

## 2025 VOLUNTEER ANNUAL AGREEMENT FORMS PACKET

As part of your volunteer Annual In-Service requirements, each year active volunteers must sign the enclosed Volunteer Agreement & Acknowledgment forms.

**Please SIGN & RETURN ALL ATTACHED PAGES by Deadline.**

### **CHECKLIST:**

- ☐ 2025 Volunteer Agreement Form
- ☐ 2025 Standards of Conduct for Volunteers Agreement
- ☐ 2025 Infection Control Agreement
- ☐ Confidentiality Statement
- ☐ Acknowledgement Form for HIPAA Privacy & Security Awareness Training

Return by email to: [mia.ramirez@emoryhealthcare.org](mailto:mia.ramirez@emoryhealthcare.org)

If you have any questions, please contact Volunteer Services at:

[mia.ramirez@emoryhealthcare.org](mailto:mia.ramirez@emoryhealthcare.org)

Office – 404.712.7638

## As a Hospital Volunteer, I Agree:

1. To contribute 100+ scheduled hours per year of personal service for Adult volunteers, or 80+ hours for College volunteers, as stated in the Volunteer Handbook & Procedures.
2. To abide by the uniform policy as stated in the Volunteer Handbook & Procedures.
3. To adhere to my schedule, always notifying the Volunteer Services office and my department in case of absence. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments I accept.
4. To accurately document my service time by using the sign-in/out system (VicTouch) or calling my time into the Volunteer Services office, if I forget to sign in or out.
5. To abide by the Volunteer Services Department's meal benefit – a free snack/meal for every four (3) hours of volunteered service not to exceed a total of \$14 per day.
6. To treat all colleagues and customers with courtesy, respect and without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability or genetic information – embracing cultural differences.
7. To always demonstrate appropriate use of language, have a positive attitude and maintain professional behavior. I understand my relationship with fellow volunteers, employees and patients is professional and not personal.
8. I will **absolutely hold all information confidential** that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
9. To respect federal and state laws applicable to protect patient health information. I will not use social media to post confidential information about Emory Healthcare's patients, including protected health information. Furthermore, I will not unlawfully disparage Emory Healthcare's services or the products or services of its vendors or competitors.
10. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious, or charitable reasons.
11. That it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on and off hospital property and will report all occurrences.
12. I shall not sell, or attempt to sell, goods or services, request contributions or solicit persons to sign or distribute political petitions on hospital premises.
13. I shall fulfill my annual in-service requirement and shall submit to a yearly health screening, which includes an annual Tuberculosis Health Questionnaire and a flu vaccination. Upon request, I will authorize my doctor(s) to furnish the hospital with necessary information regarding my health.
14. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and if unsuccessful, attempt to resolve any such problem with the Volunteer Services staff.
15. I shall, at all times, uphold the mission, vision and values standards of the hospital. I will always exceed customer service expectations to help Emory Healthcare deliver great service.
16. That the Volunteer Services Department reserves the right to terminate my volunteer status as a result of:
  - a. Failure to comply with hospital policies, rules, and regulations not limited to but including HIPAA compliance.
  - b. Unsatisfactory attitude, work or appearance. This includes properly wearing a mask where/when required.
  - c. Aggressive behavior, abusive or sexual language, verbal harassment, threats, physical assault
  - d. Any other circumstances which, in the judgment of the Volunteer Services Department Director, would make my continued service as a volunteer contrary to the best interest of the hospital.
17. That the Volunteer Services Department reserves the right to accept or reject my application at its sole discretion.
18. I shall notify the Volunteer Services Department in writing if I should have to resign from volunteer service, and return my badge and parking pass.

