

## VOLUNTEER AGREEMENT

**As a participant in the University Hospitals of Cleveland Volunteer Program, I agree to:**

1. Hold as absolutely confidential all information I may obtain directly or indirectly concerning patients and staff and not seek to obtain confidential information from a patient.
2. Know Volunteer Services policies and procedures and uphold the mission, philosophy and standards of the Hospital.
3. Donate my services without contemplation or expectation of compensation or further employment.
4. Never to bring guests and/or children to the hospital while on my volunteer shift.
5. Be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and endeavor to make my work professional in quality.
6. Furnish and maintain appropriate attire for my volunteer position and maintain a well-groomed appearance.
7. Attend orientation and in-service training as scheduled and required.
8. Sign in and sign out on the touch-screen computer located just outside the Volunteer Services Department.
9. Take any problems, criticism or suggestions to my service area supervisor or to the Director, Volunteer Services.
10. Volunteer a specified number of hours on a schedule acceptable to my supervisor and to me.
11. Notify my supervisor or department where I volunteer if I am unable to come in as scheduled.
12. Never discuss personal concerns or problems with patients or their families, leaving my own needs at the door when I report for my volunteer position.
13. Never seek medical advice from hospital staff while in my volunteer role.
14. Use the Internet only for hospital business as part of my volunteer position.
15. Release the Hospital from responsibility for the loss or disappearance of any of my personal belongings while I am in the Hospital.

I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of:

- (a) failure to comply with organizational policies, rules and regulations.
- (b) continuing absences without prior notification.
- (c) unsatisfactory attitude, work, or appearance, or;
- (d) any other circumstances which, in the judgment of the Volunteer Services Department Director, would make my continued service as a volunteer contrary to the best interests of the organization.

My signature below confirms I am familiar with the policies and information found in the Volunteer Services Orientation Manual, understand their importance to University Hospitals Cleveland Medical Center and its patients, and know what my conduct should be according to the standards of those policies. I have read each of the above conditions and agree to be bound by them.

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**Volunteer Printed Name**

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**Volunteer Signature**

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**Date**

## CONSENT FOR PARTICIPATION AND STATEMENT REGARDING PATIENT CONFIDENTIALITY IN UNIVERSITY HOSPITALS OF CLEVELAND VOLUNTEER PROGRAM

I understand that I/my child have/has been selected to participate in the University Hospitals of Cleveland Volunteer Program (the "Program") at University Hospitals of Cleveland ("Hospital"). I understand that, in participating in the Program, I/my child will be exposed to the normal risks of any hospital visitor, as well as possible additional risks that arise because I/my child will be in patient care areas.

I understand and agree that I waive for myself, my child and any heirs and/or assigns, any and all claims including any negligence claims which I or my child might have against the Hospital, or its agents or representatives, in any way arising from or relating to the Program, except for claims arising out of the gross negligence or reckless or willful misconduct of Hospital or its agents, or representatives. I hereby agree that I will not sue the Hospital on behalf of myself or my child, nor will my child sue on his/her own behalf, and release the Hospital from any claims I/my child, may have against it except for gross negligence or willful or reckless misconduct on the part of the Hospital, its trustees, officers, agents and employees.

In the event of exposure to blood or other bodily fluids from a patient who is a carrier of a contagious or infectious disease or a patient who is, in the judgment of the Hospital, at risk of carrying a contagious or infectious disease, the Hospital shall, with my consent, administer immediate precautionary treatment to me/my child that is consistent with current medical practice without any further consent from me.

I certify that I/my child has no known physical or mental illness or condition, including any contagious disease, which could be detrimental to the welfare or interfere with the care of any Hospital's patients or staff.

I/my child will wear appropriate attire for this Program. Volunteers may not wear open toe shoes, sleeveless shirts, jeans, exposed midriffs, heavy perfume or cologne, dangling jewelry or jewelry in tongue or face piercings. I/my child will not be permitted to remain at the Hospital unless dressed appropriately.

