

HelpCare Volunteer/Staff Code of Conduct and Confidentiality Agreement

Purpose: HelpCare™ Clinic commits to encouraging a safe, supportive, and productive work environment. This can only happen when everyone cooperates and agrees to suitable standards of conduct. Volunteers and staff have a responsibility to maintain positive relationships with other human service agencies and the larger community. Such relationships must not bring discredit or adverse publicity to HelpCare™ Clinic. Volunteers and staff are expected to be accountable for their actions. The code of conduct that is expected of paid staff is also expected of volunteers at HelpCare™ Clinic.

As a volunteer or staff member of HelpCare™ Clinic, your signature signifies that you are in agreement with the following statement and will conduct yourself in accordance with the standards to follow.

Mission of HelpCare™ Clinic:

To improve the health and well-being of uninsured and impoverished residents of Buffalo and Kearney counties by providing medical and behavioral health care in a compassionate and respectful environment.

By signing this document, you are agreeing to serve as a volunteer and commit to the following:

- To perform your associated volunteer duties to the best of your ability
- To adhere to rules and procedures, including record-keeping requirements and client confidentiality
- To meet time and duty commitments or to provide adequate notice so that alternate arrangements can be made

Additionally, your signature attests to your promise to treat each patient as the most important patient in your care; attending promptly to his or her needs and concerns; acting in his or her best interest.

It should be recognized that as a volunteer, you will come to know confidential information found in a medical setting. Disclosure and discussion of such privileged information with anyone outside of HelpCare™ Clinic is prohibited. In addition, such discussion is prohibited to take place on any social networking site(s) in any way, concerning current or former patients, current or former employees, and/or volunteers of HelpCare™ Clinic, the work environment and/or any discussions that pertain to HelpCare™ Clinic business.

Your signature attests to your guarantee against the disclosure and revealing of any names or medical conditions of patients. Any specific patient and physician medical information will not be discussed in any public area of the clinic or outside of the clinic.

Your signature attests that you will adhere to the HIPAA Conduct for Employees and Volunteers listed in this document. Any breach of confidentiality will result in termination of your volunteer position and affiliation.

Name (Print) _____

Signature _____ Date _____