**I have read each of the conditions and I agree to be bound by them.**

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Volunteer Signature

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Date

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Volunteer Name (Print)

***(Read the following agreement and indicate your answer below.)***

Like employees, all volunteers must take personal responsibility for their actions and conduct themselves in a positive and ethical manner, and adhere to all Emory Healthcare's (EHC) policies and standards of conduct. Types of unacceptable conduct for which immediate disciplinary action, including termination, may occur include, but are not limited to, the following:

- Neglect of duty (including leaving patients/residents without care) or any conduct harmful to patients, visitors, residents, medical staff and/or employees.
- Inappropriate handling or disclosure of confidential information or records contrary to EHC confidentiality policies.
- Falsification of forms, time and attendance records, patient records, or other documents, including but not limited to application, employment, promotion or transfer documents.
- Solicitation/distribution of materials contrary to EHC's no-solicitation policies.
- Acts of physical misbehavior or acts of violence or threats of violence, including but not limited to provoking or participating in fighting or making threats
- Possession of firearms, weapons, explosives or dangerous materials on ECH property unless authorized for a volunteer related assignment.
- Performance of duties in an irresponsible, careless, or unsafe manner or behavior not conducive to a safe and appropriate work environment, including but not limited to failing to adhere to the no-smoking policy.
- Non-compliance with EHC's commitment to equal opportunity and affirmative action.
- Commission of acts of discrimination or harassment.
- Pleas of nolo contendere or conviction for an illegal act, committed on or off an Emory site, which adversely impacts volunteer performance, attendance or the reputation of Emory Healthcare.
- Unauthorized access, inappropriate use, or abuse of EHC's equipment or property, such as but not limited to, copiers, computers, computer software, internet access, fax machines and telephones.
- Refusal to perform volunteer-related duties and assignments, including refusal to cooperate with an organizational investigation.
- Failure to follow EHC's policies or procedures.
- Misuse, defacement, or destruction of EHC, employee, patient/resident, medical staff or visitor property.
- Unlawful manufacture, distribution, sale, possession, or use of any controlled substance, illegal drugs, or alcohol.

Volunteers may be terminated for gross misconduct, which includes but is not limited to the following types of misconduct:

1. unlawful manufacture, distribution, sale, possession or use of any controlled substance,
2. defacing or destroying EHC patient, visitor and/or employee property
3. falsification of forms, time and attendance records, patient records, or other documents or information, including but not limited to application, employment, promotion or transfer documentation,
4. unauthorized possession, removal or use of property belonging to EHC or an employee, student, guest or visitor,
5. unauthorized possession of firearms, weapons, or dangerous materials on EHC property,
6. commission of a criminal act in connection with volunteer performance, or which victimizes or is abusive to an EHC employee, student, patient, guest or visitor.

**ATTESTATION: By checking the box, I agree that I will abide to the standards of conduct & behavior. \***

☐ I agree

☐ I do not agree

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

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

## 2025 Infection Control Agreement

### Health Requirements:

#### **As a Volunteer, I Understand That:**

1. I should refrain from volunteer service if I am ill with a cold, flu, fever, nausea, vomiting, diarrhea, etc.; or any symptoms associated with COVID-19, some of which include a temperature above 100°, new onset of cough, sore throat, shortness of breath, loss of taste/smell.
2. If I should take a leave of absence from active service due to health reasons, a doctor's approval is required to return to active service.
3. I am required to complete an annual Tuberculosis Health Questionnaire and annual influenza vaccination.
4. I must be able to exhibit interpersonal skills, physical and emotional stability.
5. In the event I am involved in an incident or circumstance, on or off the job, which places my health in jeopardy, the hospital will exercise its right to review my active status.

### Infection Control:

#### **As a Volunteer, I Understand:**

1. The directives on infection prevention for patients, employees and volunteers.
2. Universal precautions were developed and implemented to prevent healthcare workers from unnecessary exposure to infectious processes transmitted in blood and body fluids, while also protecting patients and their families from unnecessary exposure to contaminants.
3. The procedure for proper **HANDWASHING** techniques, including the proper use of hand sanitizer and gloves.
4. That I must abide by all hospital requirements regarding PPE, which includes the proper wearing of face masks, and any social distancing restrictions, when/where required.
5. That I am **not** to transport any blood or body fluids or any blood or body fluid contaminated linen or equipment.
6. That I will not enter restricted or isolation designated rooms or departments.
7. That a copy of this acknowledgement will be placed in my records as required by Federal regulations.

