



Dear Prospective Volunteer,

Thank you for your interest in joining Hoag Hospital's Auxiliary, a non-profit charity organization that supports Hoag Hospital.

An application, volunteer obligations & confidentiality and customer service expectations agreement are attached.

**Please complete and return to the:
Membership of Hoag Hospital Auxiliary
P.O. Box 6100
Newport Beach, CA 92658-6100**

After we receive your completed paperwork, you will be contacted to learn more about the Auxiliary, requirements, and volunteer opportunities at Hoag Hospital.

To meet policies and regulations for hospitals, the Auxiliary has a responsibility to recruit friendly, caring & dedicated volunteers with good people & customer service skills that meet requirements of the volunteer position. Placement is based on a variety of issues, such as: open positions, meeting the skills and physical requirements of the volunteer position, health screening clearance, needs of organization, policies, best interests of the hospital and/or Auxiliary, as well as the volunteer's schedule, interests, capabilities and skills; therefore, we can not guarantee a volunteer position.

If you have any questions, please contact the Auxiliary Office, Monday through Friday during day time hours at (949) 764-8264 (24 hour voice mail).

Thank you for considering Hoag Hospital to volunteer your valuable time, talent and services.

Sincerely,
Vice President, Membership, Hoag Auxiliary

<p><u>Basic requirements for volunteer positions:</u></p> <ul style="list-style-type: none">• Friendly, positive, and helpful attitude• Appropriate interpersonal relation skills when dealing with people, including appropriate verbiage. customer service & people skills• Ability to work alone without supervision• Good judgment and decision making capacity with ability to handle stressful and difficult and crisis/code situations in an appropriate and calm manner• Ability to read, speak, and understand English• Ability to pass orientation training, competencies, and meet requirements of the position.• Be professional, follow Code of Conduct, state & federal and confidentiality regulations.	<p><u>Items we will ask you for:</u></p> <ul style="list-style-type: none">• US Government issued ID to verify your identity• Social security number for background check <p><u>Required Health Related Items:</u></p> <ul style="list-style-type: none">• Annual health/TB screening & other proof of other vaccinations as required for position• Flu vaccine (or wearing of mask during flu season)• Physical requirements- Most volunteer positions are physically active requiring good hearing & sight, ability to stand, walk with good gait, sit, stoop, twist, and in some cases push wheelchairs.
---	--



Auxiliary/Volunteer Services

Please circle where you would like to volunteer:
Newport Beach Huntington Beach Irvine Tustin

Identification Information (Please list your entire legal name)		
Last Name	Legal First Name (Nick Name)	Middle Name
Other Aliases: Please list additional information relative to change of name, use of an assumed name, or nickname necessary for your badge or to enable a check on you background? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list and/or explain.		
Street Address	City	Zip Code
Home Phone	Cell Phone/Pager	Work Phone:
E-mail address:		
Person to notify in case of an emergency		
Name	Relationship	Phone
Experience, Skills & Interests (Tell us about yourself)		
Why do you want to volunteer? <input type="checkbox"/> Charitable & Humanitarian ("To give back to the community and help others") <input type="checkbox"/> School Community Service Hours <input type="checkbox"/> Other:		
Do you need accommodations for a medical condition or physical limitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		
Please list other volunteer experience. (You may omit those which indicate race, religion, creed, color, disability, marital status, national origin, ancestry, sex, sexual orientation, age, etc.)		
Please list availability. List day of week and shift (morning, afternoon, evenings, weekend)		

Agreement:

- ◆ I understand I may be asked for social security number & government issued ID to verify my identity. I authorize agencies and persons contacted for reference or background check information to release information.
- ◆ I understand any misrepresentation or material omission of information in this application may be a cause of dismissal from volunteering. I understand that filling out an application does not mean I am a volunteer.

I hereby certify that all the information included on this application is true and complete to the best of my knowledge.

