

VOLUNTEER GUIDE

MOUNTAINTOP HEALTHCARE

**THE GOOD SAMARITAN CLINIC OF
HAYWOOD COUNTY**

2009-2010

Thank you for your interest in volunteering at the Good Samaritan Clinic of Haywood County and Mountaintop Healthcare. We hope this handbook will provide you with valuable information as you consider volunteering at our organization. The rewards of volunteering are plenty and there are plenty of things that you can do to join us as we minister to the people of Haywood County.

As you review the contents of this handbook please make notes of any questions you might have. A member of our staff or our Executive Director will be happy to answer these questions and help you in your decision about becoming a volunteer. Our main office number is 454-5287. There are many duties performed at GSC/MH and generally we have a place for each person wishing to join our organization as a volunteer.

Once again we thank you for the opportunity to share our ministry with you and with others in our community. After reviewing this handbook, if you feel that you would be a good fit to our team, please complete the enclosed application. A member of our volunteer support staff will schedule a meeting to review possible positions that we have available.

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FORMS TO RETURN TO GOOD SAMARITAN CLINIC

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Our Mission

To glorify God through the provision of medical care, including spiritual and social support, to underserved adults in Haywood County.

Our Purpose

To show God's love through caring for others who would not otherwise receive healing care and attention.

Our Core Values

Faith Based: The teachings of Christ are foundational to what we are doing and why we are pursuing this ministry.

Compassion: We will be passionate about serving our clients, staff, and community with empathy and caring.

Quality: We will focus on quality in all aspects of our service.

Sharing Christ: We will share the love of Christ as we minister.

Grace: We believe all people are deserving of care.

Stewardship: We will be judicious in using the resources placed in our hands.

Integrity: We will be true to our values and honest in all we do.

Description of Organizations

The Good Samaritan Clinic of Haywood County was established to provide medical care to those who are uninsured and cannot afford care. It is a full-time, Christian-based, primary care clinic staffed by both paid employees and dedicated volunteers. The medical community of Haywood County is a partner in this effort. Haywood Regional Medical Center supplies all our diagnostic testing and local physicians provide their expertise in assisting with patients who have special problems.

Clinic locations Phone: (828) 454-5287

112 Academy Street, Canton

Tuesday 11:00 – 4:00, 4:00 – 8:00

Wednesday 8:00 – 12:00, 1:00 – 5:00

Thursday 8:00 – 12:00, 1:00 – 5:00

34 Sims Circle, Waynesville

Monday 8:30–11:30 Walk-in Dermatology
1:00-4:30 Clinic & Medicaid patients

Tuesday 8:30-12:00 Clinic & Medicaid patients

Wednesday 8:30 – 12:00 Clinic & Medicaid patients

1:00 – 4:30 Walk-in Dermatology

Thursday 8:30-12:00 Suboxone Clinic

1:00-4:30 Clinic & Medicaid patients

Friday 8:30 – 12:00 Clinic & Medicaid patients

Our founder and medical director, Donald Teater, MD felt the call to leave his practice and come, with his staff, to oversee and operate the clinic. Along with his staff he formed Mountaintop Healthcare. This non-profit will oversee the operations of all clinic activities and provide staffing support to the providers. Mountaintop Healthcare will also bring additional medical services for special needs groups; i.e. dermatology, COPD, opiate addiction, diabetes.

Through a special arrangement the Good Samaritan Clinic will contract with this new non-profit, Mountaintop Healthcare (MH) to treat the growing number of people in our community who have Medicaid but cannot find a primary care physician accepting new patients. We currently have over 2,000 recipients in our county who have Medicaid and need a provider to give continuity in their care.

Services Provided:

Mental Health Therapy

We have mental health professionals on staff to provide therapy for individuals who come to the clinic and are diagnosed with mental health issues. Through donations and foundation grants we are able to provide therapy for these individuals with in-house therapists.

Medication Assistance Program

We offer Medication assistance for all GSC patients. We do the necessary paperwork for GSC patients to receive free prescription drugs from the pharmaceutical manufacturing companies.

Medicaid

The Good Samaritan Clinic has partnered with Mountaintop Healthcare to see Medicaid patients on a contract basis. The ability for new Medicaid recipients – many of which are our former patients – to find a doctor has become nearly impossible. Our ability to serve Medicaid recipients enables us to continue as the primary care physician for these patients as well as providing for other Medicaid recipients in Haywood County.

Dermatology

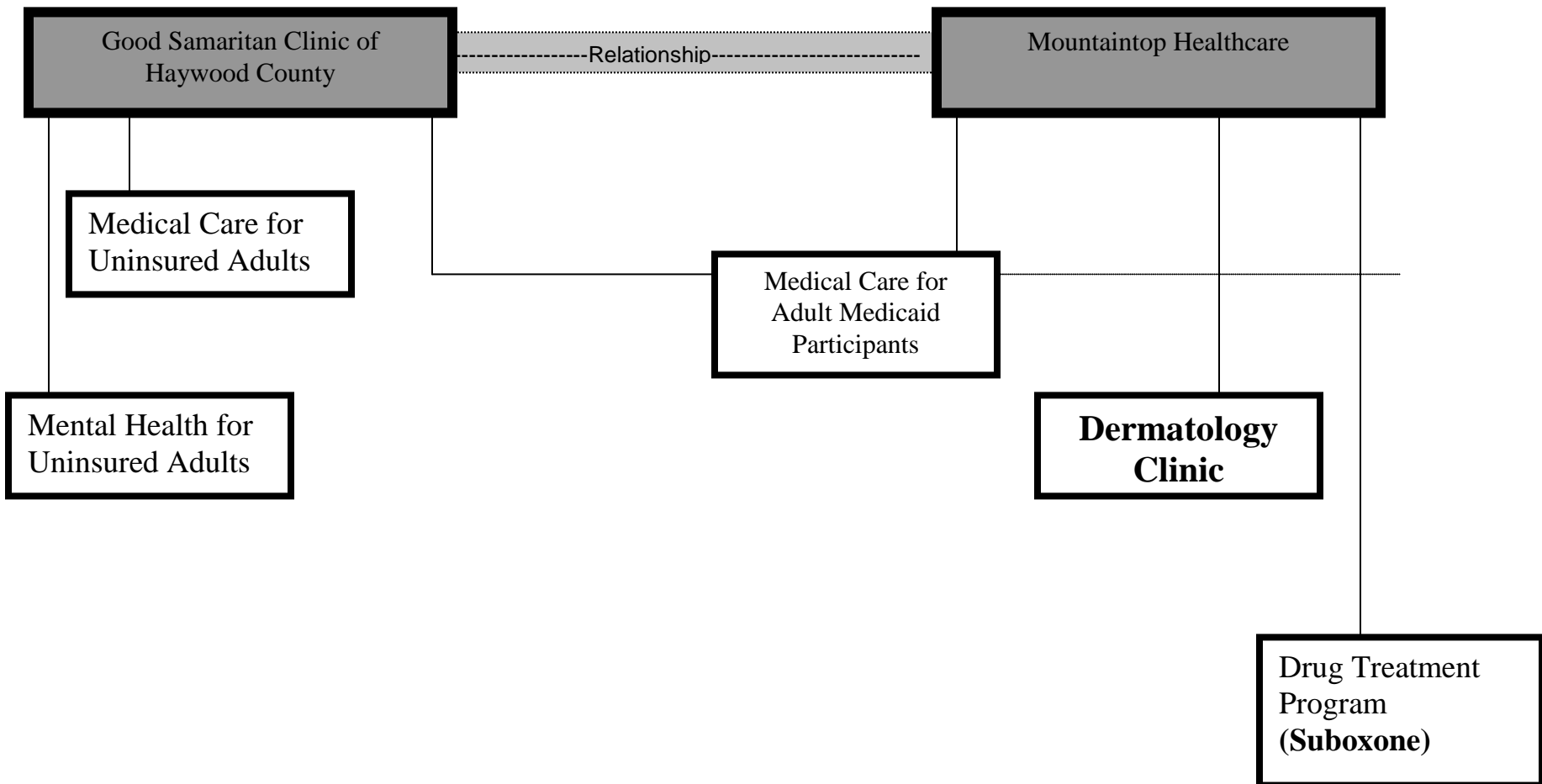
On Monday mornings and Wednesday afternoons we have a walk-in dermatology clinic. We treat patients with suspicious moles, rashes, acne, and other common skin ailments. We currently file insurance on patients with Medicare or Medicaid. We are in the process of evaluating other insurance contracts as well.