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Volunteer Signature

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Date

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Volunteer Name (Print)



## CONFIDENTIALITY AND SYSTEM ACCESS TERMS– (Revised 7/2022)

In order for Emory Healthcare and its affiliated entities and healthcare facilities (which are individually and collectively referred to as “EHC” in these Terms) to permit authorized users access to certain of EHC’s electronic systems, including but not limited functionality related to EHC’s electronic health records (which are referred to as “EHC Systems” in these Terms), users must agree to be bound by these Confidentiality and System Access Terms (which are referred to as the “Terms”). Users may require access to EHC Systems based on their work for or other affiliation with EHC (which are referred to as the “EHC Affiliation” in these Terms). Examples of EHC Affiliation for which a user requires access to EHC Systems include, but aren’t limited to, working for EHC as an employee, contractor or other service provider, being a medical staff member, and providing treatment or certain other services to current or former EHC patients on behalf of a non-EHC provider or vendor. Users who do not agree to these Terms are not permitted to access or use any EHC Systems.

Certain provisions of these Terms may be superseded by expressly designated legal notices or terms located on particular pages within an EHC System. The Terms may be updated from time to time. The most current version of the Terms will be posted in the [EHC Policy Management System](#). Accordingly, it is the user’s responsibility to periodically review this page to ensure familiarity with the most current version of these Terms. A user’s continued access and use of any EHC System after modifications of the Terms are posted will constitute the user’s agreement to be bound by such updated Terms.

It is the policy of EHC that any patient, financial, employee, vendor, payroll and related information is strictly confidential and/or proprietary information.

I understand that, in the course of my EHC Affiliation, I may learn information which is confidential or privileged under federal or state law or which is considered sensitive, confidential and/or proprietary by EHC (all such information is referred to as “Confidential Information” in these Terms). Depending on the nature of my EHC Affiliation and responsibilities, Confidential Information to which I have access to may include, but is not limited to, patient medical, financial and personal information, employee and payroll information and other non-public and proprietary financial, technical, operational, as well as vendor and other third-party information. I agree to keep confidential all such Confidential Information, whether verbal, written or electronic, which I learn in the course of my EHC Affiliation and to only use or disclose Confidential Information as specifically permitted by EHC for purposes of my specific EHC Affiliation. I will not discuss patient or family information with anyone not immediately concerned with or involved with a particular patient’s care or treatment. I will not discuss patient information or other Confidential Information with anyone who does not have a legitimate business-related need to know. In addition, I will not discuss patient or other Confidential Information in public areas (such as elevators, cafeterias, public hallways, etc.).

I will not access or attempt to access or use any EHC System or information unless the information is relevant to my EHC Affiliation and I am clearly authorized to access it. I understand that the logon ID, computer password, time and attendance identification number and other credentials (individually and collectively called the “Credentials” in these Terms) that may be assigned to me by EHC are to be used solely by me in connection with my authorized access to and use of EHC Systems and information. I understand that use of my Credentials by anyone other than me is strictly prohibited. I will not share any Credentials with anyone, and I will take all necessary steps to protect the confidentiality of my Credentials.

I understand that the EHC ([xxx.xxx@emoryhealthcare.org](mailto:xxx.xxx@emoryhealthcare.org)) and Emory University ([xxxx@emory.edu](mailto:xxxx@emory.edu)) electronic mail, including messaging within the EHC electronic medical record, is EHC property and subject to organizational review and should be used only for business purposes unless otherwise permitted by relevant EHC policies. I also understand and certify that use of my electronic or digital signature to authenticate documents is the equivalent of my handwritten signature on the documents.

