

# V O L U N T E E R   A G R E E M E N T

## **Thank you for participating with Columbine Health Systems.**

To ensure safety and health related issues are addressed and responded to in a timely manner, Columbine Health Systems requires that all volunteers follows appropriate procedures and policies.

### **Procedure:**

When accepted as a Columbine Health Systems volunteer you will review and sign the following forms:

1. Appropriate Behavior in the Workplace Policy
2. Safety Policy
3. HIPAA Polices and Procedures Agreement
4. Computer & Information Usage Agreement
5. Provide TB results if required.
6. Provide background check results if required.
7. My services are donated to the Columbine Health Systems facility without contemplation of compensation or future employment and given with humanitarian, religious or charitable reasons.
8. I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off hospital property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to Activity Director or the Administrator.
9. I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petitions on any Columbine Health Systems facility premises.
10. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and endeavor to make my work professional in quality.



## **Columbine Health Systems**

802 West Drake Road, Suite 101 • Fort Collins, Colorado 80526  
Phone 970-482-0198 • Fax 970-482-9148 • [www.columbinehealth.com](http://www.columbinehealth.com)

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11. I shall attempt to resolve any problems related to my activities with the supervisor and or contact the Administrator.
12. I shall make my best effort to fulfill my commitment to the by completing all assignments that I accept.
13. I understand that the Columbine Health Systems Volunteer program reserves the right to terminate my status as a result of:
  - A. failure to comply with company policies, rules and regulations;
  - B. absences without prior notification;
  - C. unsatisfactory attitude or issues with residents/staff
  - D. performing tasks which I have not been trained to do or applying direct patient care.
  - E. any other circumstances which, in the judgment of the Activity Director, and/or Administrator or supervisor that would make my continued service as a contrary to the best interests of the facility.

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Signature of Volunteer

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Date

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# COMPUTER & INFORMATION USAGE AGREEMENT

**Columbine Health Systems** considers maintaining the security and confidentiality of protected health information (PHI) a matter of its highest priority. All those granted access to this information must agree to the standards set forth in this Computer and Information Usage Agreement. All those who cannot agree to these terms will be denied access to protected health information (PHI) entrusted by our patients to our practice. Each person accessing **Columbine Health Systems** data and resources holds a position of trust relative to this information and must recognize the responsibilities entrusted in preserving the security and confidentiality of this information. The following conditions apply to all those having access to protected health information. I will:

- Respect the privacy and rules governing the use of any information accessible through the computer(s), system or network and only utilize information necessary for performance of my job.
- Respect the ownership of proprietary software. For example, do not make unauthorized copies of such software for your own use, even when the software is not physically protected against copying.
- Respect the finite capability of the computer(s) and systems, and limit use so as not to interfere unreasonably with the activity of other users.
- Respect the procedures established to manage the use of the computer(s) and systems.
- Prevent unauthorized use of any information in files maintained, stored, or processed by **Columbine Health Systems**.
- Not seek personal benefit or permit others to benefit personally by any confidential information or use of equipment available through my work assignment.
- Not operate any non-licensed software on any computer provided by **Columbine Health Systems**.
- Not exhibit or divulge the contents of any record or report except to fulfill a work assignment and in accordance with **Columbine Health Systems** policy.
- Not knowingly include or cause to be included in any record or report, a false, inaccurate, or misleading entry.

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- Not remove protected health information (PHI) from the office where it is kept except in the performance of my duties.
- Understand that the information accessed through all **Columbine Health Systems** computer(s) and information systems contains sensitive and confidential patient care, business and financial information which should only be disclosed to those authorized to receive it.
- Not release my personal usernames and passwords, logon information, authentication codes or devices to anyone else, or allow anyone else to access or alter information under my identity.
- Not utilize anyone else's personal usernames and passwords, logon information, authentication codes or devices in order to access any **Columbine Health Systems** system.
- Respect the confidentiality of any reports printed from any computer(s) and information systems containing patient information and handle, store and dispose of these reports appropriately.
- Not divulge any information that identifies protected health information (PHI).
- Understand that all access to the computer(s) and information systems will be monitored.

I understand that my access to protected health information (PHI) maintained by **Columbine Health Systems** is a privilege and not a right afforded to me. By signing this agreement, I agree to protect the security of this information and maintain all protected health information (PHI) in a manner consistent with the requirements outlined under the privacy regulations and applicable State laws.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Contact

\_\_\_\_\_  
Date

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# HIPAA POLICIES AND PROCEDURES



Columbine Health Systems has the legal and ethical responsibility to safeguard the privacy of all residents/patients and protect the confidentiality of their health information. In the course of my volunteer time for Columbine Health Systems, I may come into possession of confidential patient information, even though I may not be directly involved in providing patient services.

I understand that such information must be maintained in the strictest confidence. I hereby agree that, unless directed by my contact, I will not at any time during my volunteer duration, internship or shadowing at Columbine Health Systems disclose any patient information to any person whatsoever or permit any person whatsoever to examine or make copies of any patient reports or other documents prepared by me, coming into my possession, or under my control.

When patient information must be discussed with other health care practitioners in the course of my work, I will use discretion to assure that others who are not involved in the patient's care cannot overhear such conversations.

I understand that violation of any of the policies may result in ending volunteer duration at any Columbine Health Systems facility.

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Signature of Volunteer

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Date

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Facility Contact

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Date

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# S A F E T Y P O L I C Y

It is the policy of our organization to provide our volunteers/interns/shadows a safe and healthful work environment. We strive to prevent any possible injury or illness.

We believe that most accidents and injuries are preventable and it should be clear that the responsibility for safety lies with all levels of persons involved with Columbine Health Systems. We all need to work together to accomplish our goal of zero injuries. Therefore, safety rules and procedures shall be followed and all hazardous conditions must be reported to management.

The Safety Officer at your facility is \_\_\_\_\_ .  
Please bring your safety and health concerns to our attention.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Contact

\_\_\_\_\_  
Date

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# APPROPRIATE BEHAVIOR IN THE WORKPLACE POLICY

## Unlawful Discrimination And Harassment

Columbine Health Systems is committed to providing a work environment that is free of unlawful discrimination and unlawful harassment. Unwelcome actions, words, jokes, or comments based on individuals' sex, race, color, national origin, age, disability, religion, veteran's status, or any other legally protected characteristic will not be tolerated. Individuals who experience or observe unlawful harassment or discrimination are encouraged to report their concerns without fear of reprisal. Every effort will be made to ensure that complaints of harassment or discrimination are resolved promptly, confidentially and effectively. The failure to report suspected discrimination or unlawful harassment significantly hampers Columbine Health Systems' ability to take corrective action.

### **Sexual harassment is a form of sex discrimination that violates, Title VII of the Civil Rights Act of 1964.**

Unwelcome sexual advances, for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's work or creates an intimidating, hostile or offensive work environment.

All volunteers, interns and shadows should report harassment to their contact person. Columbine Health Systems will investigate the complaint, make a determination of its conclusion and when appropriate, prepare a plan of action to correct the problem and prevent reoccurrence.

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Signature of Volunteer

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Date

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Facility Contact

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Date

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