Suboxone Clinic

Every Thursday morning MH holds a Suboxone clinic to help individuals with opiate addiction. A member of the staff of MH will schedule these patient appointments.

Visual Explanation of Relationship between the Good Samaritan Clinic of Haywood County and Mountaintop Healthcare

Why? To qualify as a free clinic in NC, the GSC cannot bill any insurance, including Medicaid. There are over 2000 patients who have Medicaid but do not have a primary care provider to oversee their chronic problems. Many patients of the GSC eventually qualify to receive Medicaid but currently there are no providers taking new patients in our county. Through a contractual relationship with Mountaintop Healthcare, the Good Samaritan Clinic will be able to provide services to uninsured adults, adults with Medicaid, and add other programs such as a dermatology clinic, a drug treatment program, and a mental health provider to see adults with Medicaid.



Volunteers in our Organization

Most non-profit organizations utilize volunteers to perform a wide range of duties to assist the organization. Although the Good Samaritan Clinic has merged its services with Mountaintop Healthcare there is still a need for volunteers at both locations. The staff of Mountaintop Healthcare is here to enhance and improve ongoing patient care and expand on services that might be needed in our community. There are many opportunities for volunteers during our Medicaid and clinic patient hours each day. We encourage anyone who might be interested in volunteering to further review the information in this booklet. There are many volunteer positions that are available and wide variety of tasks to be performed. If you have questions or would like more information please contact our executive director, Donda Bennett at 454-5287.

VOLUNTEER POSITION DESCRIPTION

Volunteer Position Description Worksheet:

Job Description

Explanations

Job Title:	Volunteer Receptionist
Purpose:	To greet patients with a warm and friendly smile. Make them feel welcome and let them know we are here to help them. You must be able to multi-task and have organizational skills.
Key Responsibilities:	Run encounter forms/schedules/chart summaries for the next day. Call to remind patients of scheduled appointments. Answer telephone and handle or direct incoming calls. Check in and greet patients when they arrive. Enter new patient demographic information. Schedule appointments for return visits.
Location:	Front desk in Waynesville or Canton.
Supervision:	Carolyn Frady will supervise volunteers at the Canton location. The staff of Mountaintop Healthcare will supervise volunteers at the Waynesville location.
Length of Volunteer Time:	After proper training we request that the front desk person volunteer at least 2 four-hour shifts each month. 3/4 four-hour shifts per month are recommended for keeping up to date on the various protocols and training for running the front desk, excluding vacations. Training for this position is extensive and the organization would like to utilize our training efforts to assist long-term volunteers.
Qualifications:	As a receptionist volunteer you need to have computer skills and be willing to adapt to the changing flow of an office environment and multi-task various job functions.

VOLUNTEER POSITION DESCRIPTION

Volunteer Position Description Worksheet:

Job Description

Explanations

Job Title:	Clinical Assistant Medical Assistant or Nurse Volunteers
Purpose:	Patient triage and care. Assisting with clinical procedures, form completion, referral, etc.
Key Responsibilities:	<p>Patient triage including vital signs: Weight, Height, BP, Pulse, Temperatures, etc.</p> <p>Keep patient flow running smoothly.</p> <p>Chaperone for patient exams.</p> <p>Cleaning exam rooms after each patient and at the end of the day.</p> <p>Call prescriptions to pharmacies.</p> <p>Completion of lab requests.</p> <p>Contacting patient with lab results.</p> <p>Give injections to patients.</p> <p>Performing basic lab procedures done in office.</p> <p>Set up of sterile trays for procedures</p> <p>Performing EKGs.</p> <p>Performing Nebulizer treatments.</p>
Location:	Waynesville or Canton clinic
Supervision:	Carolyn Frady will supervise volunteers at the Canton location. The clinical staff of Mountaintop Healthcare will supervise volunteers at the Waynesville location.
Length of Volunteer Time:	After proper training we request that clinical volunteers work at least 2 four-hour shifts each month. 3/4 four-hour shifts per month are recommended for keeping up to date on various protocols and training, excluding vacations. We would like to encourage our clinical volunteers to be involved as much as possible and get to know our patients and their needs.
Qualifications:	<p>Must have previous training in medical assisting or nursing.</p> <p>Must be aware of Bloodborne Pathogens and know to use Universal Precautions.</p> <p>Must know and understand what risks could be involved in giving injections, drawing blood or performing any laboratory procedure.</p> <p>Needs to have record of vaccinations for Hepatitis B vaccines, TB Skin Test or any other vaccines that would help prevent any disease that could harm you.</p> <p>Must have a "Basic Training" class in Bloodborne Pathogens or risks involved working in the clinical setting or sign a waiver to prove you have had previous training and are aware of the risks involved.</p>

VOLUNTEER POSITION DESCRIPTION

Volunteer Position Description Worksheet:

Job Description

Explanations

Job Title:	Medical Records Volunteer
Purpose:	To create paper or electronic copies of patient medical records and appropriately handle this information.
Key Responsibilities:	Handle all requests for medical records. Verify the request meets HIPAA guidelines for release. Create invoices if appropriate. Record release of information in the patient chart.
Location:	Waynesville or Canton clinic
Supervision:	Any of the staff at Mountaintop Healthcare could help answer questions about a particular job skill. Other issues should be directed to the Executive Director.
Length of Volunteer Time:	This is a flexible position that can be performed at either location within the working hours available.
Qualifications:	Must be meticulous in documenting how the medical record was released.

