

## Volunteer Orientation Checklist

- I have reviewed the presented Hospital Orientation for Volunteers and have asked questions if I did not understand the information.
- I have read and will abide by the Novant Health Auxiliary Handbook policies and procedures which are in accordance with Novant Health UVA policies and procedures.
- I have reviewed Corporate Compliance.
- I know that I can direct any questions I may have on the Blood borne Pathogen section to the Infection Prevention or Corporate Education Department.
- I have reviewed and understand Fire Safety procedures.
- I have reviewed and understand the basics of hand washing and will practice good hand hygiene.
- I have completed the Questions and understand the correct answers.
- I understand that my ID Badge is the property of Novant Health UVA health System. I will wear my picture ID badge in the neck/chest area. When I can no longer volunteer, I will return my badge to the Volunteer office.

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Print Name

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Signature

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Date

## Non-Employed Worker Orientation

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I have completed the following Non-Employed Worker Orientation course and acknowledge that I am responsible for its content.

- ✓ Non-Employed Worker Orientation – No contact with blood/bodily fluid

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Novant Health UVA Health System:

Agency / School / Employer: Volunteer Services

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## Corporate Compliance Agreement

I have completed general education on the purpose, scope and importance of the Novant Health Compliance Plan. I pledge to adhere to the Code of Ethics and the Compliance Plan. I understand that failure to comply with the Compliance Program may lead to disciplinary actions.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**CONFIDENTIALITY AGREEMENT**

In consideration of new or continued employment, or my association with Novant Health, Inc. ("Novant"), I agree that:

**PROPER USE AND/OR DISCLOSURE OF CONFIDENTIAL INFORMATION**

- I will use and/or disclose **protected health information (PHI)** or other confidential information only for the purposes of treatment, payment, or health care operations, or as otherwise required by law, as these terms are defined and set forth in Novant policy. I will not use or disclose **PHI** or other confidential information other than as permitted by this agreement, applicable Novant policy or as allowed by law.
- I will not attempt to access or use information that I am not authorized and required to access to use to perform my duties. This includes accessing information about any patient, including fellow employees or family members.
- I will avoid discussions about specific patients with or around those who are not directly involved in the patient's care.
- Any requests for patient information from persons not directly involved in the patient's care should be sent to the appropriate nursing or other supervisor.
- I will refer all media requests for information to Novant's Marketing and Public Relations department. I will refer all other outside requests for information to the appropriate Administrator on Call, nursing or other supervisor.
- I understand that non-public information regarding business contracts and/or other business relationships between a Novant entity and others is also confidential, and will not be disclosed to other parties.

**MEASURES TO PROTECT CONFIDENTIAL INFORMATION**

- I will follow all Novant policies and procedures, applicable laws and regulations, and other appropriate measures to maintain the security of **PHI** and other confidential information, and to prevent unauthorized use and/or disclosure of this information. The Novant policies and procedures for safeguarding **PHI** and other confidential information are available on the Novant intranet site.
- I will not leave confidential printed, written or electronic information visible in areas accessible by unauthorized individuals except in emergencies.
- When granted an identification badge and/or access to Novant systems, I agree to comply with Novant's policies and procedures regarding use of same.

**REPORT OF IMPROPER USE AND/OR DISCLOSURE**

- I will immediately report to the Alert Line or The Privacy Office any security breach in which unauthorized disclosure of or access to **PHI** may have occurred, as well as any other use or disclosure of **PHI** that is not permitted by law.

**TERMINATION AND PENALTIES**

- I understand that if I violate Novant's confidentiality policies or this agreement that I may be subject to disciplinary action, including termination of employment/relationship and criminal charges.
- I hold Novant harmless from any legal liability for the actions I commit that violate Novant's confidentiality policies or this agreement.
- I have been provided access to Novant's confidentiality policies. I agree to review the confidentiality policies and to abide by them.

