to disciplinary action up to and including termination. Any volunteer who wishes to establish a website, social network, electronic bulletin board or other web based communication tool regarding the business of the organization must have the permission of the public relations/media department leader.

Name (printed) ________________________________________________________________

Signature ____________________________________________________________________

Date _________________________________________________________________________

Revised: May 2019
CONSENT TO PHOTOGRAPH

The undersigned does hereby authorize CHI Mercy Health to photograph or permit other persons to photograph _______________________________ (full name), and agrees that they may use or permit other persons to use the negatives or prints prepared there from for such purposes and in such manner as may be deemed necessary.

Name (printed) __________________________________________________________

Signature _______________________________________________________________

Date ________________________________
Volunteer Agreement
CHI Mercy Health Volunteer Agreement

I understand that I am not entitled to and will not receive any compensation, salary, benefits, or other forms of payment in exchange for my providing volunteer services to the facility.
O I Agree
O I Do Not Agree

I understand that my volunteer service is donated without contemplation of future employment.
O I Agree
O I Do Not Agree

I understand I am not covered by any state or federal wage and hour laws, nor am I eligible for workers' compensation, unemployment insurance benefits or any other type of employment benefit offered to employees.
O I Agree
O I Do Not Agree

I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization from the facility's administration to do so.
O I Agree
O I Do Not Agree

I understand that CHI Mercy Health facilities offer medical services to the public for treatment of illnesses, including but not limited to tuberculosis, hepatitis, and HIV, and I assume a risk that I might be inadvertently exposed to such diseases.
O I Agree
O I Do Not Agree

I shall submit to examinations and annual retesting as necessary, which may include skin tests, chest x-rays, and appropriate laboratory tests and/or immunizations as a condition of my volunteer service.
O I Agree
O I Do Not Agree

I release, discharge and relieve CHI Mercy Health from any and all claims whatsoever of any nature arising as a result of my volunteer services and related activities.
O I Agree
O I Do Not Agree

I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and behave professionally.
O I Agree
O I Do Not Agree

Revised: May 2019
I shall make my best effort to fulfill my commitment to the hospital by following the position descriptions and competencies and completing all assignments that I accept.
O I Agree
O I Do Not Agree

If I am unable to perform my volunteer duties, I will notify the appropriate volunteer leadership as soon as possible.
O I Agree
O I Do Not Agree

If I vacate my position for more than one month without prior notification to volunteer leadership, I will be terminated.
O I Agree
O I Do Not Agree

I understand and agree that I will comply at all times with all rules, policies and standards of conduct that apply to hospital employees, independent contractors, volunteers and shadowers including the system policy on confidentiality and HIPAA which I have signed and submitted.
O I Agree
O I Do Not Agree

I understand that the facility reserves the right to terminate my volunteer status if I fail to follow all hospital policies, rules and regulations; if I am absent without prior notice; if I have unsatisfactory attitude, appearance or attendance; or for any other circumstances which in the judgment of the facility would make my continued presence contrary to the best interests of the hospital.
O I Agree
O I Do Not Agree

I agree to attempt to resolve any problems related to my volunteering with my supervisor, and if unsuccessful, attempt to resolve any such problems with the appropriate staff of Volunteer Services.
O I Agree
O I Do Not Agree

Name (printed) __________________________________________

Signature _____________________________________________________________________

Date _____________________________________________________

Revised: May 2019
Volunteer Customer Service Excellence Commitment

Customer service is an integral part of CHI Mercy Health. Each volunteer is accountable for his/her own actions and behavior, and is responsible for abiding by our Core Values to deliver the highest level of care and service to our internal and external customers. Our Core Values are **Reverence** – committing to be respectful of our relationships with all people. **Integrity** – committing to being honest, direct and truthful in all our relationships. **Compassion** – committing to being aware of the suffering of another coupled with the deep desire to relieve it. **Excellence** – committing to doing our best as stewards of our resources and delivering superior service. The headings of **Reverence, Integrity, Compassion**, and **Excellence** are the acronym of **RICE**. You are a model of customer service excellence when you demonstrate:

**Reverence** – Treat patients, families, partners in care, and each other with fairness and understanding.
- Be courteous to all.
- Minimize noise levels in patient care areas.
- Respect patient and employee privacy and confidentiality. Knock on the door before entering a room.
- Honor and respect each individual’s unique diversity. Do not gossip.
- Recognize and adapt to differing viewpoints and opinion. Do not judge or stereotype.