I understand it is my responsibility to read and to abide by any and all policies and procedures regarding the access and use of EHC Systems and the access, use and disclosure of Confidential Information and other information or data owned by EHC, as such policies are currently in effect or which may be implemented or revised from time to time. I understand that EHC Systems and information access may be monitored and violation of EHC’s policies and procedures may result in disciplinary action against me, which depending on the nature of my EHC Affiliation may include, but is not limited to, loss or limitation of access to EHC Systems, termination of employment or other affiliation(s) with EHC, including loss of

clinic and/or hospital privileges, reporting to my employer (if different from EHC) or law enforcement, as well as civil and criminal prosecution to the fullest extent of the law.

I understand that when my EHC Affiliation ends for any reason, whether because of termination of my employment or contractor status or otherwise, I am not permitted to keep or take, or have in my possession or continue or attempt to access or use, any confidential or proprietary information from EHC or access any EHC Systems, unless specifically authorized by EHC policy. I understand that when my EHC Affiliation ends for any reason my obligations with regard to the use and disclosure of patient and employee information will continue indefinitely and that my confidentiality obligations with regard to all other Confidential Information will continue for so long as the information is not generally available to the public without fault by me.

**I UNDERSTAND THAT EHC IS GRANTING ME ACCESS TO CONFIDENTIAL INFORMATION AND EHC SYSTEMS IN CONSIDERATION OF AND RELIANCE ON MY AGREEMENT TO THESE TERMS. BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO COMPLY FULLY WITH THESE TERMS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**INSTRUCTIONS FOR COMPLETING AND RETURNING FORMS:**

- If you are accessing and signing these Terms within the EHC New Applicant System, the signed Terms will be automatically sent to EHC following signature.
- If you are requesting Emory Healthcare Link (EpicCare Link) access, you must attach these signed documents to your Emory Healthcare Link access request.
- If you are requesting EpicCare (Epic Hyperspace) access, you must attach these signed documents to your EpicCare access request.
- Otherwise, you must sign and date the Terms, and **email the scanned signed and dated Terms to your access coordinator.**
- You may contact your Access Coordinator with questions regarding logon ID access.
- **DO NOT FAX THIS** form to the EHC Office of Compliance Programs.
- Please note that the completed and signed Acknowledgement of Privacy and Security Awareness Training document must also be received by EHC before access may be granted.



**Acknowledgement of Privacy and Security Awareness Training**

**Scope:**

For Emory Healthcare Employees, Temporary Employees, Contractors, Vendors, Students, Emory University Employees, Physicians, Community Physicians and All Other Users with Access to ePHI/PHI.

I am, or in the future may become, a user of one or more EHC information technology devices or systems that may include ePHI and PHI in any other medium and I hereby certify that:

1. I have read and understand the EHC “Privacy and Security Awareness Training” handout.
2. I understand the importance of maintaining the confidentiality and integrity of all ePHI and PHI.
3. I understand that it is against EHC policy to access my PHI and ePHI through EHC Systems including the EeMR except as permitted for patients generally (for example, using the EHC patient portal). I also understand that it is against EHC policy to ask another employee or provider with access to the EeMR or other EHC Systems to access my PHI and ePHI.
4. I agree to abide by the EHC policies and procedures, as further explained in the EHC “Privacy and Security Awareness Training” handouts.
5. I understand that, by not following EHC policies and procedures, I am subject to disciplinary actions up to and including termination of employment, loss of hospital and clinic privileges, or other affiliations with EHC, loss of access to systems with ePHI, civil action and penalties, and criminal action and penalties.
6. I understand I can call 404-778-2757 if I have questions regarding the training or EHC policies or procedures related to PHI/ePHI I agree to call this number if I have any question regarding the “Privacy and Security Awareness Training. When in doubt reach out!

Volunteer  
**SIGNATURE and AFFILIATION**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**

Volunteer Services, EUH/EUHM  
**DEPARTMENT/SECTION**