

Saint Anne Communities Volunteer Information

Name _____ Telephone _____

Address _____

Contact in case of an emergency _____

Relationship _____ Telephone _____

Is this service work for school? If yes name of school _____

Is this services work for confirmation? If yes name of parish _____

Protected Health Information

As a volunteer I am not permitted to use or disclose any protected health information about St. Anne's residents.

I have a responsibility to protect resident information even when I am no longer a volunteer at St. Anne's

I understand the following:

- What protected health information is
- How to maintain resident privacy regarding protected health information
- The list of rules I must obey to maintain security of protected health information
- If I deliberately or accidentally violate the protected health information rules I will be counseled. If violations continue I will be released from my volunteer duties at St. Anne's
- I understand that I cannot take any pictures or videos of the residents by phone, camera or other electronic devices

Volunteer Signature Date

Parent of Guardian or Sponsor if under 18 years of age Date