

VOLUNTEER APPLICATION

Today's Date: ____ / ____ / ____

Last Name	First Name	Middle Name
Street	Apt/Unit/Floor	Home Phone
Town	Zip	Business Phone

Emergency Contact Information

Name	Relationship	Address	Area Code	Phone Number
Family Physician	Practice	Town	Area Code	Phone Number

Education

Schools Attended	# of Years or Degree	Course or Major

Employment

Employer's Name	Dates	Description of Work

Volunteerism

Agency/ Institution Name	Dates	Description of Work

Additional Information

Other Experience, Skills or Qualifications (Arts, Crafts, Foreign Languages, Hairdressing, Homemaking, Music, Typing, PCs, etc. . .) :

Office Use Only: Date Accepted: ____ / ____ / ____ Department Assigned: _____

WHY DO YOU WISH TO BECOME A CONNECTICUT HOSPICE VOLUNTEER? _____

NUMBER THE FOLLOWING AREAS OF INTEREST BY PREFERENCE (1 = 1st choice, etc.)

- | | | |
|--|---|---|
| <u> </u> Patient Care
hands-on assist, physical/emotional needs | <u> </u> Building Services
cleaning, fixing and maintaining | <u> </u> Development
securing resources; fund raising |
| <u> </u> Gardening
beautifying indoor / areas | <u> </u> Clerical
secretarial services, PC work | <u> </u> Bereavement
grief counseling support |
| <u> </u> Pastoral Care
providing spiritual comfort patients/family | <u> </u> Diversified Duty
assisting with patient's meals & linens | <u> </u> Arts
sharing various art forms and music |
| <u> </u> Reception
greeting families and visitors; telephones | <u> </u> Home Care
helping families care for loved ones | <u> </u> Dietary
lending a hand with food preparation |
| <u> </u> Speaker's Bureau
informing and educating the community | <u> </u> Unit Clerks
coordinating staff and public information | <u> </u> Transportation
furnishing travel assistance |

SUMMARIZE ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL TO ASSIST US IN FINDING THE PROPER ASSIGNMENT FOR YOU:

References: Whom may we contact?

Name	Name	Name
Street Address Apt	Street Address Apt	Street Address Apt
Town State Zip	Town State Zip	Town State Zip
Occupation ()	Occupation ()	Occupation ()
Phone	Phone	Phone
Relationship	Relationship	Relationship

DO YOU KNOW ANYONE ELSE INTERESTED IN BECOMING A VOLUNTEER? IF SO, PLEASE TELL US:

Perspective Volunteer's Name	Occupation	() Home Phone
Street	City State Zip	() Business Phone
Perspective Volunteer's Name	Occupation	() Home Phone
Street	City State Zip	() Business Phone

**THE CONNECTICUT HOSPICE, INC
EMPLOYMENT EXAMINATION CERTIFICATION**

NAME: _____ POSITION: _____

To be completed by health care provider

Required information:

A. Complete history and physical was performed: YES NO

B. Can he/she be given Hepatitis B vaccine safely? YES NO

Comments: _____

C. Has PPD been performed in past 3 months? YES NO

If yes, date performed: _____

Results: _____

If positive, is the chest x-ray normal? YES NO

If positive, has he/she received INH or BCG? YES NO

Comments: _____

ADDITIONAL INFORMATION IF AVAILABLE:

D. Tetanus Toxoid in last 9 years? Yes (Date _____) No Unknown

E. Hepatitis B Antibody Titer: Yes (Date _____) No Unknown

F. Varicella Disease (chicken pox, Zoster): Yes No Unknown

I find the applicant to be free from any Health/Communicable disease or Physical impairment which may pose a risk to patients or personnel. He/she may perform the duties described above except for the following physical limitations (if none, so state):

Physician's signature _____ Date of examination _____

Print name of Physician _____

Address: _____ Telephone: _____



CONFIDENTIALITY AGREEMENT

Each day volunteers may see or hear information about patient's condition, HIV status, drug and/or alcohol abuse, relationships, treatments and other highly personal matters involving family or illness. This information is **CONFIDENTIAL**. Volunteers may not divulge **ANY** information unless to do so is part of their assigned duties. No information regarding a patient or family's state of mind, physical condition, admission status, relationships, health status, etc. shall be discussed with anyone who is not connected with The Connecticut Hospice as an employee or volunteer.

No volunteer may have an unauthorized contact with an attorney concerning a patient or family. Any attorney who attempts to contact a volunteer should be immediately brought to the attention of the President.

