

# VOLUNTEER APPLICATION FORM

**eliseo**

1301 N. Highlands Pkwy Tacoma, WA 98406

253.752.7112 | [cclark@eliseo.org](mailto:cclark@eliseo.org) | [www.eliseo.org](http://www.eliseo.org)



## PERSONAL INFORMATION

Name: \_\_\_\_\_

Address (Residence) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Contact No. \_\_\_\_\_

Date of Birth Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Gender Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_

## EMERGENCY CONTACTS:

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact No. \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact No. \_\_\_\_\_

## EXPERIENCE:

Volunteer Experience: \_\_\_\_\_

Hobbies or Interests: \_\_\_\_\_

Community Affiliations (Churches, Clubs, etc): \_\_\_\_\_

Reason for Volunteering: \_\_\_\_\_

Days Available: \_\_\_\_\_

Hours Available: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_  
**Print Name of the Volunteer**

\_\_\_\_\_  
**Signature of the Volunteer**

Email this form completely filled out to [cclark@eliseo.org](mailto:cclark@eliseo.org). If you are unable to email please mail this form to 1301 N. Highlands Pkwy, Tacoma, WA 98406 atten: Colleen Clark.



## VOLUNTEER CONFIDENTIALITY AND INFORMATION USAGE AGREEMENT

**eliseo** considers maintaining the security and confidentiality of all residents' protected health information a matter of highest priority. All of those granted access to this information must agree to the standards set forth in this agreement. If anyone cannot agree to these terms, he or she will be denied access to health information entrusted to us by our residents and will not be able to continue his or her volunteer activities at **eliseo**.

**Therefore, I will:**

- Consider as confidential, all information that I may become aware of concerning a resident
- Not seek out information regarding a resident unless I need to know in order to fulfill my duties
- Respect the confidentiality of any reports printed from any information system containing Resident information and handle, store, and dispose of these reports in an appropriate manner.
- Prevent unauthorized use of any information in files maintained, stored, processed by the facility
- Not seek personal benefit or permit others to benefit personally by any confidential information
- Understand that my obligations under this agreement will continue after termination of my service
- Report any violation of this agreement or breach of privacy

I understand that my access to resident information maintained by **eliseo** is a privilege and not a right afforded to me. By signing this agreement, I agree to protect the security of this information and maintain all information in a manner consistent with the requirements outlined in the Privacy Rules and applicable Federal and State laws.

I have received instruction on privacy and confidentiality and acknowledge receipt of the **eliseo** HIPAA Handbook.

Print your name: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Volunteer

Date: \_\_\_\_\_



## HIPAA BASIC HANDOUT

### What is HIPAA?






"HIPAA" stands for the Health Insurance Portability and Accountability Act of 1996. While HIPAA addresses many topics, it also resulted in rules pertaining to the privacy and security of health information. When this document refers to HIPAA, it means those rules.

At **eliseo**, everyone (including volunteers) has a duty to safeguard patient information in any medium. HIPAA gives resident certain rights and requires **eliseo** to maintain a number of policies and procedures related to resident rights and the use of resident information.

What do we have to protect? We have to protect a certain type of resident information, known as "protected health information" or PHI.

How can we use protected health information (PHI)? Resident information can be used or shared only with the written permission of the resident or guardian, except in limited circumstances. Those employees, volunteers or others who are involved in non-treatment settings such as payment, billing or other internal health care operations should only see resident information on a need-to-know basis or, the "minimum necessary" amount in order to perform their job functions.

Your responsibility is to understand HIPAA and confidentiality. Remember:

-  Anything you see,
-  Anything you hear,
-  Anything you read,
-  Anything you observe with your five senses,
-  Anything you already know about a patient or family...

**MUST Be Kept Confidential!**

If you have any questions, please ask the Life Enrichment Director at 253.756.7581 or, directly contact the individual who oversees HIPAA guidance, Health Information Director at 253.756.7564.

Print your name: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Volunteer

Date: \_\_\_\_\_