I understand that while I/my child am/is a Volunteer in the Hospital, I/my child may obtain Confidential Information about the Hospital's patients. I understand for myself/I shall instruct my child that Volunteers are to maintain in strict confidence all information and data relating to the Hospital's patients, and shall not disclose such information to any third party, including any family member or friend, under any circumstances. Additionally, Confidential Information is not to be discussed with any other students in the same Program. I understand for myself/I will instruct my child that patient confidentiality is of such great importance that it is never to be divulged no matter how long after participating in the Program.

I understand the following:

**Confidential** means that something is to be kept private or secret; that it is not to be repeated to anyone or given to anyone.

**Confidential information** means any and all information that I may learn about a patient at University Hospitals of Cleveland. This information is automatically private or secret. Confidential information about a patient includes: name, address, diagnosis, medical information, medical notes, resumes, pictures, and medical records including x-rays, medicines.

**Disclosure** means sharing or telling someone something I know about someone that is private or confidential.

**Nondisclosure** means not sharing or telling someone something. It means not to write, speak or gossip about any patient I see or talk to at University Hospitals of Cleveland.

I understand for myself/I will instruct my child that "Confidential Information" includes the name and/or diagnosis of any patient, as well as any descriptive that could cause any other person to become aware of the identity of that patient. Confidential Information also includes the name of any person in the Hospital who is not a Hospital employee or volunteer, because all patients are not easily identifiable by where they are in the Hospital or how they are dressed.

### Four Basic Rules for Patient Confidentiality

- (1) Leave the patient information where it belongs – in the hospital.
- (2) Use your access to information concerning patients on a "need to know" basis only.
- (3) Do not leave written information, (i.e., lists of patients, locations, etc.) unguarded and destroy all such material before leaving the area.
- (4) To say anything about the patient is to say too much.

By signing this form, I agree that I have read, understand, and agree to the terms of this consent form, or in the alternative, that I have read this form to my child and he/she understands and agrees to its terms.

I give my full consent to my/my child's participation in the Volunteer Program at University Hospitals of Cleveland.

### Volunteer:

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City / State/ Zip

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

\_\_\_\_\_  
Date

### Print full name and address of parent/legal guardian if different from Volunteer:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City / State/ Zip

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## **VOLUNTEER LIABILITY AND INCIDENT REPORTING PROCEDURE**

**DO NOT ASSUME RESPONSIBILITIES OR TASKS AS PART OF YOUR VOLUNTEER DUTIES,  
FOR WHICH YOU HAVE NOT BEEN TRAINED OR ASSIGNED.**

### **Injury to Patients, Visitors, Employees and Other Volunteers**

Liability insurance coverage is provided through the University Hospitals Program of Self-Insurance for all volunteers working within the guidelines established by the Department of Volunteer Services. If a claim is made that a Volunteer is responsible for injury to a patient, visitor, employee or other volunteers, the Volunteer is covered under the hospital insurance program provided that the volunteer was acting within the scope of his or her assigned duties in the hospital. Sound judgment must be exercised and reasonable care taken in the transportation and handling of patients and the following guidelines must be observed:

- (1) Report to Volunteer Supervisor. A report must be made to your volunteer supervisor at the time of the accident or injury to a patient, visitor, employee and/or other volunteer describing the nature of the incident and injuries sustained, if any.
- (2) Complete Incident Report. Protective Services must be notified in order that an official Incident Report can be filed. The report should be made at the site of the accident, however, if medical attention is needed immediately, Protective Services will come to the Emergency Department.
- (3) Notify the Director, Volunteer Services.

### **Injury to You**

If you sustain an injury or are involved in an accident while on duty, the following guidelines must be observed:

- (1) Report to Volunteer Supervisor. A report must be made to your volunteer supervisor at the time of the accident, describing the nature of the incident, and injuries sustained, if any.
- (2) Incident Report. Protective Services must be notified in order that an official Incident Report can be filed. The report should be made at the site of the accident, however, if medical attention is needed immediately, Protective Services will come to the Emergency Department.
- (3) Report to Emergency Department. Report to the Emergency Department for assessment of the injury and recommendations for further care, if any.
- (4) Be sure to report your injury or illness to your own insurance company.

