



**Compliance Statement**

The Corporate Compliance Statement provided below is to be acknowledged and signed by every Agency Volunteer as well as every Volunteer working for the Agency on a contract basis.

<b>CORPORATE COMPLIANCE POLICY</b>	
Acknowledgment of Receipt and Understanding	
As you know, our Hospice Agency and our Staff members have always been committed to providing exceptional health care and upholding ethical conduct standards and legal compliance.	
Our policy formally and clearly states that there is a zero tolerance to any form of fraud or misconduct. This Agency believes that every Volunteer or agent plays a key and active role in maintaining its image and reputation.	
I hereby acknowledge that I have apprised of and agree to comply with the Agency's Corporate Compliance Policy. I understand that in no way does this create an obligation or contract of employment and that I, as well as the Agency, have the right to end the employment relationship at any time.	
Volunteer's printed name:	
Volunteer's signature:	Date:



**REQUIRED HIPAA CONFIDENTIALITY AGREEMENT**

**VOLUNTEER CONFIDENTIALITY AGREEMENT of PATIENT HEALTH INFORMATION AND PERSONAL INFORMATION in accordance with HIPAA REGULATIONS**

For good consideration and as an inducement for the employer/agency (in employer's capacity as a hospice agency, physician practice, or holding company) to employ \_\_\_\_\_(Volunteer), the undersigned Volunteer hereby agrees not to directly or indirectly use, manipulate or copy compete any patient health information (PHI), to include personal health information or personal contact information (address, phone, email address, etc.) with the business of the Agency and its successors and assigns during the period of employment. Misuse of PHI or personal contact information will result in termination and report with action to HIPAA federal agencies. Fines related to civil and criminal offenses for gross misconduct with the above information are the direct responsibility of said Volunteer.

The Volunteer acknowledges that the Agency shall or may in reliance of this agreement provide Volunteer access to trade secrets, customers and other confidential data and goodwill. Volunteer agrees to retain said information as confidential and not to use said information on his or her own behalf or disclose same to any third party or for their own personal or monetary gain.

The Volunteer agrees to not copy and to return all such Agency supplied Information immediately upon termination of employment. Further Volunteer agrees not to solicit any of the customers or Volunteers of employer for any purpose for a period of two years after termination.

This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives.

Signed on this day: \_\_\_\_\_

Ennoble Care  
\_\_\_\_\_

Agency



## **CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION**

It is both the Agency's and the Volunteer's responsibility to ensure that every patient's health information is protected at all times. By signing below you are indicating the acknowledgment of HIPAA and understand that a thorough orientation of the agency's policy regarding patient's Protected Health Information will be provided to you upon hire.

I understand that I may be handling Protected Health Information. I further understand that there are specific guidelines associated for use and disclosure of Protected Health Information. The agency has sanctions and fines for all individuals failing to comply with HIPAA Rule and Regulations.

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

## **PROTECTION OF HEALTH INFORMATION**

There are specific guidelines to ensure patient's Protected Health Information is kept private. I understand that my employment with the agency involves handling Protected Health Information. I will ensure patient's records are protected by enforcing the following measures:

- Patient Protected Health Information will be transported in a protected travel chart when traveling.
- When transmitting and receiving a fax involving Protected Health Information, I will ensure that it is conducted in a private area.
- Patient Protected Health Information will be returned to the agency upon acknowledgment of the patient being discharged.

I pledge to make every effort to keep patient's Protected Health Information protected at all times.

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_



## HOSPICE VOLUNTEER CODE OF ETHICS: GUIDING PRINCIPLES FOR COMPASSIONATE CARE

The Hospice Volunteer Code of Ethics outlines the ethical principles and guidelines that hospice volunteers should adhere to while serving terminally ill patients and their families. These principles help ensure a compassionate and respectful environment for all parties involved. While specific codes may vary slightly between hospice organizations, here is a general overview:

