

As a condition of my service with BHWS&TC, I agree to abide by the company's Confidentiality Policy, Corporate Computing Policy and the following directives:

1. Healthcare communication and practices are an important, even essential role in ensuring prompt and effective healthcare and support. All healthcare information, shared within our agency, whether people we serve, employee, or volunteer related, is Private and Confidential. I will maintain and protect the confidentiality of any healthcare information to which I may have access regardless of the method by which I came into knowledge of it. I will not reveal any healthcare information about people we serve, employees, or volunteers to anyone outside the agency, unless the person and/or guardian have signed a Release of Information or the law requires it. If information is released, I will ensure that the person or organization is an approved HIPAA (Health Insurance Portability And Accountability Act) Entity, or has a Business Associate Contract on file within our agency, or is a Law Enforcement Agency.
2. In order to safeguard any healthcare information, I agree to follow all of the specific HIPAA policies/procedures which are defined in the Agency Main HIPAA database, specifically, the Agency Workstation & Printer Security procedures. I also agree not to copy any healthcare information to any magnetic storage media (diskettes, tapes, etc.) and remove that storage media from company premises except as directed by my supervisor. I will follow agency procedures for maintenance of individual records at my work site.
3. If assigned to support an individual on a computer, I will use the computer only for such work. I will not load any PC software onto an agency computer unless reviewed and approved by my supervisor and by the Manager of Information Systems. When entering data, I will accurately enter the data provided, making no deliberate errors.
4. I will adhere to the company guidelines for using E-mail. If I receive a harassing, intimidating or annoying E-mail on any agency computer system, I will bring it to the immediate attention of my supervisor.
5. If I leave the agency for any reason, I will abide with the agency's privacy policy by returning any agency information in my possession, whether on-site or off-site.

I have read and understood the above and understand that the above will be enforced by BHWS&TC and may also be enforced by State and Federal law.

Volunteer Signature

Date

Signature of Parent or Guardian if Volunteer is under 18 yrs old

Date

Please Print Volunteer's Name



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OFFICE USE ONLY

References Checked By: _____ Date: _____

Records Checked Follow Up: _____



Volunteer Agreement and Release from Liability

In signing this form, I understand and agree to the following terms and conditions related to volunteering my services to Black Hills Works.

Volunteer Name: _____ **() Male** **() Female**

I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, persons supported, and visitors).

I agree to maintain the confidentiality of all volunteers, persons served, staff, and donors about whom I have personal identifying information in accordance to our HIPAA requirements. Please initial here: _____

I am aware that as a volunteer I expose myself to potential hazards. I agree to follow all safety rules and regulations. I am voluntarily participating in this service and hereby agree to accept any and all risks of injury. Please initial here: _____

I agree that my assignees, heirs, distributees, guardians, and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release Black Hills Works from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have for injury resulting from my participation as a volunteer. Please initial here: _____

If I choose to drive an automobile during my volunteer service, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or any other intoxicating substances. I agree to not use a phone while driving, including texting and calling. Please initial here: _____

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will. Please initial here: _____

Volunteer Signature

Date

Volunteer Print Name

Witness Signature

Date