Signature X	Date
-----------------------	------



Hoag Hospital Auxiliary/Volunteer Services

VOLUNTEER OBLIGATIONS & CONFIDENTIALITY & PRIVACY AGREEMENT

I agree to:

- Understand and follow state and federal (including HIPAA) confidentiality & privacy regulations, patient privacy notice, and patient rights as outlined in volunteer training:
- I will consider as confidential and private all information which I hear or see, directly or indirectly, concerning a patient, volunteer, doctor or any member of the staff, and hospital business.
- I will not disclose or discuss a patient's condition with anyone and will not ask for confidential information regarding a patient.
- I will protect patient's confidentiality by keeping patient information on lists covered so no other eyes can see them, and will dispose of the information in confidentiality shredding bins as directed.
- If I do need to discuss patient information to do my service, I will pay attention to who is around me and will use a quiet voice to assure auditory privacy.
- I will not take pictures on hospital campus, and I will safeguard others from taking pictures (unless approved such as Mother Baby).
- I will not post hospital/information on social media or other public areas without permission from hospital (via management).
- I understand that breach of confidentiality is against the law and there may be fines and penalties for me personally.
- Not recommend a doctor, nor discuss his or her qualifications.
- Not discuss my personal affairs and/or my medical condition with patients or visitors, nor offer medical advice from care I have had.
- Do only work to which I am assigned and for which I am trained.
- Do not enter a patient's room if:
 - Permission has not be granted (You should always introduce yourself and if patient does not wish a visit, honor their request.)
 - A light is on over the door (This means staff or doctor is in the room.)
 - An isolation table is near the door or an isolation sign is on the door
 - A "Do Not Enter" sign is posted. (As staff first before entering.)
- Leave the patients room if a staff member or physician arrives, unless I am told it is fine to stay.
- Not to come to the hospital if I am feeling ill or have an infection.
- Secure a substitute from the list provided by your committee chairman if you cannot come to the hospital. Notify your committee chairman/department coordinator/volunteer leadership if you cannot find a substitute.
- Not smoke on the hospital campus (as Hoag Hospital is a smoke free facility)
- No gum chewing and no eating at my station.
- Avoid highly spiced foods before coming to the hospital.
- Use no perfume or after-shave lotion, fragrance or heavily scented soaps before coming to the hospital.
- Not to drink alcoholic beverages before coming to the hospital. Alcohol on your breath is cause for immediate dismissal from volunteering.
- Understand that all persons have a right to their own cultural or religious/spiritual beliefs. I will not to use my position to express my personal philosophy, religious, cultural beliefs or political beliefs to anyone.
- Follow federal anti-discrimination regulations as outlined in my volunteer training. I agree to leave any biases at home and treat all as individuals.
- Follow infection control procedures, and wash my hands or use gel as directed.
- Understand that safety is my responsibility too and will follow procedures as outlined in the volunteer training. I will report any injuries, safety issues or "near misses" to Volunteer Services management and/or area management immediately.
- Follow Corporate Compliance, including Code of Conduct, as out lined in training.
- Follow Hoag's Customer Service Standards & Expectations, and be courteous, pleasant and efficient at all times.
- Not to use the Hoag name, Hoag logo, or other Hoag branding without permission from management (DVS who will coordinate with Corp Communications)

Other Agreements:

- I authorize agencies and persons contacted for reference or background information to release information.
I understand that attending an informational volunteer orientation does not mean I am a volunteer.
I understand any misrepresentation or material omission of information on my application may be a cause of dismissal from volunteering.
I understand that there are requirements & physical criteria for positions. We will try our best to accommodate your skills, limitations, etc. to assign you to an available position that will be mutually beneficial to you and the Auxiliary & hospital, but cannot guarantee a position.
I understand that state & national hospital regulatory agencies require that persons working in a hospital setting receive orientation/training, have an annual TB test and flu vaccination (or wear a mask during flu season). Failure to do so may result in suspension from volunteering.
I will make an effort to fulfill my commitment, be punctual and conscientious and conduct myself with dignity, courtesy, and consideration of others.
I agree to read, abide by the policies, procedures and regulations, expectations, ethics, customer service standards as presented in the orientation/training, accreditation trifold, Code of Conduct, Volunteer Obligations & Confidentiality Agreement, and to perform the duties expected of me to the best of my ability.
I agree not to use Hoag's or Hoag Auxiliary's brand name or logo without consent of volunteer services management.
Volunteering is "at will" and can be terminated by either party (volunteer and/or auxiliary/hospital). I understand that my volunteering opportunity may be terminated at any time for any reason. Some reasons may include: failure to comply with policies and regulations; absences without notification; code of conduct issues, customer service, or performance or any other circumstance, in the judgment of leadership that would make my services as a volunteer contrary to the best interest of the auxiliary/volunteer program and/or hospital.
I understand that I donate my services for humanitarian & charitable reasons to the hospital without contemplation of compensation or future employment and agree that he/she will receive no compensation for participating in Hoag Hospital's Volunteer Program.
The undersigned understands and agrees that his/her volunteering at Hoag Hospital does not in any way render the volunteer an employee of the hospital or any Hospital's entity; nor engage him/her in a contract of employment, nor does the hospital accept responsibility for the volunteer as it would an employee.