VOLUNTEER POSITION DESCRIPTION

Volunteer Position Description Worksheet:

Job Description

Explanations

Job Title:	Accounting Assistant Volunteer
Purpose:	To assist the Executive Director in data entry, receipting to donors, etc.
Key Responsibilities:	Handle all incoming GSC deposits according to the protocols established by the Executive Director. Create donor receipts.
Location:	Waynesville
Supervision:	Executive Director
Length of Volunteer Time:	This position is flexible but must be performed weekly within the scope of office hours.
Qualifications:	Training in Quick books.

VOLUNTEER POSITION DESCRIPTION

Volunteer Position Description Worksheet:

Job Description

Explanations

Job Title:	Record-keeping/Filing
Purpose:	To manage demographic, insurance, and other data that comes into the clinic and maintain the records according the guidelines set forth in the Federal Register.
Key Responsibilities:	Maintain patient records in a manner that is easily understood and accessed. File and maintain the following documents: Demographic sheets Copies of insurance cards Any other documents that are generated in patient care.
Location:	Waynesville
Supervision:	Executive Director
Length of Volunteer Time:	This position is flexible and can be performed weekly or once a month, within the scope of office hours.
Qualifications:	Excellent record-keeping skills.

VOLUNTEER POSITION DESCRIPTION

Volunteer Position Description Worksheet:

Job Description

Explanations

Job Title:	Non-Patient Duties Shredding, Transportation, Cleaning, etc. i.e. Other duties outside of the scope of patient care.
Purpose:	To assist by performing tasks that does not directly involve patient care.
Key Responsibilities:	This is a position under development and the responsibilities will be assigned as needed.
Location:	Waynesville or Canton clinic
Supervision:	Staff members of either location may initiate a volunteer to perform a task. The Executive Director should approve this.
Length of Volunteer Time:	Not applicable.
Qualifications:	Honest, trustworthy, and dedicated.

Policies and Procedures

Confidentiality Policy

Confidentiality is critical to protecting patients of their individual rights to keep their medical records private and contained with the volunteers and employees of Mountaintop Healthcare/Good Samaritan Clinic. His or her medical information shall not be discussed outside the facility of the clinic with no one. All patients are entitled to receive respectful and confidential treatment.

- Any information about any volunteer or patient of Mountaintop Healthcare/Good Samaritan Clinic may only be shared with authorized personnel or volunteer of the clinic, and only for the purpose of providing services or conducting Mountaintop Healthcare/Good Samaritan Clinic projects.
- No information regarding the patient shall be given to any non-Mountaintop Healthcare/Good Samaritan Clinic personnel unless the patient has signed a consent form stating specific information can be released to a specific person(s) during the specified time period.
- No information regarding individual volunteers shall be given to any non-Mountaintop Healthcare/Good Samaritan Clinic personnel without discussing with the volunteer first.
- Authorized volunteers or employees of Mountaintop Healthcare/Good Samaritan Clinic may only access medical records for the purpose of providing care for the patient.
- Exceptions to these policies may only be made in the case of medical and other life-threatening emergencies. Only the information necessary to keep the patient or anyone else from physical harm may be disclosed.
- Violation of confidentiality will result in termination of the volunteer or employee's services.

All volunteers must sign a confidentiality agreement when completing the HIPAA acknowledgment form.

Non- Discrimination Policy

The Good Samaritan Clinic of Haywood County is a faith-based, Christian organization. The Good Samaritan Clinic provides services to all adults who are uninsured, meet Clinic financial requirements, and are residents of Haywood County.

All volunteers, staff and all board members are part of a team that works together to realize The Good Samaritan Clinic's mission statement. We will not discriminate on the basis of race, gender, age, sexual orientation, or disability, in hiring staff, in recruiting volunteers or administrative board members.

Substance Abuse Policy

Providing services to patients is tremendously complicated when the use of mind-altering substances is involved. Mountaintop Healthcare/Good Samaritan Clinic seeks to provide such individuals with services that are supportive, empowering and life affirming. Volunteers need to provide effective services while protecting themselves and their patients from the effects of inappropriate interventions.

Volunteers are strongly encouraged to become familiar with substance abuse behavior patterns and the roles they may play in enabling substance abuse. Mountaintop Healthcare/Good Samaritan Clinic is committed to maintaining a drug-free service environment.

- No Mountaintop Healthcare/Good Samaritan Clinic volunteer shall obtain, share or support mind-altering substances for a patient. Neither shall they make him/herself available to the patient while they themselves are under the influence of mind-altering substances.
- If a volunteer has reason to believe that a patient has a substance abuse problem, then they shall report it to the appropriate personal at Mountaintop Healthcare/Good Samaritan Clinic.
- In the event that a patient is under the influence of a mind-altering substance when a volunteer is providing a service for them whether in person or over the phone, the volunteer shall alert the appropriate personnel at Mountaintop Healthcare/Good Samaritan Clinic and excuse him or herself from the situation as soon as possible.
- Because volunteers cannot be totally prepared for all manipulative behaviors a substance-abuse patient might exhibit they are again encouraged to seek help from the appropriate personnel as soon as possible.

New Volunteer Orientation

Designated staff conducts volunteer orientation. The orientation includes an overview of GSC's history, an explanation of GSC's core values, vision, and mission, organization goals and objectives. In addition, GSC gives the new volunteer all necessary paperwork, codes, and functions needed to perform volunteer tasks.

Probationary Period for New Volunteers

The probationary period for volunteers lasts up to 6 weeks from date of initiation. During this time, volunteers have the opportunity to evaluate our company as a place to work and management has its first opportunity to evaluate the volunteer. During this introductory period, both the volunteer and the company have the right to terminate the volunteer agreement with two weeks' notice.

Upon satisfactory completion of the probationary period, the volunteer's supervisor will review his/her performance and any requested adjustments can be made to the volunteer's position or schedule.

Volunteer Demographic Updates

It is the responsibility of each volunteer to promptly notify the volunteer coordinator of any changes in personnel data such as:

- Mailing address,
- Telephone numbers,
- Individual(s) to contact in case of an emergency.

Inclement Weather and Emergency Closings

Weather days are not holidays. At times, emergencies such as severe weather, fires, or power failures can disrupt GSC operations. The Executive Director will make a decision to close the office. When the decision is to close the office, volunteers will receive official notification from the volunteer coordinator. The Good Samaritan Clinic does recognize differences in mountain areas and encourages volunteers to make safe decisions concerning driving in severe weather. If conditions improve, volunteers may contact the office to verify opening and closing times.

Corrective Action

The Good Samaritan Clinic holds each of its volunteers to certain work rules and standards of conduct. When a volunteer strays from these rules and standards, the executive director is responsible for corrective action.