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Name (please print)

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Signature

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Date

# Acknowledgement Form

## Tobacco- Free Campus

I acknowledge that I have received education on and will comply with the Novant Health Tobacco-Free Environment policy (HR #6045). Additionally, I understand that employees who use tobacco products on Novant Health premises are in violation of this policy and will be subject to the Progressive Discipline policy (HR #6040).

I understand that effective April 2, 2007, this policy prohibits smoking and the use of smokeless tobacco products is prohibited:

- In Novant Health facilities, including, but not limited to, hospitals, physician practices, outpatient clinics and office buildings. Smoking and the use of tobacco products is prohibited in facilities leased by Novant Health.
- In company-owned vehicles at any time and in private vehicles on Novant property
- Anywhere on Novant Health grounds, sidewalks and parking lots/decks

I further understand that this policy applies to all persons, including, but not limited to, employees, non-employed workers, medical staff, volunteers, inpatients, outpatients, visitors, students, contractors, vendors and other guests on Novant Health premises.

\_\_\_\_\_

Print name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## EMTALA

I have reviewed the EMTALA education provided on \_\_\_\_\_ and have had the opportunity to ask clarifying questions. (date)

\_\_\_\_\_

Print name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



## **VOLUNTEER SOCIAL MEDIA POLICY**

Communication about Novant Health that is posted online by volunteers must be consistent with Novant Health policies and applicable laws, including laws concerning protected health information, privacy, confidentiality, copyright and trademarks. Violation of Novant Health’s Social Media policy may result in dismissal from our volunteer program.

### **Guidelines for Personal Social Networking**

When you communicate online:

**1. Follow all applicable Novant Health policies.** For example, you must maintain patient privacy and never share confidential information about Novant Health. It's OK to talk about your volunteer role – it's fun to share things that make you proud – but anything you say that could identify a patient violates confidentiality and is against Novant policies and federal law.

The HIPAA policy is the one that is most likely to get people in trouble. Everyone knows they can't mention a patient's name in their online (or other) activities, but there is a lot of other information about a patient that is considered protected health information and cannot be disclosed. The key is to remember that **anything** that could identify a patient to someone is a privacy violation.

**2. Do not identify yourself with Novant Health** if your blog, posting or other online activities are inconsistent with or would negatively impact Novant Health's reputation or brand.

**3. Always respect others.** Be courteous and professional. It's all about judgment: using your online postings to degrade others isn't smart or professional.

**4. If you think a post might be inappropriate, it probably is.** Ask the volunteer coordinator about appropriateness if you have any questions. Remember that if you wouldn't want others from Novant Health to see your comments, don't post them online.

**5. Be a “scout” for compliments and criticism.** You are one of our most vital assets for monitoring the social media landscape. If you come across positive or negative remarks about Novant Health or our brands online that you believe are important, consider sharing them by forwarding them to your volunteer coordinator or to [socialmedia@novanthealth.org](mailto:socialmedia@novanthealth.org).

**6. Be conscious when mixing your personal life with your volunteer life.** Novant Health respects the free speech rights of all of its employees and volunteers, but you must remember that patients, employees and fellow volunteers often have access to the online content you post. Remember that information originally intended just for friends and family can be forwarded.

*(Please keep this policy for future reference.)*

**SOCIAL MEDIA POLICY**

**I have read and understand the contents of the Social Media policy and agree to adhere to the policy.**

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Print Name

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Volunteer Signature

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Date

# Participant evaluation form

Title of Activity: <b>Orientation Self Study for Non-Employed Workers</b>	Date:			
<i>We are interested in your evaluation of this program. Your feedback is extremely important in planning future educational offerings.</i>				
	Strongly Agree	Agree	Disagree	Strongly Disagree
I am satisfied with this learning activity.				
Educational activity objectives were met.				
I am leaving today with specific ideas I can apply to my job and/or career goals.				
This was an effective learning experience for me				
The information was given in a clear and concise way.				
For those items that you marked "Agree", what would it take to move to "Strongly Agree"?				
What aspects of this learning experience were helpful?				
What did you learn that you plan to use in your work setting?				