



New Volunteer Checklist

- Volunteer Application
- Copy/picture of front of Driver License
- Confidentiality Agreement
- Volunteer Guidelines for HIPAA Privacy Laws

To schedule your volunteer appointment, please contact Virginia Braddock, Human Resources Director.

gbraddock@bakercoa.org

(904) 259-9315 ext. 226



Baker County Council on Aging
9264 Buck Starling Rd., Macclenny, FL, 32063
Tel: (904) 259-9318 Fax: (904) 259-8333

VOLUNTEER INFORMATION SHEET

Name: _____ **Date:** _____

Birth Date: _____ **Driver's License #:** _____

Phone #: _____ **E-Mail Address:** _____

Emergency Contact: _____ **Emergency Phone #:** _____

I am interested in (check all that apply):

Activities Assistant

Meals on Wheels Driver

Class Instructor

Handyman/Home Repair

Intergenerational Activities

Friendly Visitor

Receptionist

Building & Ground Maintenance

Other Specify: _____

Days/Time Available: _____

I understand that if I use my personal automobile in my volunteer service, I will agree to keep in effect automobile insurance equal to the minimum required by the State of Florida. Furthermore, I understand that I am not an employee of the Council on Aging. Lastly, I hereby acknowledge that the Council on Aging will review my information and complete a Criminal Offense Record Inquiry (CORI) on me.

SIGNATURE OF VOLUNTEER: _____ **Date:** _____



CONFIDENTIALITY AGREEMENT

Print Full Name: _____

1. I agree that I will not disclose the identity of any clients or any information concerning clients to anyone except COA staff.
2. I understand that the records and communication received by the Council on Aging in the course of this work is strictly confidential and as volunteer personnel, I assume primary obligation and responsibility to safeguard information concerning clients.
3. When I leave a volunteer position at the Council on Aging, I promise to keep confidential any and all sensitive information I have gained through my work as a Council on Aging volunteer.

DATE: _____

SIGNATURE OF VOLUNTEER: _____

SIGNATURE OF VOLUNTEER (HR) DIRECTOR: _____



Volunteer Guidelines for HIPAA Privacy Laws

Federal law under HIPAA, the Health Insurance Portability and Accountability Act of 1996, mandates that every individual has a right to the privacy and security of their protected health information (PHI). This includes the kind of information that volunteers may encounter while working in the Memory Enhancement Program. The following guidelines will ensure that all volunteers remain compliant with HIPAA privacy laws.

Who must comply with HIPAA regulations?

Any organization dealing with personal health information; it is called a covered entity. The Council on Aging is a covered entity.

What kind of health information is protected under HIPAA?

PHI includes any information that can be linked to a specific individual, such as: name, address, employer, relatives' names, date of birth, telephone number, email address, social security number, medical record number, and job information. PHI also includes financial and health information that can be linked to a specific individual, such as: billing information, insurance coverage, illness description or diagnosis, medications, tests and test results, observations about the individual's condition, past health conditions or treatment, discharge planning, and genetic information.

How does a COA volunteer comply with HIPAA requirements?

Only those people with an authorized "need to know" to perform their jobs may have access to PHI. HIPAA requires healthcare workers to use and share or release only the minimum necessary information to perform their jobs without compromising patient care. Before viewing PHI or releasing it to someone, ask yourself if you really need the information to perform your job or does the other person need it to perform his or her job.

What are some examples of HIPAA violations?

1. Sharing a participant's PHI with any individual who does not need to know it, like another participant or a COA volunteer who does not work with the participant.
2. Gossiping about or discussing participant's PHI anywhere at any time.
3. Sharing a participant's PHI with your friends or family members.
4. Sharing PHI information that you accidentally overhear.
5. Leaving a participant's PHI out in plain view where other people can see it.
6. Sharing PHI with a participant's friends or family members without that participant's permission.

Protecting participant's privacy and security is a federal law with penalties. The COA expects all volunteers to diligently adhere to HIPAA policies.

I, _____ (print name), have read the above HIPAA guidelines and agree to always abide by them.

VOLUNTEER SIGNATURE: _____ . **Date** _____