Corrective action at The Good Samaritan Clinic is progressive. That is, action taken in response to a rule or standards violation typically follows a pattern increasing in seriousness.

The usual sequence of corrective actions includes an oral warning, a written warning, probation, and finally termination of volunteers. To decide which initial corrective action would be appropriate, the executive director considers the seriousness of the infraction, the circumstances surrounding the matter, and the volunteer's previous record.

Though committed to a progressive approach to corrective action, The Good Samaritan Clinic considers certain rule infractions and violations of standards as grounds for immediate termination. These include but are not limited to:

1. Theft in any form
2. Disobedient behavior
3. Vandalism or destruction of company property
4. Use of company equipment without authorization by the Executive Director or a member of the staff
5. Lying about personal work history, skills, or training
6. Divulging GSC confidential information.

Safety

The Good Samaritan Clinic provides workplace safety information and health issues to volunteers through regular internal communication. This is performed annually in a volunteer meeting and individually if needed. The Good Samaritan Clinic requires each volunteer to obey safety rules, exercise caution and common sense in all work activities. Volunteers must immediately report any unsafe conditions to a member of the staff. Volunteers who violate safety standards, cause hazardous or dangerous conditions, or fail to report/remedy such conditions may be subject to disciplinary action including termination volunteer status.

In the case of an accident that results in any injury, volunteers must report this to the Executive Director.

Health Related Issues

Volunteers who become aware of any health-related issue must notify the executive director. This policy is strictly to protect the volunteer and our patients. This includes such issues as pregnancy, Hepatitis, HIV infection, etc.

Building Security

Volunteers are responsible for only appliances and equipment that they have direct contact with while performing their duties. Volunteers do not have keys to the buildings and are not responsible for locking doors or securing the building.

Insurance on Personal Effects

All volunteers should be sure that their own personal insurance policies cover the loss of anything occasionally left at the office. The Good Samaritan Clinic assumes no risk for any loss or damage to personal property.

Supplies, Expenditures, etc.

Only authorized persons may purchase supplies in the name of The Good Samaritan Clinic. No volunteer whose regular duties do not include purchasing may incur any expense on behalf of The Good Samaritan Clinic or bind The Good Samaritan Clinic by any promise or representation. The Good Samaritan Clinic also does not reimburse volunteers for purchases made unless the executive director has arranged prior approval.

Parking

Volunteers must park their cars in areas indicated and provided by the Good Samaritan Clinic.

Visitors in the Workplace

To provide for the safety and security of employees, clients, volunteers, and the facilities, The Good Samaritan Clinic, does not authorize visitors. Restricting unauthorized visitors helps ensure security, decreases insurance liability, protects confidential information, safeguards the welfare, and avoids potential distractions and disturbances. The only authorized persons in our clinic are those with appointments.

Standard of Conduct

The work rules and standards of conduct for The Good Samaritan Clinic are important. All volunteers must become familiar with these rules and standards and follow them in their own jobs and in conducting the GSC's business. While not intended to list all the forms of behavior that are considered unacceptable in the workplace, the following are examples of rule infractions or misconduct that may result in disciplinary action, including termination of volunteer status.

- * Theft or inappropriate removal or possession of property;
- * Working under the influence of alcohol or illegal drugs;
- * Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace;
- * Fighting or threatening violence in the workplace;
- * Boisterous or disruptive activity in the workplace;

- * Negligence or improper conduct leading to damage of clinic-owned property;
- * Disrespectful conduct;
- * Violation of safety or health rules;
- * Smoking in the workplace;
- * Sexual or other unlawful or unwelcome harassment;
- * Excessive absenteeism or any absence without notice;
- * Unauthorized use of telephones, or other company-owned equipment;
- * Using company equipment for purposes other than business (i.e. playing games on computers or personal Internet usage);
- * Unauthorized disclosure of confidential information;
- * Conduct or performance unsatisfactory for a Christian organization

Attendance/Punctuality

The Good Samaritan Clinic expects that all volunteers will be regular and punctual in attendance. This means being in the office, ready to work, at starting time each day. Absenteeism and tardiness places a burden on others on the Clinic. If you are unable to report for work for any reason, notify the volunteer coordinator before regular starting time. You are responsible for speaking directly with someone in the office about your absence. If you must leave a voice-mail message, you must make a follow-up call later that day. The company phone number is (828) 454-5287

Absence Without Notice

When a volunteer is unable to work because of illness or accident, he/she must notify a member of our staff. This will allow the GSC to arrange to cover necessary duties. Absences without notification cannot be tolerated because it directly influences the quality of patient care.

Harassment, including Sexual Harassment

The Good Samaritan Clinic is committed to providing a work environment free of discrimination and unlawful harassment. The Clinic will not tolerate actions, words, jokes, or comments based on an individual's sex, race, ethnicity, age, or any other legally protected characteristic. If a volunteer believes he/she or another volunteer was a victim of harassment, report it immediately. Volunteers can raise concerns and make reports without fear of reprisal. Any staff member who becomes aware of possible harassment should promptly advise the Executive director who will handle the matter in a timely and confidential manner.

Telephone Use

The Good Samaritan Clinic telephones are for serving our clients and conducting the GSC's business.

The Good Samaritan Clinic discourages personal telephone usage during business hours. All personal telephone calls should be brief to avoid congestion on the telephone lines. Volunteers must inform family members and friends to limit personal telephone calls during working hours.

Public Image

A volunteer's professional appearance is important for the Clinic's clients and/or visitors. Volunteers should be well groomed and dressed appropriately for work at The Good Samaritan Clinic.

The following items are inappropriate working attire for The Good Samaritan Clinic:

- * Spaghetti strapped shirts
- * Tank tops or revealing shirts
- * Short mini skirts
- * Sheer clothing
- * T-shirts with inappropriate or offensive gestures or advertising
- * Dirty, torn or ragged clothing

Appropriate for the Clinic:

- ~ Jeans or slacks in good condition (no holes or tears)
- ~ Casual shirts/blouses
- ~ Golf shirts, turtle necks, and sweaters
- ~ Dresses or skirts
- ~ Shoes - casual, in good repair

Substance Abuse

The Good Samaritan Clinic is committed to providing a safe and productive workplace. In keeping with this commitment, the following rules regarding alcohol and drugs of abuse are for all staff members, volunteers, and contract employees. The rules apply during working hours while on clinic premises or elsewhere on GSC business.

GSC prohibits manufacture, distribution, possession, sale, or purchase of controlled substances of abuse on Clinic property.

GSC prohibits employees and volunteers working under the influence of illegal drugs and/or alcohol, or substances of abuse on Clinic property.

GSC prohibits employees and volunteers working under the influence of prescription drugs that impair performance.

