



**CONFIDENTIALITY OF PATIENT CARE**

All patient care information at EvergreenHealth, as in any healthcare institution is strictly confidential. Volunteers, as well as employees, are not to repeat anything they see or hear to anyone inside or outside the hospital, (with the exception of the attending physician or nurses). Any unauthorized disclosure of such information could render the institution liable for damages on grounds of defamation or invasion of the right to privacy. Anything you see, hear or read is private and can't be repeated.

**Please read the following rules re privacy and confidentiality, and sign agreement below:**

1. Patient medical charts should only be read by the attending physician or nurse. If the patient wishes to read something on his/her chart, refer the request to the physician or nurse in charge.
2. Never repeat a diagnosis. Refer any patient or family inquiries to the physician or nurse in charge.
3. Information concerning friends or acquaintances you see on the census or in the hospital is confidential. When and why an individual is in the hospital is a personal matter.
4. Information concerning the business end of a patient's stay such as their bill, charges, insurance, etc. is confidential.

**As a volunteer with EvergreenHealth, I understand confidentiality and agree to keep all information concerning a patient's care strictly confidential.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer Services Staff

\_\_\_\_\_  
Date



**NON-EMPLOYEE / VENDOR / CONTRACTOR  
CONFIDENTIALITY AND SECURITY AGREEMENT**

Through your association with EvergreenHealth, you may have access to confidential information such as patient, financial and/or business information (**EH Information**). This Agreement identifies your personal obligations regarding EH Information. Your signature on this Agreement is required to receive network or application credentials (user ID and password) for EvergreenHealth systems.

EH Information is valuable and sensitive and is protected by law, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Washington Uniform Healthcare Information Act that protects patient information contained within healthcare information systems, and by EvergreenHealth policies. Inappropriate access or disclosure of EH Information may result in termination of contract and/or loss of privileges, and may also constitute a crime that is punishable by fines and/or imprisonment.

Accordingly, as a condition of and in consideration for granting you access to EH Information, you agree:

1. You will not access EH Information you have no legitimate need to know or for which you are not an authorized user. You will not access the records of your family members or friends except for assigned job-related duties. When accessing a patient's records, you agree to access only the minimum necessary information to satisfy your job role and/or the need of the request.
2. You will not use, disclose, copy, release, sell, loan, review, alter, post online, destroy or forward EH Information except as necessary to perform your duties for EvergreenHealth and/or as expressly authorized by existing policy, contractual agreement or an authorized representative of EvergreenHealth.
3. You will not use another user's system credentials to access EvergreenHealth systems or reveal your system credentials to anyone for any reason. By signing below, you expressly agree to the following statement: **I accept personal responsibility and understand that I will be held accountable for all activities that occur through my system credentials.**
4. If you have knowledge of any inappropriate access, use or disclosure of EH Information you will report it immediately to the EvergreenHealth Privacy Office at [privacy@evergreenhealth.com](mailto:privacy@evergreenhealth.com) or 425.899.5599.
5. You will not seek personal benefit or permit others to benefit personally from EH Information you obtain through your association with EvergreenHealth, whether or not you were authorized to obtain the information.
6. You understand and agree (i) all EH Information, regardless of the media on which it is stored (paper, electronic, video, etc.), the system in which it is processed (computer, voice mail, telephone, fax machine, etc.), or the method by which it is transmitted (electronically, face to face conversation, facsimile, etc.) is EvergreenHealth property and may not be used or disclosed inappropriately or for personal gain; (ii) you have no expectation or right of privacy in anything created in, stored on, sent by or received through any EvergreenHealth system; and (iii) EvergreenHealth has the right to inspect or monitor information and transactions on its systems at any time and to use and disclose any information found in its systems for any purpose it deems appropriate.
7. You agree to comply with all laws regarding the privacy and security of personal and/or protected health information, including but not limited to 45 CFR Parts 160 and 164 (HIPAA) and chapter 70.02 RCW, and with applicable EvergreenHealth policies that are made available to you.
8. You agree your duty to maintain the confidentiality of the EH Information you obtained through association with EvergreenHealth will continue indefinitely, even after you no longer have access to EvergreenHealth systems.