**Integrity** – Set an example of trustworthiness, honesty, confidentiality and reliability.
- Welcome and support new team members.
- Wear your badge above your waist with photo visible.
- Be accountable; take personal responsibility for your attitude and behavior. Be proactive, come ready to give service and follow through.
- Smile warmly, give eye contact, and introduce yourself using AIDET. (Acknowledge, Introduce, Duration, Explanation, Thank You)
- Build collaborative relationships both inter- and intra-departmentally. Encourage patients, families, and partners in care to ask questions.
- Be on time, meet deadlines.
- Use time, materials and resources wisely.
- Respond positively to requests for information, suggestions and assistance. Constructively handle confrontations and conflicts with tact and without placing blame. Teach what you have learned and mentor.
Compassion – Respond to the needs of patients, families, partners in care, and each other in a caring, positive, and proactive manner.

- Have a positive attitude each day.
- If you cannot help, find someone who can. Show kindness, compassion, and care.
- Take time to assist customers. If a customer looks lost or confused offer assistance. Apologize for problems, inconveniences, and delays.
- Practice elevator etiquette as explained in the Volunteer Orientation handbook. Take responsibility to make right what is wrong.
- Use appropriate verbal language, gestures, body language, and tone of voice. Explain information at the appropriate level. (Age-appropriateness) Anticipate and meet customer expectations.

Excellence – Commit to doing our best as stewards of our resources and delivering superior service. Maintain a clean and safe environment.

- Be aware of wasteful practices and offer suggestions for improvement. Offer your ideas for improving safety.
- Innovate. Seek creative solutions for the benefit of the customer, team and CHI Mercy Health.
- Promptly report and correct any unsafe condition.
- Respond immediately to equipment alarms and reassure patients.

Processes – Phone/Call Light Etiquette, AIDET, LAST

Proper Phone/Call Light Etiquette

- When answering, use proper scripting: Identify your department, your name and ask, “How may I help you?”
- SMILE! People can actually hear it in your voice!
- Take the time to route calls to the appropriate destination and share that phone number before transferring.
- Thank the caller and wait until they hang up first.

AIDET

- Acknowledge: the patient or internal customer, by name if possible.
• Introduce: yourself and what department you represent.
• Duration: Describe what you’re there to do.
• Explanation: everything! Describe test, processes, why things are happening, and what happens next.
• Thank You: for choosing our hospital, for allowing you to work with them, for their patience.

LAST (when encountering complaints)
• Listen: with understanding and without interrupting and then use responsive feedback questions, “What I think I heard you say was…”
• Apologize: without placing blame.
• Solve: by making the manager of the unit aware.
• Thank You: for choosing our hospital, for allowing you to work with them, for their patience.

I acknowledge that I have read the above statements. I also agree to discuss any questions or concerns regarding this with my supervisor or other appropriate Catholic Health Initiatives’ leader.

☐ I AGREE
☐ I DO NOT AGREE

Name (printed) ________________________________________________________________

Signature _________________________________________________________________

Date ________________________________
CHI – Mercy Health Mercy Medical Center (Division) #12882 Volunteer Disclosure & Authorization

APPLICANT’S FULL NAME ___________________________________________________
Any Other Names Used

Social Security No. _______/_____/_______ Date of Birth _______________________

Current Address __________________________________________________________________
City _________________________ State ________________ Zip _______________

Driver’s License State ___________________ D.L. Number _______________________
Address on D.L.: __________________________________________________________
Date ___________________________________________

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization (“the Company”) may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the

Revised: May 2019
Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. _____ Yes _____ No

Electronically submitting a response to statements made above constitutes an electronic signature. Any record containing an electronic signature shall be deemed for all purposes to have been signed and will constitute an original when used or printed from electronic records established and maintained by CHI or its agents in the normal course of business and/or as a part of its Corporate Responsibility Program. By clicking "Submit" below, you attest that you have read, understand and voluntarily agree to provide your Acknowledgement and Certification by electronic signature. Please note that prior to completing this section and the final submission of your responses, you may change any of your responses or cancel your agreement/authorization to provide your Acknowledgement and Certification by electronic signature. Once submitted however, your agreement to provide Acknowledgement and Certification by electronic signature cannot be cancelled.