So that there is no question about these rules, please note the following definitions:

Clinic property: All GSC owned or leased property used by employees and volunteers,

Controlled substance of abuse: Any substance listed in Schedules IV-V of Section 202 of the Controlled Substance Act, as amended,

Drug: All chemical substances that produce physical, mental, emotional, or behavioral change in the user,

Drug paraphernalia: Equipment, a product, or material used or intended for use in concealing an illegal drug, or otherwise introducing into the human body an illegal drug or controlled substance.

Illegal drug:

- a. Any drug or derivative thereof whose use, possession, sale, transfer, attempted sale or transfer, manufacture, or storage is illegal or regulated under any Federal, state, or local law;
- b. Any drug, including - but not limited to - a prescription drug, used for any reason other than that prescribed by a physician;
- c. Illegal use of inhalants;

Under the influence: Impaired mental or physical abilities as a result of drug abuse. This includes alcohol.

Consistent with the rules listed above, any of the following actions constitutes a violation of the Clinic's policy on drugs and may subject a volunteer to disciplinary action, up to and including immediate termination:

Tobacco Products

The use of tobacco products is not permitted anywhere on the Clinic's premises.

Sexual Conduct policy

The principal role of the volunteer is to provide services that are in the best interest of the patient. A romantic and/or sexual relationship between a volunteer and patient may undermine the purpose necessary for providing adequate care for the patient. Patients perceive volunteers as being in a position of authority. Using that authority to pursue a sexual and/or romantic relationship is inappropriate and will not be permitted.

HIPAA

HIPAA stands for Health Insurance Portability and Accountability Act and is mandated by the Federal Government. HIPAA identifies Protected Health Information (PHI) as any data that identifies the patient. Patient names, phone numbers, chart numbers, and addresses are forms of protected health information. HIPAA regulations insist that we make every effort to protect this information from disclosure except when needed for the treatment, payment, or for health care operations that are involved with the patient's care. For example we can call in a prescription to the pharmacy but we must make every effort to maintain privacy while speaking about this patient to the pharmacist.

As a volunteer we ask that you be aware of patient confidentiality and make every effort to protect possible disclosure of patient information. Turn papers face down that have patient data on them. Make phone calls to patients when the waiting room is empty or in a private area. Ask patients to refrain from viewing paperwork or your computer monitor.

Aside from privacy HIPAA gives patients an increased right to view, request change, and manage their medical records. Due to these regulations we ask that volunteers not copy, print, or fax records unless directed to do so by a staff member. If a patient requests a copy of their medical record or wishes to sign consent for release form, please find a staff member to handle this request.

The security regulations of HIPAA ask that we initiate and maintain a secure physical building and computer system. These directives are managed by our HIPAA Privacy and Security Officer. The executive director performs this job. If at any time you have questions please contact that person for clarification. A copy of our HIPAA Privacy Manual and Security Manual is also available to you at any time.

Remember that it is better to be safe than sorry. When in doubt, wait to discuss the appropriate response with a staff member before taking action.

OSHA

Occupational Safety & Health Administration

Background History:

What is OSHA?

- OSHA enforces the health and safety guidelines established in the original Occupational Safety & Health Act of 1970 and Chemical Right-to-Know Law of 1983.
- The Blood and Body Fluid guidelines, Bloodborne Pathogens Standard and other health and safety regulations are recommended by the Centers for Disease Control (CDC).
- OSHA was originally called “Safety Bill of Rights”. It was enacted in response to hazards faced by employees in the workplace, primarily large factories and plants at that time. The Bloodborne Pathogen Standard was developed in response to biological hazards encountered by healthcare workers. Most common was Hepatitis B Virus and HIV.
- When the Bloodborne Pathogen Standard was adopted, healthcare facilities were also required to comply with the Hazard Communication Standard.
- OSHA exists for the protection of employees in the workplace. The law requires the employer to provide a safe and healthful working environment.

Hazard Communication Standard:

- “Workers Right-to-Know”: the definition of a hazardous chemical is so broad that practically every chemical substance and mixture is included: Hazardous Chemical means any chemical that is a physical or health hazard.
- Physical Hazards: Combustible liquids, compressed gases, explosives, flammables, organic peroxides, etc.
- Health Hazards: Carcinogens (cause cancer), toxic agents, reproductive toxins, irritants, corrosives, hepatotoxins (damage liver), nephrotoxins (damage kidneys), neurotoxins (damage nerves), hematopoietic agents (damage blood), any agents that damage lungs, skin, eyes or mucous membranes.
- Types of Exposure: Inhalation, ingestion, absorption.
- Exemptions: consumer products, these products may be exempt depending upon length of time, frequency & method of use.
- If ever in doubt include product in the hazard communication program.
- This standard also requires chemical manufacturer’s distributors to provide info to employers who buy chemicals so that workplace injuries and illnesses may be prevented through programs and info training. This info is provided in 2 ways: product labels and MSDS sheets.
- Labels must be legible and prominently displayed and must contain:
 1. Identity of hazardous chemical.
 2. Appropriate warnings (physical and health)
 2. Name, address of chemical manufacturer, or other responsible parties.
- MSDS: The MSDS is complicated. The standard requires certain items to be included. Learn how to read and understand different MSDSs.
- Important points to know:
 1. Physical and chemical characteristics (ex: boiling point).
 2. Health hazards (signs & symptoms with short-term exposure).
 3. ? Cancer causing.
 4. Emergency & first aid procedures.
 5. Protective equipment to prevent exposure.

- Spill Kit Location- everyone needs to know where it is located.

Bloodborne Pathogen Standard:

- This standard sets forth specific requirements that will prevent the transmission of Bloodborne diseases to healthcare employees.
- This law is applicable to any employer who has 1 or more employees with occupational exposure to blood or other body fluids.
- OSHA defines “employee” broadly to include part time, temporary and probationary workers as well as the doctors (providers) themselves.
- This standard requires employers to make exposure determinations and develop a written exposure control plan.
- Use engineering and work practice controls to prevent employee exposure.
- Develop a system to evaluate exposure incidents.
- Provide proper training to all employees who provide or assist in providing patient care.
- Requires all employees at risk for exposure to Bloodborne pathogens receive training prior to being placed at risk, anytime a new risk is introduced and annually.

Methods of Compliance:

- UNIVERSAL PRECAUTIONS- means to reduce the risks associated with exposure to Bloodborne pathogens but cannot entirely eliminate these risks.
- Bloodborne pathogen is defined as a pathogenic microorganism that is carried, replicated or transmitted in blood or blood products and is capable of causing disease.
- When speaking of Universal Precautions all human blood and other potentially infectious body fluids will be treated as being infectious of HBV, HIV and other Bloodborne pathogens.
- Other Bloodborne pathogens include but are not limited to Hepatitis C, Syphilis, Malaria, etc.
- Universal Precautions also apply to all body fluids containing visible blood and certain other body fluids including cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal and pericardial fluid and amniotic fluid.
- It does not include feces, nasal secretions, sputum, sweat, tears, urine, saliva, breast milk and vomit unless blood is present.