**You acknowledge EvergreenHealth actively monitors and reviews information and transactions in its systems. Inappropriate access or disclosure of EH Information may result in termination of contract, loss of privileges and/or civil or criminal penalties, and you agree to the following statement:**

**I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE TERMS OF THIS AGREEMENT**

**\*All fields must be completed for this request to be processed\***

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Create a 4-digit code to be used as  
Identification when calling the help desk

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Job Title

V. 10/18/2021



## CHEMICAL HAZARD COMMUNICATION PROGRAM TRAINING CERTIFICATION

In compliance with State Law, all volunteers must be trained in the use of any hazardous chemicals they handle. In general, volunteers do not handle dangerous chemicals; however, some common products such as detergents or glass cleaner, hand sanitizer and disinfectant wipes are considered hazardous. Volunteers do handle the above products and must be trained in their proper use. The training is as follows:

1. Detergents or glass cleaner: Do not drink. Do not spray directly onto skin or in eyes. If this accidentally happens, rinse with clear water.
2. Hand sanitizer: Do not swallow, do not place directly into eyes. If eye contact occurs, flush with large amounts of clean water and seek medical attention if signs/symptoms persist. If swallowed, do not induce vomiting unless instructed to do so by medical personnel, give two glasses of water and get medical attention if needed.
3. Disinfectant wipes: wear protective clothing as needed, avoid contact with eyes and skin. If skin irritation developed, call a physician. If eye contact occurs, hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control center or doctor for treatment advice.

If you are ever asked to handle any product that you believe may be hazardous, please consult the **Material Safety Data Notebook** located in each department. It will contain safety sheets on all hazardous products used within that department.

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I have read, understand and agree to the above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## CODE RED

CODE RED is our fire code. You need to know the following:

For all CODE RED and CODE RED DRILLS - stay where you are and listen for further instructions. Remain calm and reassure patients/visitors. When in doubt, get help.

**DO NOT** open or block fire doors. They are designed to contain smoke and fire.

Know the location of the pull stations, fire extinguishers, telephones and exits for your area.

Designated staff will respond to CODE RED OR CODE RED DRILL. Volunteers do not respond to this (or any other) code. Staff is highly trained to handle emergencies of this nature. We need to stay out of their way. If you happen to be the first person to discover a fire, immediately pull the fire alarm and dial 1199 for further help.

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### PROCEDURE FOR CODE RED - IN CASE OF FIRE

- 1 R Rescue all people from immediate danger.
- 2 A ctivate fire pull stations.
- 3 C ontain the fire if possible.
- 4 E xtinguish the fire if possible.
- 5 Shut off Oxygen zone valve (staff).
- 6 Fight the fire if it is manageable.

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I understand CODE RED and know what to do when I hear it.

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Signature of Volunteer

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Date

CERTIFICATION  
**HIV- AIDS- HEPATITIS B VIRUS TRAINING**

This is to certify that the participant has received education based on the KNOW-HIV / AIDS Prevention Curriculum for health care facility employees in accordance with Washington State RCW 70.24.310.

The participant has completed the requirement by reading the HIV / AIDS / HEPATITIS B Virus curriculum provide in the State. The Manager of Infection Control provided additional information and/or clarification of the curriculum as needed by the individual participant.

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Participant Signature

Volunteer Programs Department

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Department

Sandra Kreider, Manager-Infection Control and Employee Health

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## **VOLUNTEER UNIFORM AND PHOTO I.D. LOAN AGREEMENT**

Uniforms along with the photo I.D. are loaned to volunteers but remain property of EvergreenHealth. Please do not deface either one of them. The ID badge should not have holes punched in it, or stickers or other decorations. The uniform cannot have personal pins, buttons, etc. Each will be returned to the volunteer office when the volunteer ends their volunteer service.

### **UNIFORM AND PHOTO I.D. LOAN**

A volunteer uniform is obtained at the volunteer office, along with the form for the photo I.D. badge. Volunteers will take the signed form to the Human Resources' office to obtain a badge photo I.D. The badge must be worn on a lanyard and visible to patients, staff and other volunteers.

### **UNIFORM AND PHOTO I.D. USE**

Volunteers are required to wear a uniform and photo I.D. badge while on duty.

### **UNIFORM AND PHOTO I.D. RETURN**

When you are finished volunteering with EvergreenHealth, the uniform and photo I.D. will be returned to the Volunteer Office.

I understand the terms of the uniform and badge I.D. loan agreement. I agree to abide by these rules.

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

\_\_\_\_\_  
Date