Your signature indicates you have read and fully understand the above statement and all your questions in regards to the above statement have been satisfactorily answered.

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Printed Name

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Signature

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Date

Name (please print) \_\_\_\_\_

Volunteer Area \_\_\_\_\_

**VOLUNTEER SERVICES  
ORIENTATION REVIEW**

- T F Expecting a young child (ages 4-6 years) to be able to choose between ten different games to play is a reasonable age competency.
- T F When working with or caring for young adults (ages 21-39 years), you need to consider family, money and job concerns that may arise.
- T F Older adults are not able to learn new things.
- T F Confusion is a definite sign of permanent loss of mental abilities for adults over 80 years.
- T F The Joint Commission is the non-governmental private agency that conducts surveys periodically at UH for standards in compliance.
- T F The single most important thing I can do to reduce the risk of infection is hand washing
- T F Code VIOLET is called for a "combative person".

1. When the Volunteer Services Department office is closed volunteers may get parking validated at:

- a. Cafeteria*
- b. Lerner Tower desk*
- c. RB&C desk*
- d. Parking cashier*

2. What number would you call for a Fire or Medical Emergency at UHCMC?

- a. 411*
- b. 5555*
- c. 4357*
- d. 911*

3. At UHCMC, I would find a pull station or fire extinguisher near a(n):

- a. Elevator*
- b. Exit Door*
- c. Stairwell*
- d. All 3 locations*

4. Give three examples of when hands should be washed:

*a.*

*b.*

*c.*

5. How should the water be turned off after washing your hands?

6. What does BSI stand for and what does it mean?

7. While volunteering, you come to a patient's door and see an isolation sign, what should you do?

8. Where do you sign-in when you arrive at the hospital?

9. Who do you call if you are unable to come to the hospital for your volunteer shift?

10. What is the uniform requirement for volunteers?

11 You learn your neighbor is a patient, what can you tell your other neighbors about his/her condition?

12. What does NPO mean?

13. Two nurses are eating lunch in a hospital's crowded cafeteria. One nurse says to another, "Mr. Johnson, the cancer patient in Room 227, sure had a rough morning. He vomited three times." Did the nurse violate the patient's right to privacy?

- a. Yes, because someone could identify the patient from what the nurse said*
- b. No, because, the patient's first name wasn't mentioned*
- c. No, because nothing specific was said about the patient's diagnosis*
- d. No, because it is a private conversation, not meant to be overheard by others*

14. What does the term minimum necessary mean?

- a. Information can only be shared with the patient or their representative*
- b. Information obtained from UH patients should be shared only within UH, not with outsiders.*
- c. Protected patient information should be shared with as few people as possible*
- d. Care should always be taken to give out only the information that the other person has a right to know, never more than is necessary.*

15. The Volunteer Services Department may terminate a volunteer from his or her role due to:

- a. continuing absences without prior notification*
- b. unsatisfactory attitude, work or appearance*
- c. failure to comply with organizational policies, rules and regulations*
- d. all of the above*

16. Appropriate dress for the volunteer includes all except:

- a. khaki or dress pants*
- b. flip-flops/sandals*
- c. red vest or polo shirt*
- d. ID badge worn above the waist*

17. The following are red flags for boundary issues except:

- a. Staying later than your scheduled shift until everything gets done.*
- b. Calling the division to check on a patient when you are off duty.*
- c. Sharing your own inspiring health history.*
- d. Checking in with staff to see which patients are priority.*

18. Volunteers should do all of the following when assisting with wheelchairs except:

- a. Back wheelchair on and off elevator.*
- b. Put brakes on both wheels prior to patient sitting down.*
- c. Alert staff when patient is being taken off division or is returned.*
- d. Use wheelchair for transporting of boxes and other materials.*