Hospice considers confidentiality a serious matter. Any breach of confidence may result in disciplinary action up to and including dismissal.

This policy is intended to protect our patients, families, employees, volunteers, and The Connecticut Hospice.

I have read and agree to abide by the preceding policy.

Volunteer Signature

Date

Print Name

THE CONNECTICUT HOSPICE, INC.
THE JOHN D. THOMPSON HOSPICE INSTITUTE
FOR EDUCATION, TRAINING AND RESEARCH, INC.

CONFLICT OF INTEREST / CONFIDENTIALITY AGREEMENT

Hospice Employees, Contracted Labor, Volunteers, Casual/Temporary Labor and Students

Pursuant to the purposes and intent of The Connecticut Hospice, Inc. and The John D. Thompson Hospice Institute for Education, Training and Research, Inc. Board of Directors requiring full disclosure of certain interests and/or activities, as described in the Conflict of Interest/Confidentiality Policy, a copy of which is continuously available to me in the policy and procedure book found throughout the organization. I understand that I may have a copy of the policy.

I, _____, the undersigned, hereby state that I, or members of my immediate family, presently are not directly or indirectly engaged in any interests, activities or other matters that would constitute a real or perceived conflict of interest except as disclosed below.

Exceptions: _____

I also agree to disclose any personal changes that may occur, in connection to this agreement and the intent thereof, from the date of the signing, immediately to the President/Chief Executive Officer.

I, _____, the undersigned, recognize that as an employee (or contracted labor, etc.) of The Connecticut Hospice and/or the John D. Thompson Hospice Institute, I will have access to and/or possession of information, whether of not specifically identified as confidential and proprietary of The Connecticut Hospice and/or the John D. Thompson Hospice Institute including but not limited to knowledge, data, care maps, policies, practices, methods of operation and/or records and I may be involved in the creation and/or development of such information. I hereby agree that I will not, at any time, reveal, release, divulge and/or use in whole or in part any confidential or proprietary information for any use other than to further the interests of The Connecticut Hospice and/or the John D. Thompson Hospice Institute without the specific authorization of the President/CEO. Nothing in this agreement should be construed to authorize a release of information in violation of HIPPA (Health Insurance Portability and Accountability Act).

Any document, publication or presentation in whatever form, including documentary or other media, which is planned or drafted for publication or other dissemination outside the organization, shall not be submitted, released or presented outside The Connecticut Hospice and/or the John D. Thompson Hospice Institute, without prior authorization.

The undersigned further agrees to take all lawful measures to prevent the unauthorized use or disclosure of all confidential and/or proprietary information to a third party; and to prevent unauthorized persons or entities from obtaining or using confidential or proprietary information and agrees not to take any actions which would constitute or facilitate the unauthorized use of disclosure of confidential or proprietary information.

I have read and understand this Conflict of Interest and Confidentiality Agreement.

Signature

Date

Print Name

Title

THE CONNECTICUT HOSPICE, INC.
HUMAN RESOURCES DEPARTMENT
POLICIES & PROCEDURES

CONFLICT TO INTEREST / CONFIDENTIALITY

MANUAL CODE: I-4.225

REVIEWED:

REVISED:

EFFECTIVE:

SUBJECT:

SUPERSEDES:

NEW: 5/04

APPROVED:

1.0 POLICY

- 1.1 All employees, contracted labor, volunteers, temporary labor, students, management and executive staff must support and commit to carrying out the Connecticut Hospice Palliative Care program in a manner consistent with its mission, including adherence to a high standard of individual and organizational ethical and business practices.
- 1.2 All individuals covered by this policy are expected to act ethically and legally, in the best interest of Connecticut Hospice, and should not allow themselves to be in a position where personal actions of economic interests conflict with their actions in their employment or volunteer capacity.
- 1.3 All individuals covered by this policy are mandated to disclose any activities that could result in a possible conflict of interest. In addition, are required to maintain conflict ability on all matters that are sensitive or proprietary in nature.

