
Volunteer Name (please print)

Volunteer Confidentiality and Non-Disclosure Agreement

As a volunteer at California Hospital Medical Center, the undersigned will observe hospital operations and have access to what this agreement refers to as "Confidential Information."

"Confidential Information" includes but is not limited to proprietary or non-public business information and patient information (including "protected health information" as defined by the Health Insurance Portability and Accountability Act of 1996). Confidential Information is valuable and sensitive and is protected by law and by Hospital policies. The intent of those laws and policies is to assure Confidential Information will remain confidential – that is, it will be used only as necessary to accomplish the Hospital's mission.

Conversations between physicians, nurses and other healthcare professionals in the setting of a patient receiving care or between the undersigned and a patient are also protected and may not be discussed.

The undersigned agrees not to disclose, copy, misuse or release any 'Confidential Information' that he/she may observe or have access to during the course of volunteering. The undersigned understands that the obligation under this agreement will continue after voluntary service is complete. The undersigned will be responsible for their conduct during the time spent volunteering in the hospital and understands that failure to comply with this agreement may result in personal civil and criminal legal liability.

The undersigned understands that a breach of this Confidentiality and Non-Disclosure Agreement may result in civil lawsuits and administrative fines and sanctions. The undersigned agrees to indemnify, defend, and hold harmless the hospital, its affiliates, and all of its employees, against any claim or lawsuit that arises from breach of this agreement.

X _____

Volunteer Signature

_____ age

_____ Date

Parent/Guardian signature (if minor)

Print Parent/Guardian name

Date

CHMC Volunteer Identification Badge Agreement

1. The ID badge is an essential element of my uniform. I understand that I must wear the badge at all times while on duty.
2. The ID badge is an important part of maintaining a secure environment at CHMC. If my badge is lost or stolen, I will contact the Volunteer Services department for necessary authorization to receive a replacement badge.
3. The ID badge is for my own use in the completion of my volunteer duties. I understand that it is not transferable and that misuse of the badge may result in termination of volunteer status.
4. The ID badge is the property of CHMC. I will return the badge to the Volunteer Services Department upon resignation/termination of my volunteer status.

As a volunteer, I understand and agree to abide by the statements above.

X _____

Volunteer Signature

Date