- OSHA, EPA and others have variously defined the amount of blood required to constitute an infectious risk as “substantial”, “dripping”, and significant. The EPA has offered an objective definition that **15ml of blood (approx. 3 tsp)** must be present to be of sufficient dose to be infectious.
- The quantity does not exempt the use of protective clothing; it just helps to determine what constitutes infectious when disposing of blood-soaked materials.

Engineering and Work Practice Controls:

- Recommended hand-washing techniques in exposure prone areas are as follows: before gloving, after removing gloves, after each patient contact, before leaving medical office, before eating, after hands have touched possible contaminated surface.
- Safer Sharps: The use of safer sharps is an important part of the exposure control plan.
- We will evaluate the highest risk procedures: administering injections, collecting blood, disposing of sharps used for patient care, housekeeping tasks.
- We will use safety devices if all possible when the possibility of getting exposed is there.
- When recapping of contaminated needles is medically necessary- a one-handed technique or a mechanical device will be used.
- All sharps injuries will be documented on a Sharps Injury Log that will be maintained for 5

years from the date of exposure. If more than first aid is administered, the incident will also be documented on the OSHA 200 log.

- All exposed employees will be offered Post-Exposure Follow-up.
- Exposed employees may choose to have their blood collected and preserved for 90 days during which they may choose to have testing done.
- Exposed employees may decline this medical follow-up upon signing a declination form.

Disposable Sharps:

- Sharps containers are located in each exam room and in the lab area.
- They are labeled, puncture resistant and leak proof.
- They are kept upright at all times and the lid will be tightly sealed prior to removal of the container.
- Any contaminated object that can puncture skin is considered a contaminated sharp. This includes needles, scalpels, broken glass, slides or any other objects capable of penetrating skin.
- These must be placed immediately into sharps boxes.
- These containers will never be overfilled but will be replaced when objects can no longer be dropped easily into them.

RULE OF THUMB: NEVER RECAP CONTAMINATED NEEDLES!

- Contaminated reusable sharps needs to be placed in puncture resistant containers until properly cleaned.
- Employees must wear appropriate personal protective equipment consisting of lab gloves, face protection, fluid resistant gown or apron and a long handled brush.

General Policies:

- No eating, drinking, smoking, applying cosmetics and handling contact lenses in treatment areas, sterilization areas and laboratory areas.
- Food or drinks shall NOT be kept in refrigerators, freezers, countertops or shelves where blood or other contaminated materials are stored or handled.

Personal Protective Equipment:

- This will be used to prevent blood or other potentially infectious material from passing through to or contacting work or street clothes, skin, eye, mouth or other mucous membranes.
- Protective equipment will be supplied to employees at no charge. All appropriate supplies will be available for each procedure or task that employee will be involved in.

General Safety:

- Electrical Hazards- no extension cords to be used, making sure coffee pots, etc. are unplugged.
- Fire Prevention- making sure no wiring is frayed; unplug equipment not in use, etc.
- Evacuation- know designated meeting plan and exit plan.
- Medical emergency, CPR Mask or Ambu bag location.

Ergonomics:

- Definition- the science concerned with how to fit a job to man's anatomical, physiological and psychological characteristics in a way that will enhance human efficiency and well being.

- Examples are poor furniture design, lighting equipment, positioning or lifting patients and chronic repetitive motion.
- OSHA doesn't currently have an ergonomics standard, but one is in progress. However, employers can still be cited for ergonomic hazards under OSHA's general duty clause.

General Duty Clause:

"Each employer must furnish to each of his employees conditions of employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."

Workplace Violence: Statistics from the Department of Justice

- More than 1,000,000 employees are victims of workplace violence each year.
- More than 1,000 are murdered annually.
- Probability of being a victim is 15%.
- 84% of all incidents do not result in injury but 10% require medical intervention.
- 500,000 employees miss a total of 1,751,000 days annually as a result of workplace violence.

Prevention:

- Use awareness in hallways and parking areas.
- Use the "Buddy System".
- Good communication- report to others as well as management if you think there is a potential for violence.

Tuberculosis:

- Upon employment this practice will offer TB Skin test at no charge.
- It will also be administered to any employee that presents with TB symptoms such as cough>3wks, fever, night sweats, chills, fatigue or blood in sputum.
- Recommended on an annual basis.
- A physician will promptly follow an employee with positive PPD test.
- This would be documented on the OSHA Form 200 (if required).
- If we suspect a patient has TB attend to them ASAP in a well ventilated area and mask up.



❖ REMINDER: OSHA COVERS PAID EMPLOYEES ONLY!

❖ As a "*VOLUNTEER*", you are ultimately responsible for yourself. We want to keep you as safe as possible and make you aware and cautious of your surroundings.

❖ UNIVERSAL PRECAUTIONS: We can't say it enough. Always be cautious as if every patient has some contagious disease.

❖ DON'T BE AFRAID to report any incidents of exposure to us. We must be made aware immediately so appropriate steps can be made for post exposure follow up.

Internet Usage and Agreement Policy:

Mountaintop Healthcare/Good Samaritan Clinic has designed this policy to help you understand our expectations for the use of those resources in the particular conditions of the Internet, and help you use those resources wisely.

- First and foremost, the Internet for these practices is a business tool. That means we expect you to use your Internet access primarily for business-related purposes. For example, to communicate with insurance companies, to research relevant topics and obtain useful business information. We insist that you conduct yourself honestly and appropriately on the Internet. To be absolutely clear on this point, all existing company policies apply to your conduct on the Internet, especially (but not exclusively) those that deal with intellectual property protection, privacy, misuse of company resources, sexual harassment, information and data security, and confidentiality.
- Unnecessary or unauthorized Internet usage causes network and server congestion. It slows other users, takes away from work time, consumes supplies, and ties up printers and other shared resources. Unlawful Internet usage may also expose the organization to significant legal liabilities.
- No volunteer should have any expectations of privacy as to his or her Internet usage. Our managers reserve the right to review Internet activity and analyze usage patterns.
- We reserve the right to inspect any and all files stored in private areas of our network in order to assure compliance with the policy.
- The display of any kind of sexually explicit image or document on any company system is a violation of our policy on sexual harassment. In addition, sexually explicit material may not be archived, stored, distributed, edited or recorded using our network or computing resources.
- The company uses independently supplied software and data to identify inappropriate or sexually explicit Internet sites. We may block access from within our networks to all such sites that we know of. If you find yourself connected accidentally to a site that contains sexually explicit or offensive material, you must disconnect from that site immediately, regardless of whether that site had been previously deemed acceptable by any screening or rating program.
- Use of any company resources for illegal activity is grounds for immediate dismissal, and we will cooperate with any legitimate law enforcement activity.
- No volunteer may use company facilities knowingly to download or distribute pirated software or data.
- Volunteers are reminded that it is inappropriate to reveal confidential company information, patient data and any other material covered by existing company secrecy policies and procedures on the Internet.
- Any unauthorized site that is accidentally visited by a volunteer should be reported to management.
- At this time, volunteers of Mountaintop Healthcare/Good Samaritan Clinic are not allowed the use of the Internet unless permission by management has approved it and this acknowledgment waiver has been signed.

