



Christ Clinic Volunteer Application

PLEASE FILL OUT THIS FORM THOROUGHLY

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

E-Mail: _____ Are you bi-lingual (Spanish/English)? _____

What type of medical license do you have? _____

Place of Worship: _____ **How did you hear about Christ Clinic?** _____

IN WHAT CAPACITY DO YOU HOPE TO VOLUNTEER?

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical Provider | <input type="checkbox"/> Clinic Office Support | |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Discharge Teaching (RN/LVN) | |
| <input type="checkbox"/> Interpreter (Spanish/English) | <input type="checkbox"/> Pharmacy (RN only) | <input type="checkbox"/> Subcommittee Member – Special Events |

What day(s) are you available to volunteer? M T W Th F Time: (circle) **9AM-1PM 1PM-5PM**

Emergency Contact Information:

Name: _____ Relationship to Volunteer: _____

Home Phone: _____

Do you have any allergies? Yes No If yes, please list _____

Have you been previously screened for TB (Tuberculosis)? Yes No Date: _____

Release for Publication

- We request your permission for your participation. By indicating below, you may choose to grant or deny Christ Clinic permission to use photographs, video of yourself or in a group for newsletters, web-site, online, brochures, special fundraising activities for use in public understanding and support of Christ Clinic Katy programs and services.

Please circle one: I GIVE PERMISSION / DENY CONSENT to be videotaped and/or photographed.

- A copy of your current driver's license must be submitted with this form.
- For licensed medical personnel/volunteer: copy of your current professional license must be submitted with this form.
- I understand that I am subject to and agree to have the Director complete a personal and professional background check to volunteer at Christ Clinic

Name

Date

CC USE: Orientation: _____ Follow up: _____ Copy of DL Copy Handbook Copy of HIPPA Copy of Medical License



Christ Clinic Standards for Compliance of Current HIPAA Regulations

In enacting the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Congress mandated the establishment of standards for the privacy of individually identifiable health information. The Privacy Rule establishes a federal floor of safeguards to protect the confidentiality of medical information. State laws which provide stronger privacy protections will continue to apply over and above the new federal privacy standards.

For the average health care provider, the Privacy Rule requires activities, such as:

- Providing information to patients about their privacy rights and how the information can be used.
- Training employees so that they understand the privacy procedures.
- Adopting clear privacy procedures for the clinic.
- Designating an individual to be responsible for seeing that the privacy procedures are adopted and followed.
- Securing patient records containing individually identifiable health information so that they are not readily available to those who do not need them.

The purpose of this form is to protect the patient, volunteer(s), and staff of Christ Clinic from inappropriate dissemination of information regarding care of individual and collective patients and to set forth the corrective action process for breaches in patient confidentiality. It is important for you to recognize, respond and report any breaches of individually identifiable information.

Adjustments for compliance are:

1. Patient files will be turned so that the name is not exposed.
2. Triage stations will be divided with a nurse, patient and/or translator per station.
3. There will be no discussion of a patient's personal information within hearing distance of others patients.
4. Patient medical information will not be given out with patient's written consent.
5. Patients are allowed at the checkout table only when receiving their medication and instructions. Other patients must remain at least 3 feet away from this area.

Staff that would like to express concerns regarding compliance may contact the Director. Everyone must report instances of noncompliance.

Breaches of confidentiality will be handled as follows (depending on the facts):

1. Verbal reminder or warning
2. Written warning
3. Loss of volunteer privileges at Christ Clinic.

These standards and procedures are subject to change at any time.

I have read the current HIPAA compliance standards for Christ Clinic and have been given full access to the Standards for Privacy of Individually Identifiable Health Information packet.

Signature

Print Name

Date

April 2013

Welcome to Christ Clinic!



We are excited that you chose to volunteer with us! Our Mission: "Christ Clinic extends the healing ministry of God by offering healthcare and health related service to those who are uninsured and underinsured. We serve those in need with love, compassion dignity and respect with a team of caring volunteers and staff."

You are a crucial part to our success so thank you for your valuable gift of donating your time and for supporting our mission.

We would love to know some fun facts about you!

