



VOLUNTEER STATEMENT OF AGREEMENT (Patient Facing)

As a volunteer, you are a vital part of the structure of the TriHealth organization. We value your time, skills, and commitment. In turn, we are committed to training, supervising, and supporting you in your service.

Please read the following agreement carefully, then sign and date it at the bottom.

- I have read, understand and will perform my volunteer duties in a manner consistent with all departmental and TriHealth policies and procedures, including but not limited to the TriHealth Code of Ethical Business and Professional Behavior and all policies related to protecting confidential information and patient privacy rights.
- I will ask my department supervisor to let me know what departmental and TriHealth policies and procedures I need to review when I begin my volunteer assignment and will review all such policies or procedures provided to me.
- I will always maintain confidentiality and in all places.
- I will respect the privacy of patients and families.
- I will follow TriHealth's corporate policy on the prohibited use of a cell phone while volunteering.
- I understand that I will not have access to patients' medical records.
- I will not share any overheard patient names or other information with anyone other than TriHealth individuals with a business need to know.
- If I witness a possible or real compliance or privacy matter, I will report it promptly. TriHealth maintains a 24/7 AlertLine that may be used, and I may report anonymously: 1-800-467-0989.
- I will not redirect out of the facility where I am volunteering any patient, patients' guardians or guests seeking emergency care.
- I will not give medical advice and will direct such requests to TriHealth staff.
- I will not talk with the media, but instead direct them to the TriHealth Marketing Communications Media Relations Department at 513-569-6451, or Marketing_Communications@TriHealth.com.
- I will treat patients, visitors, team members and other volunteers with equality, dignity and respect, regardless of race, religion, gender, sexual orientation, age, national origin, disability or socioeconomic status.
- I will refrain from sharing personal information with patients such as my home phone number, address, medical experiences, family issues, etc.
- I will not accept personal gifts from, nor give personal gifts, to patients and families.
- I will not give or loan money or give transportation to patients and families.
- I will never discuss problems, criticisms or suggestions in public areas nor in the presence of patients and families. I will respectfully direct them to the appropriate TriHealth staff.
- I will be dependable, punctual, and conscientious and will notify my assigned department in a timely manner (preferably 24 hours) if I am unable to serve on my normal shift due to illness, vacation, or tardiness due to unforeseen circumstances. I will also email Volunteer Services for my records.
- I will maintain an appropriate uniform, a well-groomed appearance and a professional manner.
- I will remain in my assigned area unless otherwise instructed by supervising staff.
- I will maintain appropriate boundaries.
- I will complete the required New Volunteer Orientation, online trainings and any additional required health screenings prior to volunteering.
- I agree to make a commitment of a minimum of 50 hours of volunteer service.

My signature below indicates agreement with the above statements, and I understand that failure to comply with any of the above any of the above may result in probation and/or dismissal from service as a volunteer.

Volunteer Signature and Date

Parent/Guardian Signature and Date

Printed Volunteer Name

Printed Parent/Guardian Name



**VOLUNTEER STATEMENT OF AGREEMENT
(Non-Patient Facing)**

As a volunteer, you are a vital part of the structure of the TriHealth organization. We value your time, skills, and commitment. In turn, we are committed to training, supervising, and supporting you in your service.

Please read the following agreement carefully, then sign and date it at the bottom.

- I will perform my volunteer duties in a manner consistent with all TriHealth policies and procedures, including but not limited to the TriHealth Code of Ethical Business and Professional Behavior and all policies related to protecting confidential information and patient privacy rights.
- I will always maintain confidentiality and in all places.
- I will respect the privacy of patients and families.
- I will follow TriHealth's corporate policy on the prohibited use of a cell phone while volunteering.
- I understand that I will not have access to patients' medical records.
- I will not share any overheard patient names or other information with anyone other than TriHealth individuals with a business need to know.
- If I witness a possible or real compliance or privacy matter, I will report it promptly. TriHealth maintains a 24/7 AlertLine that may be used, and I may report anonymously: 1-800-467-0989.
- I will not redirect out of the facility where I am volunteering any patient, patients' guardians or guests seeking emergency care.
- I will not give medical advice and will direct such requests to TriHealth staff.
- I will not talk with the media, but instead direct them to the TriHealth Marketing Communications Media Relations Department at 513-569-6451, or Marketing_Communications@TriHealth.com.
- I will treat patients, visitors, team members and other volunteers with equality, dignity, and respect, regardless of race, religion, gender, sexual orientation, age, national origin, disability or socioeconomic status.
- I will maintain an appropriate uniform, a well-groomed appearance, and a professional manner.
- I will maintain appropriate boundaries.
- I will remain in non-patient facing areas such as lobbies and conference rooms. I will not enter patient floors, clinics or any clinical areas.

My signature below indicates agreement with the above statements, and I understand that failure to comply with any of the above any of the above may result in probation and/or dismissal from service as a volunteer.

Volunteer Signature/Date

Parent/Guardian Signature /Date

Printed Volunteer Name

Printed Parent/Guardian Name