

Dear STARS Volunteer:

Thank you for your interest in serving participants in the St. Elizabeth Hospice STARS program. We appreciate the specialized information and support that you offer these participants. Before you begin your service, we need you to complete the items on the checklist below.

Please be aware of our commitment to confidentiality. All information you provide, including the security check, respects your privacy and is handled in a confidential manner.

If you have any questions, please contact the Volunteer Services Office at 212-5375. We look forward to working with you.

Thank You

- Review and Sign:
 - Confidentiality Agreement
 - Characteristics & Volunteer Agreement

- Complete Online Volunteer Application
 - www.stelizabeth.com/starsvolunteer

- Contact James Ellis, Bereavement Care Coordinator at St. Elizabeth Hospice, to schedule a Placement Interview at stars@stelizabeth.com or (859) 301-4611.



**ST. ELIZABETH HEALTHCARE ASSOCIATE
CONFIDENTIALITY / NON-DISCLOSURE AGREEMENT**

As a St Elizabeth Healthcare associate I am responsible for maintaining the confidentiality of information relating to patients/residents/clients and fellow associates. Unless it is necessary to complete my job responsibilities, information about the present condition, performance, or personal affairs of patients/residents/clients or other associates will not be repeated or discussed either inside or outside the Healthcare.

When confidential information must be discussed in the course of my work, I will use discretion to keep such conversations from being overheard by others who are not directly involved. I am aware that there are both state and federal laws that protect health information and other confidential information from unauthorized access. I also realize careless or thoughtless release of confidential information can result in disciplinary action, including termination and also could result in legal action being taken against St. Elizabeth Healthcare.

As a St. Elizabeth Healthcare associate I will be obligated to attend/complete training courses directed at ensuring my understanding of St. Elizabeth privacy policies in relation to protecting confidential information.

Confidential information includes but is not limited to:

1. Information about patient/resident/client's condition or treatment;
2. Aggregate clinical data;
3. Employee records;
4. Employee patient/resident/client records;
5. Marketing plans;
6. Product or service plans;
7. Strategies/forecasts;
8. Patient/resident/client lists; and/or
9. Financial information.

Confidential information can be obtained through hearing it, seeing it, viewing the medical record, or accessing it in the computer system.

While creating, accessing and/or utilizing confidential information I agree to abide by the following:

- I agree to keep confidential all information I access.
- I agree to access only the minimum necessary to perform my duty.
- I agree to access only that information for which there is a "Business Need to Know." I understand that my access may be monitored.
- I agree to keep my password confidential. I understand that providing my password to another individual may result in disciplinary action up to and including termination.
- I agree to protect data at all times, which includes data in electronic, paper, film, images, video or other forms. I will protect data during its creation, entry, processing, distribution, storage, and disposal.
- I agree to protect data from unauthorized access, modification, destruction or disclosure.
- I understand that upon my termination from St. Elizabeth my ability to access St. Elizabeth information will end. I agree that I will not attempt to access Healthcare systems or disclose any confidential information to any person or entity after my termination.

I have read this document and understand that my signature constitutes my acceptance of the terms of the "Confidentiality / Nondisclosure" agreement.

Volunteer Name (Print)

Volunteer Services
Department

Volunteer Signature

Date

Social Security #/Associate ID #

Characteristics of a St. Elizabeth Volunteer and Volunteer Agreement

Please carefully review the information provided below prior to signing.

Characteristics of a St. Elizabeth Volunteer:

Committed

- Volunteers at St. Elizabeth take pride in giving their time and talents to the patient, guests and staff.
- Many volunteer positions require our Volunteers to commit to a regular volunteer shift, making them a reliable part of the St. Elizabeth team!

Cooperative

- Volunteers at St. Elizabeth are there to support the staff; partnering with them to better the experiences of our patients and guests.
- Volunteers are responsible, adaptable and responsive, with a desire to serve. Our Volunteers are an integral part of the SEH team!

Compassionate

- Volunteers at St. Elizabeth possess qualities essential to assisting patients and guests during a stressful and emotional time- friendly, compassionate, generous, honest, positive and responsive- They CARE!

Competent

- Volunteers are provided with extensive hospital orientation and training that is specific to their Volunteer position.
- Volunteers are expected to be responsive to the ever changing healthcare environment by learning new skills and adapting to new approaches.
- Typically, due to the amount of training and processing, it takes a new Volunteer 2-3 weeks from application to their first day of volunteering.

Volunteer Agreement:

In signing this Agreement you are acknowledging your understanding of the characteristics that can be found in a St. Elizabeth Volunteer as outlined above and your willingness to fulfill these characteristics in your service at St. Elizabeth. I understand I am required to submit to an annual TB test during the period required by St. Elizabeth and also required to complete both the Annual Training review of St. Elizabeth's Policies and Flu Report Form. Your signature also acknowledges your recognition of and commitment to the minimum 6 months of volunteer service. Failure to complete this commitment will result in dismissal from volunteer service, and the Volunteer Services department will not issue a volunteer hours report or letter of recommendation. Additionally, you understand that falsification or significant omission of any information provided in the application process may be considered justification for immediate dismissal when discovered.

Print Full Name

Signature

Date