- ✚ Your Favorite food is...
▪ _____
- ✚ Your Favorite color is...
▪ _____
- ✚ Your Favorite drink is...
▪ _____
- ✚ What makes you excited about life?
▪ _____
- ✚ Do you have hidden talents most people don't know about?
▪ _____
- ✚ What one accomplishment are you most proud of?
▪ _____

Christ Clinic Volunteer Expectations

- **ATTIRE**
 - Volunteers should be well groomed and have a professional appearance. Scrubs or lab coats are acceptable.
- **ATTENDANCE**
 - Volunteer sign up at signup.com. <http://signup.com/go/wmBieT>
 - Volunteers should honor their commitment to Christ Clinic.
 - If you are unable to make it please contact the Volunteer Coordinator.
- **CONFIDENTIALITY**
 - Patient confidentiality pertains to patient interactions and record keeping

Volunteer Guidelines

- This is a **NON-SMOKING** facility...includes patients, staff and volunteers
- Eating and drinking should be done in the Break Room only
- Upon arrival at the Clinic, please “sign in” using the Volunteer Binder located in the volunteer office
- Please wear your volunteer badge. Name badges are located in a basket in the volunteer office
- When a patient approaches you, introduce yourself and offer any assistance

Termination Policy

- 1 Verbal Coaching
- 1 Verbal warning
- 1 Written warning
- Termination

OSHA[®] FactSheet

Protecting Yourself When Handling Contaminated Sharps

Sharps are objects that can penetrate a worker's skin, such as needles, scalpels, broken glass, capillary tubes and the exposed ends of dental wires. If blood or other potentially infectious materials (OPIM), as defined in the OSHA Bloodborne Pathogens standard (29 CFR 1910.1030), are present or may be present on the sharp, it is a contaminated sharp and appropriate personal protective equipment must be worn.

A needlestick or a cut from a contaminated sharp can result in a worker being infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other blood-borne pathogens. The standard specifies measures to reduce these types of injuries and the risk of infection.

Careful handling of contaminated sharps can prevent injury and reduce the risk of infection. Employers must ensure that workers follow these work practices to decrease the workers' chances of contracting bloodborne diseases.

Safer Medical Devices

Employers are required to consider and use safer medical devices, wherever possible. These devices include those that are needleless or have built-in protection to guard workers against contact with the contaminated sharp. In addition, employers must ask non-managerial patient care workers who could be exposed to contaminated sharps injuries for their input in identifying, evaluating and selecting effective work practice and engineering controls, including safer medical devices. The employer must document consideration and implementation of these devices, and the solicitation of worker input, in the Exposure Control Plan.

Prompt Disposal

Employers must also ensure that contaminated sharps are disposed of in sharps disposal containers immediately or as soon as feasible after use. Sharps disposal containers must be readily accessible and located as close as feasible to the area where sharps will be used. In some cases, they may be placed on carts to prevent patients, such

as psychiatric patients or children, from accessing the sharps. Containers also must be available wherever sharps may be found, such as in laundries.

Contaminated sharps must never be sheared or broken. Recapping, bending, or removing needles is permissible only if there is no feasible alternative or if such actions are required for a specific medical or dental procedure. If recapping, bending, or removal is necessary, employers must ensure that workers use either a mechanical device or a one-handed technique. The cap must not be held in one hand while guiding the sharp into it or placing it over the sharp. A one-handed "scoop" technique uses the needle itself to pick up the cap, and then the cap is pushed against a hard surface to ensure a tight fit onto the device. Also, the cap may be held with tongs or forceps and placed over the needle. Contaminated broken glass must not be picked up by hand, but must be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

Sharps Containers

Containers for contaminated sharps must be puncture-resistant. The sides and the bottom must be leakproof. They must be appropriately labeled or color-coded red to warn everyone that the contents are hazardous. Containers for disposable sharps must be closable (that is, have a lid, flap, door, or other means of closing the container), and they must be kept upright to keep the sharps and any liquids from spilling out of the container.

The containers must be replaced routinely and not be overfilled, which can increase the risk of needlesticks or cuts. Sharps disposal containers that are reusable must not be opened, emptied,

or cleaned manually or in any other manner that would expose workers to the risk of sharps injury. Employers also must ensure that reusable sharps that are contaminated are not stored or processed in a manner that requires workers to reach by hand into the containers where these sharps have been placed.

Handling Containers

Before sharps disposal containers are removed or replaced, they must be closed to prevent spilling the contents. If there is a chance of leakage from the disposal container, the employer must ensure that it is placed in a secondary container that is closable, appropriately labeled or color-coded red, and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at (800) 321-OSHA (6742).

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

For assistance, contact us. We can help. It's confidential.