2.0 PROCEDURE

- 2.1 The Chairman of the Board will require an annual Conflict of Interest/Confidentiality Statement from the President/CEO, individual Board members and non-Board member Committee Members.
- 2.2 The president/CEO will require an annual Conflict of Interest/Confidentiality Statement from all Connecticut Hospice Supervisors, Managers, Executive Staff and members of the Board of Directors.
- 2.3 All non-management employees, student and volunteers will sign a statement upon employment or assignment.
 - * All individuals, considered by this policy, shall exercise the utmost good faith in all transactions and activities touching upon their duties.
 - * All individuals covered by the policy shall not accept gifts, favors, or hospitality that might influence their decision or actions affecting Hospice.
 - * Any individual covered by this policy working simultaneously with another employer while on duty with Hospice is considered a serious violation and conflict of interest. Also, any Hospice management employee working for health or health-related employer, must be cognizant of the potential or perceived conflict of interest and must disclose such employment to the president.
- 2.4 Hospice recognized that its employees will and may hold other positions. Hospice is only trying to avoid possible conflict of interest.
- 2.5 All individuals covered by this policy shall maintain all information in confidence that comes to them through Hospice meetings, internal reports, all documents, or that relates to patients and their families. All manuals, documents, forms, etc. of Hospice are considered privileged and proprietary in nature and are not for distribution or any form of disclosure outside of Hospice, unless approved in writing by the President.

3.0 VIOLATIONS

- 3.1 Violations of this policy will be considered grounds for immediate termination.

MEMORANDUM

TO: Volunteers
FROM: Volunteer Services
RE: Privacy of Health Information

Attached is the Privacy of Health Information for you to review.

Please sign and return to:

The Connecticut Hospice, Inc.
100 Double Beach Road
Branford, CT 06405

ATTN: Volunteer Department

I have received and read the Privacy of Health Information (PHI).

Signature

Date

Print Name



Dear Connecticut Hospice Employee,

We are required by a new federal law to inform all of our employees of the new Privacy Rule for our patients. This rule provides the first national standards for protecting the privacy of health information (PHI). The reason that this has been initiated is because healthcare has gone from paper to electronic storage of information. This has increased the potential for individuals to access, see and disclose sensitive personal data. The rule gives the patients more control over their health information. For example, patients can determine by name what family members can access their health information. Then can request a copy of their information as well as request a change or correction to the information.

The security portion of the rule establishes safeguards for health care providers to achieve to protect health information. As an individual how does all of this impact you?

- The employee cannot discuss the patient's condition if there are visitors within hearing distance . . . unless the patient gives permission.
- The employee cannot discuss the patient in a cafeteria or coffee shop where they can be overheard.
- The employee cannot discuss a patient in the elevator where they can be overheard.
- The employee cannot give information over the phone about the patient's condition to a family member unless there is an established identifier like a social security number.
- The patient record (with a visible name of a patient) cannot be in public view . . . for example, at the work station or the back seat of the car if you are in homecare.
- A patient sitting in a waiting room in a doctor's office should not be able to hear the staff discussing the condition of the incoming patient illness calls.
- There should be no visible lists of patients or patient census for others to view.

The list goes on and on . . . please take a few minutes to determine how you as a practicing professional might assist your department to provide the confidentiality to your patient.

Respectfully,

Ronny Knight, Sr. VP of Planning and Reimbursement (Privacy Officer)
April 2003

Please Note: Civil and criminal penalties can be imposed on violators.

THE CONNECTICUT HOSPICE, INC.
THE JOHN D. THOMPSON HOSPICE INSTITUTE
FOR EDUCATION, TRAINING AND RESEARCH, INC.

100 DOUBLE BEACH ROAD ■ BRANFORD, CT 06405 ■ (203) 315-7510

DIRECTIONS

From New Haven and Points South:

- Take I-95 North to Exit 53 (towards Short Beach, US-1)
- Merge onto Branford Connector and take to its end
- Bear right onto West Main Street, move into left lane
- Turn LEFT at first light onto Short Beach Road
- Turn LEFT onto Double Beach Road (one mile from Short Beach)
- 100 Double Beach Road is on the left, just after first island in the road.

From Hartford and Points North:

- Take I-91 South to I-95 North (extreme Left-hand lane; towards New London)
- From I-95 going North, take EXIT 53 (towards Short Beach, US-1)
- Merge onto Branford Connector and take to its end
- Bear RIGHT onto West Main Street, move into left lane
- Turn LEFT at first light onto Short Beach Road
- Turn LEFT onto Double Beach Road (one mile from Short Beach)
- 100 Double Beach Road is on the left, just after first island in the road

From New London and Points East:

- Take I-95 South to EXIT 54 (Cedar Street)
- Turn LEFT onto Cedar Street
- At second traffic light, turn RIGHT onto North Main Street (US-1)
- Travel approximately 2 miles (North Main Street becomes West Main Street)
- Turn LEFT onto Short Beach Road (just after you pass under railroad tressle)
- Turn LEFT onto Double Beach Road (one mile from Short Beach)
- 100 Double Beach Road is on left, just after first island in the road