

Yes No Blood oxygen saturation

Yes No Urine dip

Yes No Quick Strep Test

Yes No EKG 12 Lead

Yes No Staple removal

Yes No Wound care

Yes No Nebulizer

Volunteer Code of Conduct and Confidentiality Agreement

As a Volunteer of The Marie Blanchard Friendship Clinic, my signature signifies that I agree with the following statement and will conduct myself in accordance with the following standards.

Mission of the Marie Blanchard Friendship Clinic:

To provide free basic healthcare to low-income individuals and families who have no or inadequate insurance coverage with emphasis on health promotion and disease prevention.

I agree to serve as a volunteer and commit to the following:

- To perform my volunteer duties to the best of my ability.
- To adhere to the rules and procedures, including record keeping requirements and client confidentiality.
- To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.

I promise to treat each patient as the most important patient in my care, attending promptly to his or her needs and concerns, acting always in his or her best interest.

I recognize that as a volunteer I will come to know confidential information found in a hospital setting. I will not disclose or discuss such privileged information with anyone. I will not reveal names of patients, nor visit a patient I know unless that information has come to me outside of clinic records. Any specific patient and physician medical information will not be discussed in any public area of the clinic, or outside the clinic.

I understand that any breach of confidentiality will result in the termination of my volunteer position.

Signature

Date

(Code **WHITE** = Confidentiality – **W**hen **H**earing **I**ndiscreet **T**alk, **E**nd it.)

Additional Information need for our Mal-Practice Insurance through the Federal Tort Claims Act:

<https://bphc.hrsa.gov> Under Free Clinics

- 1. Identification (government issued picture ID)**
- 2. Current life support training (if you have it)**
- 3. Rubella, Rubeola, Varicella, and Hepatitis B antibody titers; TB skin or blood test results, and proof of Tdap immunization**
- 4. Complete Annual Malpractice form**