Dear Volunteer,

A completed application or updated application consists of you returning the following forms to our office:

1. Volunteer Application
2. Volunteer Contract
3. Internet Usage Agreement
4. OSHA Acknowledgment
5. New Volunteer Training Form
6. Volunteer Acceptance
7. HIPAA Acknowledgment
8. Hepatitis B Declaration
9. Volunteer Checklist
10. Copy of Driver's License

For existing volunteers please make note of the following changes that will affect you as we begin this new and exciting relationship with Mountaintop Healthcare.

- Pam Kearney will no longer be doing the volunteer schedules. We have separated these duties by location. Carolyn Frady will be responsible for volunteer scheduling at our Canton location and Louise Goss, CMA will be responsible at our Waynesville location.
- Monthly schedules are posted in both offices two months in advance. If you are aware of your schedule and can jot in a possible time to volunteer this will help to make volunteer scheduling less time consuming for these individuals. Please ask where these calendars are located the next time you volunteer.
- Brenda Griswold will still be working with volunteers and performing other functions as she has in the past. She will be working with staff members to direct us in better ways that we can help our volunteers.
- Carolyn Frady is now an employee of the Good Samaritan Clinic. She was hired in February to coordinate and manage ongoing patient care. Her responsibilities cover a broad spectrum of needs for the Canton clinic and go beyond the function of volunteer nursing. We would like to see her have time to concentrate on lab review, referrals, and patient education/training while our nursing volunteers triage patients and assist Kristin Gruner, PA-C with patient care.

This is an exciting time for the Good Samaritan Clinic and Mountaintop Healthcare. As both organizations work together to make health care better for those in our community we look forward to having you there by our side. Once again we appreciate your time and commitment. Please send this information back to us at your earliest convenience so we can complete this part of updating our records.

Sincerely,

Donda Bennett
Executive Director for The Good Samaritan Clinic and Mountaintop Healthcare

VOLUNTEER APPLICATION

Mountaintop Healthcare/Good Samaritan Clinic of Haywood County

Name _____ Date: _____

Address _____

City _____ State _____ Zip _____

Phone
(Day) _____ (Evening) _____

E-mail: _____

Emergency Contact: _____ Phone _____

Past Volunteer Experience (include organization/agency, position, supervisor phone/E-mail):

Organization/Agency:	Position/Duties Performed:	Supervisor phone/E-mail:

Employment (most recent and include company, position, supervisor phone/E-mail):

Employer:	Position:	Supervisor phone/E-mail:

Time available for volunteering (circle all that apply):

	Canton	Canton	Waynesville	Waynesville
Monday				1:00-4:30
Tuesday	11:00 – 4:00	5:00-8:00	8:00-12:00	
Wednesday	8:00-12:00	1:00-5:00	8:00-12:00	
Thursday	8:00-12:00	1:00-5:00	8:00-12:00	1:00-4:30
Friday			8:00-12:00	

How many times each month are you available to work a four-hour shift?

How would you like to help this organization?

Hobbies, interests, and skills:

Education/Credentials:

School:

Date:

Degree:

Location:

Skills (list skills and how comfortable you are in performing them)

References:

List three non-family members who can provide references on your ability to perform this volunteer position:

Name

Address

Phone

1.

2.

3.

Emergency Contact Name/Number:

Please read the following carefully before signing this application:

I understand that this is an application for a promise and commitment of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including this application for a volunteer position and in the interviews with Mountaintop Healthcare/Good Samaritan Clinic that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that Mountaintop Healthcare/Good Samaritan Clinic will verify information contained on my application. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Mountaintop Healthcare/Good Samaritan Clinic or my termination as a volunteer.

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

(Volunteer Signature)

(Date)

Volunteer Contract

As a volunteer, you are an important member of our team and act as a representative of our organization to the community at large. For a better understanding of what you can expect as a volunteer and what is expected of you by our organization, we ask you to read and sign the following Volunteer Contract.

The organization will provide for you:

- Beneficial and life-enriching experiences.
- General orientation and general training sessions plus any specialized training for specific jobs, such as nurses, receptionists, data entry, filing, etc.
- Opportunities for professional development and social interaction with other volunteers.
- An opportunity to learn about those less fortunate and help in the medical care for those in need.
- To provide a specific job description detailing duties and responsibilities.

The organization asks that you:

- Work an agreed number of hours on a scheduled basis that is acceptable to both you and the organization.
- Choose an assignment within your abilities, interests, and time.
- Attend a scheduled orientation, training classes, and tour of the organization.
- Notify the organization beforehand if you will be absent or if you have arranged a substitute.
- Conduct yourself in an appropriate and ethical manner at all times.
- Have fun and agree to ask questions if needed. Remember we are here for you!

By my signature I declare that I have read, understand, and agree with all parts of the Volunteer Contract and will strive to fulfill all parts therein.

Volunteer Signature _____ Date _____

Internet Usage Acknowledgment:

I acknowledge that I have read the Internet Usage and Agreement Policy for Mountaintop Healthcare/Good Samaritan Clinic. I understand the terms of the policy and agree to abide by them. I realize that the Company's security software may record and store for management use and electronic E-mail messages I send and receive, the Internet address of any site that I visit and any network activity in which I transmit or receive any kind of file. I understand that any violation of this policy could lead to my dismissal from volunteering or even criminal prosecution.

Volunteer Signature:

Name (Printed):

Manager Signature:

Date:

OSHA Acknowledgment

I acknowledge that I have received the synopsis of guidelines for the OSHA practices of both the Good Samaritan Clinic and Mountaintop Healthcare. I understand that any questions I might have should be directed to the OSHA officer designated by both clinics.

HIPAA Privacy and Security training was completed on: _____.

Volunteer Name: _____

Volunteer Signature: _____

Staff Signature: _____

NEW VOLUNTEER TRAINING FORM

NAME: _____ DATE: _____
(PLEASE PRINT)

SIGNATURE: _____

General Workplace Safety

I have been trained on this facility's Fire/Emergency Plan and I agree to comply with the requirements. I understand that management is concerned about employee safety in this facility and acknowledge that my job description requires me to immediately report any safety concerns I have to Traci Henderson, CMA (AAMA). I have had the opportunity to ask questions and have them answered to my satisfaction.

