



CODE OF CONDUCT AND CONFIDENTIALITY STATEMENT

Code of Conduct: The purpose of this code is to establish standards of conduct for all volunteers by identifying those acts or actions that are compatible with the best interest of the individuals served by this agency.

- I will treat all individuals served by this agency with the same care and compassion.
- I will not accept either directly or indirectly, any gift, gratuity, or anything of value from clients served by this agency.
- I will not discuss controversial topics such as, religious beliefs, political views, nor offer medical advice outside of my role.
- I will not report for duty while under the influence of an intoxicant or controlled substance, nor will I consume any such substance during working hours.
- I shall be neat and clean, and dress in a manner appropriate to the nature of my assignment.
- I understand that smoking is not permitted in buildings, or on the grounds of buildings operated by this agency.
- I understand that it is against the policy of this agency, and illegal under state and federal law for any volunteer, male or female, to sexually harass another volunteer.
- Accurately recording time worked is the responsibility of every volunteer. I agree to sign in and sign out for every volunteer shift.
- I will exercise care and follow all operating instructions, safety standards, and guidelines when using equipment, machines, tools, etc, that belong to this agency or belong to the facility being used by this agency. If any equipment, machines, tools or medical supplies appear to be damaged, defective, or in need of repair, I will notify the supervisor immediately.

Confidentiality Statement:

In the course of volunteering with this agency, I recognize that it is my responsibility to maintain the confidentiality of all information that identifies a client, or discloses any information about the client; and to comply with the Health Insurance Portability and Accountability Act (HIPAA) standards.

I agree that I will not share any information I may obtain in verbal or written form. I also agree that I will not share any client information even if the information is available through other means. I further acknowledge that the confidentiality policy applies after termination as a volunteer with this agency.

I, (Print your name) _____ have read this document, and agree to provide volunteer services in accordance with these standards.

Volunteer Signature

Date

Parent or Guardian if under age 18

Date