I have read & agree to the above agreement.

Signature [X] Date

HOAG MEMORIAL HOSPITAL PRESBYTERIAN Confidentiality Agreement

The purpose of this Confidentiality Agreement is to outline the responsibilities of any person having access to Confidential Information (as described below) at Hoag Memorial Hospital Presbyterian and its Affiliates ("Hoag"), as more fully detailed in the policy entitled "Confidentiality of Hoag Information Including HIPAA-Protected Health Information".

Confidential Information can come from any source and in any form (including paper, verbal, and electronic). Access to Confidential Information can occur both directly and indirectly (i.e., overhearing a private conversation). Protecting the confidentiality of this information is everyone's obligation. Hoag workforce members, business partners and others who are asked to sign this Confidentiality Agreement are expected to understand and follow specific hospital and departmental policies and procedures intended to support compliance with state and federal patient privacy rights. Federal privacy regulations specifically state that health care workforce members and others providing services in a healthcare environment must make a reasonable effort to use or disclose *only* the minimum necessary information they need to do their jobs. Access to Confidential Information is on a need-to-know basis. Hoag performs frequent internal auditing of confidential records to verify and ensure appropriate access.

Examples of Confidential Information that may be seen or heard include:

- Protected Health information (PHI), such as medical records as well as patient billing or financial information;
- Confidential financial Information related to Hoag business operations, such as Hoag financial records, reports and contracts; Non-public proprietary information such as Hoag marketing, strategic and business plans;
- Health care operations information, such as physician data, quality assurance and peer review reports;

I agree that:

1. I will only access information that I need to do my job. My unauthorized access or attempted access of Confidential Information is a violation of this Agreement, whether or not that information is further disclosed in any manner. I understand that if, in the course of my duties, I am incidentally or unintentionally exposed to Confidential Information not required by me to perform my duties, I have the responsibility to protect that information.

2. I will not release, show, tell, copy, give, sell, review, change, eliminate, destroy or remove from Hoag premises, any PHI or other Confidential Information unless doing so is part of my job responsibilities. If, as part of my assigned duties, I perform any of these tasks, I will follow Hoag's policies and procedures regarding information and record release, retention and destruction, and I will appropriately discard PHI and other Confidential Information per Hoag policies.

3. I will not misuse or be careless with PHI or other Confidential Information. I will use appropriate precautions to avoid being overheard when I need to discuss Confidential Information as required by my job. I will take appropriate precautions to avoid leaving documents containing PHI or other Confidential Information out where others may view them. I will not approach celebrities or high profile patients or visitors unless doing so is within my job responsibilities.

4. I will keep my Hoag computer passwords secret and I will not share them with anyone, nor will I use anyone else's password to access any Hoag system. I am responsible for any access using my password(s). Any entry of my password will be the equivalent of my written signature on electronic documents. I will log out of computer programs appropriately to minimize possible unauthorized access to PHI or other Confidential Information.

5. I will not download nor transmit in any manner PHI or other Confidential Information for the purpose of storing such information on computer hardware or removable media, unless doing so is part of my assigned duties and approved by my supervisor.

6. I will not share any PHI or other Confidential Information even if I am no longer affiliated with Hoag. Should I fail to comply with this, I understand that I am no longer eligible for hire/rehire and/or may be subject to civil and criminal liability. I will promptly return all Confidential Information in my possession upon Hoag's request or upon termination of my relationship with Hoag.

By signing this agreement, I acknowledge that I have read and understand my responsibilities regarding confidentiality. My violation of this agreement may result in disciplinary action taken against me, up to and including discharge, on the first offense and without prior progressive discipline, if applicable, regardless of my length of service with Hoag and/or prior record of performance. Failure to comply with this Agreement may also result in civil or criminal legal penalties being imposed on me.

I understand that under California law, I can be held personally liable for improper access to or release of certain Confidential Information, which could include substantial fines.

Signature: _____ Date: _____

Print Full Name: _____ Employee No. _____
(if issued)

Refusal to sign this acknowledgement may result in my not being employed, being terminated from employment, and/or having my partner relationship terminated by Hoag.

Original: Human Resources; For non-employees (e.g., contract, student, temporary), originals kept in Department files
Copy: Employee (if requested)

03-14-16

File: Auxiliary/Application- 2019W.doc