1. **Confidentiality:** Hospice volunteers must respect the privacy and confidentiality of patients and their families. They should not disclose personal or medical information without proper authorization.
2. **Respect and Dignity:** Volunteers must treat patients, families, and fellow team members with respect, compassion, and sensitivity. They should honor each individual's values, beliefs, and cultural backgrounds.
3. **Boundaries:** Volunteers must maintain appropriate boundaries and avoid becoming emotionally or personally involved with patients and families beyond the professional relationship.
4. **Non-Discrimination:** Volunteers should not discriminate against patients, families, or fellow volunteers based on factors such as race, religion, gender, sexual orientation, or socioeconomic status.
5. **Honesty and Integrity:** Volunteers should provide accurate information, and their actions should be honest, transparent, and in alignment with the hospice organization's mission and policies.
6. **Commitment:** Volunteers commit to fulfilling their responsibilities and duties consistently and reliably. They should communicate their availability and limitations to the hospice staff.
7. **Professionalism:** Volunteers should dress appropriately, maintain a positive attitude, and conduct themselves in a professional manner at all times while representing the hospice organization.
8. **Adherence to Hospice Philosophy:** Volunteers must understand and embrace the principles of hospice care, which focus on providing comfort, support, and dignity to patients in their end-of-life journey.
9. **Safety:** Volunteers should prioritize the safety of patients, families, and themselves during interactions and activities. They should follow established protocols and guidelines to prevent accidents and ensure a secure environment.
10. **Emotional Boundaries:** Volunteers should manage their emotions appropriately, seeking support and guidance when needed, and not letting their personal experiences overshadow the needs of patients and families.
11. **Continuous Learning:** Hospice volunteers should actively seek opportunities to learn and improve their skills. They should be open to receiving feedback and engaging in ongoing education to enhance their effectiveness in supporting patients.
12. **Reporting:** If volunteers become aware of any concerns related to patient well-being, safety, or organizational policies, they should report them to the appropriate hospice staff.

By adhering to these ethical principles, hospice volunteers contribute to a compassionate and supportive environment that helps patients and families navigate the challenges of end-of-life care with dignity and comfort.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_



**TB TARGETED MEDICAL QUESTIONNAIRE FORM**

To be completed by the Volunteer:

\_\_\_\_\_

Print Name

YES

NO

1. Have you ever had a positive TB skin test or history of TB infection? If the answer is YES, please answer the following:
2. Have you ever had the BCG vaccine?
3. Do you have prolonged or recurrent fever?
4. Have you recently lost weight?
5. Do you have a chronic cough?
6. Do you cough up blood?
7. Do you have sweating at night?
8. Do you have any of the following risk factors which may substantially increase the risk of tuberculosis?
  - a. Silicosis (Lung Disease)
  - b. Gastrectomy
  - c. Intestinal Bypass
  - d. Weight 10% or more below ideal body weight?
  - e. Chronic Renal Disease
  - f. Diabetes Mellitus
  - g. Prolonged high-dose corticosteroid therapy or other Immunosuppressive therapy
  - h. Hematologic Disorder i.e. leukemia or lymphoma
  - i. Exposure to HIV or AIDS
  - j. Other malignancies

\_\_\_\_\_

Volunteer Signature

\_\_\_\_\_

Date



Applicant Name: \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ hereby attest that the state of my health is such that it will enable me to perform the duties of a health care professional. I further specifically attest that I am free of any and all potentially contagious diseases including, but not limited to those listed below:

AIDS	Anthrax	Chickenpox	Cholera
Diphtheria	Encephalitis	Hepatitis, Types A, B and C	Influenza
Leprosy (Hansen’s Disease)	Leptospirosis	Malaria	Measles (Rubeola)
Meningitis	Mononucleosis	Mumps	Whooping Cough
Plague	Poliomyelitis	Psittacosis (Ornithosis)	Rabies
Rocky Mountain Spotted Fever	Rubella (German Measles)	Shigellosis	Smallpox
Tetanus	Tularemia	Tuberculosis	Typhoid Fever

**STATEMENT OF GOOD HEALTH/FREE OF COMMUNICABLE**

**Explanation and Instruction:**

Our company policy requires all employees who have direct contact with patients in the home setting to submit a statement from an appropriately licensed health care professional, based on an exam performed within the last six months. The employee must show no apparent signs or symptoms of communicable disease. The above statement is required at the time of hire and every two years thereafter.