I acknowledge that I have read the above statements. I also agree to discuss any questions or concerns regarding this with my supervisor or other appropriate Catholic Health Initiatives’ leader.

☐ I AGREE  ☐ I DO NOT AGREE

Name (printed) ________________________________________________________________

Signature ________________________________________________________________

Date ________________________________________________________________
Volunteer Orientation Checklist

CHI Mercy Health Volunteer Orientation Checklist

I understand there are additional items I will be required to turn in to complete my volunteer orientation, including, but not limited to, TB documentation. I shall submit to examinations and annual retesting as necessary, which may include skin tests, chest x-rays, and appropriate laboratory tests and/or immunizations as a condition of my volunteer service.

O I Agree
O I Do Not Agree

I have read and understand the assignment descriptions for the volunteer assignments I am interested in, and I agree I am able to and willing to perform all the duties indicated.

O I Agree
O I Do Not Agree

I have read and understand the Mission, Vision and Values of CHI Mercy Health

O I Agree
O I Do Not Agree

I have read and understand the Patient Rights

O I Agree
O I Do Not Agree

I have reviewed the information on Diversity. I understand and agree to be respectful of all staff, volunteers and customers.

O I Agree
O I Do Not Agree

I have read and understand the Guidelines for Effective Communications for all age groups.

O I Agree
O I Do Not Agree

I have read and understand the General Information and Regulations.

O I Agree
O I Do Not Agree

I have read and understand the General Safety Information, including proper wheelchair transport.

O I Agree
O I Do Not Agree

I have read and understand the proper Infection Control and Risk Management procedures, including hand hygiene, standard precautions, isolation categories and blood borne pathogens.

O I Agree
O I Do Not Agree

Revised: May 2019
I have read and understand the Emergency Plan. I know my responsibilities in case of an emergency.

O I Agree
O I Do Not Agree

I understand that I will be given an identification badge and I am to wear it any time I am on duty, and I agree to return the badge to Volunteer Services when my service is complete.

O I Agree
O I Do Not Agree

I have reviewed the dress code policy and agree I will be in proper attire any time I am on duty.

O I Agree
O I Do Not Agree

Name (printed) ____________________________________________________________

Signature ________________________________________________________________

Date ________________________________
Please read the entire form, and sign your agreement at the end. Thank you!

During the school year, volunteers age 16 or 17 can only volunteer between 6:30am-11pm; no more than 8 hours a day; no more than 30 hours a week; and no more than 6 consecutive days.

During summer vacation and holiday breaks, volunteers age 16 or 17 can only volunteer between 6:30am-11pm; no more than 8 hours a day; no more than 40 hours a week; and no more than 6 consecutive days.

CHI Mercy Health – Volunteer Federal Laws for Teens Under 18

I will adhere to these laws for continued affiliation with CHI Mercy Health

O I Agree
O I Do Not Agree

Name (printed) _____________________________________________________

Signature _____________________________________________________________________

Date _____________________________________________________

Revised: May 2019
Volunteer Parent Consent and Release of Liability Form

If volunteer is under of the age of 18, parental guardian consent is required.

My son/daughter, ____________________________, has my permission to serve as a CHI Mercy Teen Volunteer. As the parent/guardian of the above-named student, I will read the literature that is provided to my child so that I know what will be expected of him/her.

I attest that my child meets the age requirement for the Volunteer Program (location specific) or is 16 years of age. I attest my child is free from communicable diseases and will complete the required TB skin testing through Mercy Employee Health.

Volunteering will include observing patients in a healthcare setting and observing medical, laboratory, and/or business procedures. I further understand that CHI Mercy Health offers medical services for the care and treatment of a wide range of illnesses, diseases and injuries, including but not limited to, such infectious diseases as tuberculosis, hepatitis, and HIV and that there is a risk, however slight, that my son/daughter might be inadvertently exposed to such diseases at the Hospital.

I do hereby release CHI Mercy Health, their staff and sponsors from any responsibilities of injury or accident as a result of the volunteering experience. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, this document is my consent as parent or guardian for emergency treatment and/or procedures necessary for my son/daughter by the professional staff at CHI Mercy Health.

I release, discharge and relieve CHI Mercy Health from any and all claims whatsoever of any nature as a result of his/her volunteering/shadowing and all related activities.

________________________________________________________________________________________

Parent/Guardian Signature

Date __________________________________________