

# UF Health Shands Hospital Volunteer Services Department

## VolunTEEN Acknowledgement Form

Volunteer Services Office Hours: Monday – Friday 7:30am – 8:00pm Phone: 352.265.0360

### Confidentiality Agreement for Summer VolunTEEN Program

One of the most important responsibilities of a health care institution is to maintain the confidentiality of the patient. All patients have the right to expect that all communications and other records pertinent to his/her care, including source of payment for treatment; will be treated in a confidential manner. Copies of the statutes may be obtained by contacting the UF Health Shands Hospital Legal Services office.

HIPAA (Health Insurance Portability and Accountability Act of 1996) Legislation Seeks to:

- Strike a balance between government interest in health information and individual rights.
- Allow individuals more control of health information.
- Impose accountability for breaches of confidentiality.
- Set boundaries for providers regarding patients' privacy/confidentiality.
- Require safeguards to protect health information.

#### How can Volunteers Keep Health Information Secure?

- Do not discuss patient information in hallways, elevators, cafeteria or any other public area. A good rule of thumb is: "Whatever you see and hear at the hospital, stays here." In other words, never discuss patient information with anyone outside of the hospital
- No photographs or videotapes of any kind are permissible. Only designated staff are allowed to take photographs and videos, and then only with a signed consent form.
- Never speak to members of the media about your volunteer work. Refer all media inquiries to the Volunteer Director.
- All volunteers will adhere to these regulations concerning verbal discussion of patient's care and access to or release of the patient's hard copy/electronic medical record.
- I understand that failure to comply with the confidentiality policies listed above will subject me to dismissal.

**I understand that unauthorized disclosure of medical information is strictly prohibited and is not protected by the hospital's insurance (J. Hillis Miller Health Center Self-Insurance Fund). Therefore, any individual committing such a violation may be subject to personal liability as well as termination of volunteer privileges.**

### VolunTEEN Acknowledgement

If selected to participate in the Summer VolunTEEN program, I will:

Attend the mandatory VolunTEEN orientation for my session;

Fulfill my commitment to attend my assigned volunteer shifts;

Follow the uniform requirements;

Volunteer only in my assigned areas;

Commit to performing my volunteer duties in a professional and mature manner, and be respectful to all patients/visitors and staff;

Adhere to all other program policies as outlined in the Orientation materials and VolunTEEN Handbook.

\_\_\_\_\_  
VolunTEEN Signature

\_\_\_\_\_  
Date

#### Parent/Guardian acknowledgement:

My child \_\_\_\_\_ has my consent to participate in the Summer VolunTEEN program with UF Health Shands Hospital. I understand the work may involve contact with sick patients of all ages. To my knowledge, my child is in good health and is willing and able to provide volunteer service in a hospital setting. I agree to provide transportation and lunch on behalf of the VolunTEEN. If my child is absent more than two times or violates hospital or program policies, they will be subject to removal from the program. I understand that a background screen will be conducted on my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date