Bloodborne Exposure Training

Prior to assignment to any task or job, which could result in exposure to blood and/or other bodily fluids, I had the opportunity to review this facility's Blood-borne Exposure Control written plan. My training, which occurred prior to being assigned to any task that could result in a blood-borne exposure included, but was not limited to, symptoms of blood-borne diseases, modes of transmission and the use of Universal Precautions, specific work practice controls, engineering controls and appropriate Personal Protective Equipment to reduce the risk of exposure. I understand and agree to comply with all procedures and policies set forth in the plan and have had the opportunity to ask questions and have had them answered to my satisfaction. I will report any concerns and/or blood-borne exposure incidents to Traci Henderson, CMA (AAMA) immediately. Because my job puts me at risk of exposure to blood-borne pathogens, the Hepatitis B vaccination series was offered to me at no charge within the first 10 days of employment.

- I accept the offer and will complete the vaccination series in a timely manner.
- I decline the offer because I have previously completed the vaccination series. I have provided proof of vaccination or have signed an Informed Refusal and have checked the box indicating that I have been previously vaccinated.
- I decline the offer for other reasons and have signed an Informed Refusal form.

Hazard Communications

I have been made aware of this facility's written policy on hazard communications and have had the opportunity to read the plans. I have been trained on appropriate container labeling, the use of Personal Protective Equipment and the location and use of Material Safety Data Sheets (MSDS). I was trained prior to any task, which could put me at risk of any chemical exposure. To the best of my ability, I will comply with this facility's Hazard Communications requirements. I will immediately report any concerns I might have about over-exposure to chemical liquids, vapors or gas to Traci Henderson, CMA (AAMA).

Tuberculosis Infection Control

I have been advised of this facility's policy on TB Infection Control and have had the opportunity to review the written plan. I have been trained on the symptoms of infectious tuberculosis and how the disease is spread. The training took place prior to any assignment, which could put me at risk of exposure to this disease. I agree to comply with the policy and will follow all guidelines as set forth in the written plan.

Biomedical Waste Management

I have been trained on this facility's biomedical waste management plan. I have had the opportunity to review the written plan and to ask questions and have them answered to my satisfaction. Training was conducted prior to any assignment that could result in exposure to biohazardous materials. The training included, but was not limited to, the definition of biomedical waste generated in this facility, proper handling and disposal of biomedical waste, appropriate use of Personal Protective Equipment, the contingency plan for cleaning any biohazardous waste spill, and on-site storage requirements.

TRAINER(S): _____

Training appropriate to this volunteer's job description was completed successfully. He/she had the opportunity to ask specific questions about job safety and/or health concerns. I have answered these questions to the best of my ability. He/she was advised to report any future safety or health concerns to Traci Henderson, CMA (AAMA).

Volunteer Acceptance Agreement

We, **Mountaintop Healthcare/Good Samaritan Clinic**, agree to accept the service of _____(Volunteer), beginning_____ and provide the following:

1. To provide accurate information, training and assistance.
2. To ensure supervision and provide job assessment feedback.
3. To respect the skills and individual needs of the volunteer.

Volunteer

I, _____, agree to serve as a volunteer and commit to the following:

1. To perform volunteer duties to the best of my ability.
2. To adhere agency rules, policies and procedure, including record-keeping requirements and confidentiality of agency and client information.
3. To meet time and duty commitments, or to provide adequate notice so the alternate arrangements can be made.

Agreed to:

Volunteer

Staff Representative

Date

Date

HIPAA (Volunteer File)

HIPPA stands for Health Insurance Portability and Accountability Act and is mandated by the Federal Government. HIPPA identifies Protected Health Information (PHI) as any data that identifies the patient. Patient names, phone numbers, chart numbers, and addresses are forms of protected health information. HIPPA regulations insist that we make every effort to protect this information from disclosure except when needed for the treatment, payment, or for health care operations that are involved with the patient's care. For example we can call in a prescription to the pharmacy but we must make every effort to maintain privacy while speaking about this patient to the pharmacist.

As a volunteer we ask that you be aware of patient confidentiality and make every effort to protect possible disclosure of patient information. Turn papers face down that have patient data on them. Make phone calls to patients when the waiting room is empty or in a private area. Ask patients to refrain from viewing paperwork or your computer monitor.

Aside from privacy HIPPA gives patients an increased right to view, request change, and manage their medical records. Due to these regulations we ask that volunteers not copy, print, or fax records unless directed to do so by a staff member. If a patient requests a copy of their medical record or wishes to sign a consent for release form, please find a staff member to handle this request.

The security regulations of HIPPA ask that we initiate and maintain a secure physical building and computer system. These directives are managed by our HIPPA Privacy and Security Officer. The executive director performs this job. If at any time you have questions please contact that person for clarification. A copy of our HIPAA Privacy Manual and Security Manual is also available to you at any time.

Remember that it is better to be safe than sorry. When in doubt, wait to discuss the appropriate response with a staff member before taking action.

I acknowledge that I have received and read the synopsis of HIPAA regulations on the privacy and security practices of both the Good Samaritan Clinic and Mountaintop Healthcare. I understand that any questions I might have should be directed to the privacy and security officer designated by both clinics.

HIPAA Privacy and Security training was completed on: _____.

Volunteer Name: _____

Volunteer Signature: _____

Staff Signature: _____

INFORMED REFUSAL OF HEPATITIS B VACCINATION
(DECLINATION FORM)

I, _____, employed

by _____ as _____,
have received training regarding the Hepatitis B Vaccine. I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

SIGNATURE: _____

NAME (PRINT): _____

ADDRESS: _____

EMPLOYER: _____ DATE: _____
(OR EMPLOYER'S REPRESENTATIVE)

- I am signing this declination form because I have already been vaccinated but do not have a copy of a vaccination certificate for my medical records.
- Prior to employment in this facility, my blood was tested and I was advised that I have adequate HBV antibodies. Re-vaccination is not required.
- Prior to employment in this facility, my blood was tested and I was advised that I am a non-responder. I was never re-vaccinated following the initial test. I would like to be vaccinated at this time.
- Prior to employment in this facility, my blood was tested and I was advised that I am a non-responder. I was never re-vaccinated following the initial test I do not wish to be re-vaccinated at this time but understand that it is always an option if I change by mind.
- I was never tested following the vaccination series and wish/do not wish _____ to be tested at this time I understand that if I am a non-responder the Hepatitis B vaccination per current protocol is available to me at no charge. I wish/do not wish _____ to be re-vaccinated.

Date: _____

Volunteer Name: _____

Volunteer Application Checklist

Completed by: _____

-
- Completed and Signed Volunteer Application
 - Signed Volunteer Contract

Volunteer Orientation Checklist

- HIPAA Acknowledgment
- OSHA Acknowledgment
- OSHA Training Form
- Internet Acknowledgment
- Review of Policies and Procedures

Individual Volunteer Checklist

- Volunteer Acceptance Agreement Signed

- Volunteer Position Assigned _____ (position)

- Volunteer Training Completed _____ (date)

Internal Checklist:

- Summary or experience/employment history notes:

- Reference Information/Notes:

- Credentials Included:

- Copy of Driver's License
 - Immunization Record or Signed Waiver
 - Other Documents Provided: _____
-