## Community Health Clinic McKinney, Texas

We are pleased that you have decided to volunteer your services to Community Health Clinic. Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also please accept our sincere thanks for your valuable contribution to the patients of CHC.

I, Dr./Mr./Mrs./Ms.				
	(first name)	(middle initial)	(last name)	Date of Birth

In consideration of being allowed to participate in the volunteer service of the Community Health Clinic (CHC), I do hereby agree that:

- 1. I understand that I will be volunteering at a public health care clinic and I agree to act appropriately and in a professional, courteous manner during my volunteer service. I understand and agree that CHC may terminate my volunteer service at any time, with or without cause.
- 2. I understand that during my volunteer service, I may have access to, or may observe, certain information that is confidential and I agree not to disclose, discuss or reveal any such information to parties outside of CHC and to keep any patient records or files, confidential.
- 3. I understand that the Health Insurance Portability and Accountability Act (HIPAA) has established privacy and security standards that I must adhere to in the daily activities as a volunteer at CHC. I also understand that CHC has adopted a HIPAA Policies & Procedures Manual, which I must adhere to. In accordance with the level of my volunteer activities, I must respect and keep patient information confidential whether in oral, written or electronic format as mandated by the HIPAA regulation and CHC policy. I understand that unauthorized disclosure of patient information may result in termination of my service.
- 4. Depending on the length and nature of my volunteer service, I understand that I may be required to show proof that I have been tested for tuberculosis in the past twelve (12) months.
- 5. In the event that my volunteer services may put me in contact with airborne pathogens, or whose work involves contact with potentially infectious diseases including, but not limited to, HIV, hepatitis or tuberculosis, I agree to assume all risks and responsibilities associated with participation in such a volunteer service. Furthermore, I agree to release, indemnify and hold harmless CHC, including its present and former Trustees, officers, directors, employees, agents and volunteers from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees

through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin, may sustain or suffer as a result of or arising out of my contact with such airborne pathogens or infectious diseases, whether caused by the negligence of CHC, persons acting on its behalf or otherwise.

- 6. In consideration of my being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless CHC, including its present and former Trustees, officers, directors, employees, agents and volunteers from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of CHC persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon CHC's facilities during my participation in the volunteer service.
- 7. I understand that as a volunteer CHC does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to employee benefits as a result of my volunteer affiliation.
- 8. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Texas.
- 9. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

**Print Name** 

Participant Signature

Date

Provide one copy of this agreement to the volunteer. Retain this agreement for seven years from the end of service.