



## **Confidentiality and Non-Disclosure Agreement**

Purpose: The purpose of this Confidentiality and Non-Disclosure Agreement is to protect the identity and privacy of our patients and their families.

I understand that as a Volunteer at Harmony Hospice, I am obligated by federal HIPAA Privacy law and Harmony Hospice policy to protect the privacy of the patient and the patient's family and all confidential information from unauthorized use and disclosure. I understand that even a patient's presence in Harmony Hospice, is confidential information under HIPAA. I understand that volunteers may be subject to civil and criminal fines and penalties for privacy breaches, the same as for a Harmony Hospice employee.

Confidential Information is defined as any Patient and/or Business information obtained through the course of your volunteer service to Harmony Hospice.

"Patient Information" shall be considered any information regarding a patient obtained or learned while providing volunteer services. Such information may include, but is not limited to, identifying information such as name, address, phone number, etc., financial and social data, medical record, medical history, diagnosis, condition, or treatment. All information that Volunteers learn about patients is "protected". Even the fact that patients are being served by Harmony Hospice should not be re-told to others who have no job related need to know.

"Business Information" shall be considered any information not publicly known regarding Harmony Hospice and its operations obtained while providing volunteer service. This may include, but is not limited to, information concerning employees, financial operations, quality assurance, and other operational information.

Confidential Information is not to be shared inappropriately via email, text, written format, social media, photos, video, verbal disclosure, fax or other.



## TERMS OF AGREEMENT

- I agree to support Harmony Hospice’s culture of compliance with HIPAA privacy laws and to protect the privacy of patients and patients’ families.
- I agree to not access or disclose any confidential information I learn or am exposed to as part of my volunteer duties.
- I will seek the minimum amount of confidential information necessary to carry out my volunteer duties.
- I agree to not post patient or patient family information on social media, and agree not to share protected patient information by any means.
- I understand that photos of patients, their families, or of staff are not permitted, without their express written permission on approved Harmony Hospice forms.
- I understand that my obligation to maintain confidentiality of information obtained from Harmony Hospice extends beyond the length of my volunteer service. I agree to maintain confidentiality of such information as long as it is known to me.
- I understand that verbal disclosures may also be viewed as a privacy breach, and subject to fines or termination from Harmony Hospice

I, \_\_\_\_\_, have read the above Confidentiality  
(Print Name)  
and Non-Disclosure Agreement and understand its terms and my responsibilities as a volunteer.

---

Signature

Date



## Client Support Volunteer Service Description

Volunteers are the heart of Harmony Hospice and an integral part of our Hospice Team. They enhance the quality of a patient’s life in many ways and help the team provide excellent and compassionate hospice care.

### Client Support Duties

- Provide companionship and emotional support to a patient and the family at the patient’s residence (home or care facility)
- Write letters, read to a patient, play games, work on a craft project as needed by the patient
- Sit with a patient to allow the caregiver(s) a break
- Use a special skill or talent such as massage or aromatherapy (with license/certification)
- Help patients and families with household chores
- Shop
- Mow a patient’s lawn
- Walk a patient’s dog
- Report pertinent observations about the patient status in a visit note
- Submit visitation notes within two days of volunteering

### Our Mission is Our Promise

The Mission of Harmony Hospice is to provide excellent and compassionate hospice care while creating a community bond through the professional services of our medical staff and volunteers.

### Volunteer Requirements

- Must be at least 18 years old
- Background check
- Volunteer on a weekly basis
- Complete competency checklist
- Valid driver's license and proof of auto insurance
- Pass Tuberculosis ,TB, Test and renew on a yearly basis
- Complete volunteer orientation
- Wear volunteer badge

\_\_\_\_\_ I understand, I will not be providing direct clinical care to any patients. (initials)

By signing below, I agree to the duties assigned to me in this service description, to follow Harmony Hospice’s Mission, and to meet all requirements.

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Conflict of Interest Disclosure Form

Harmony Hospice is committed to integrity and fairness in the conduct of all its activities. Inevitably, the interests of Board/Staff/Volunteers will involve them in organizations, causes, and other endeavors that intersect with the affairs of Harmony Hospice. This conflict of interest statement is intended to give guidance on disclosure of conflicts. This conflict of interest statement applies to all persons holding positions of responsibility and trust on behalf of Harmony Hospice, including, but not limited to members of the Board of Directors, volunteer committee members, and Harmony Hospice staff (Board/Staff/Volunteers). Individuals worthy of affiliation with Harmony Hospice will govern themselves by the spirit of this statement.

- Each Board/Staff/Volunteer has the duty to place the interest of patients foremost in any dealings on behalf of the Harmony Hospice. This accountability supersedes any conflicting loyalty to business interests, personal interests, or paid or volunteer service to other organizations.
- No Board/Staff/Volunteer will derive any personal profit or gain, directly or indirectly, by reason of his or her service to Harmony Hospice.
- The conduct of personal business between any Board/Staff/Volunteer and the organization is prohibited (no self-dealing).
- Board/Staff/Volunteers may not obtain for themselves, their relatives, or their friends a material interest of any kind from their association with Harmony Hospice.
- If a Board/Staff/Volunteer has an interest in a proposed transaction with the organization in the form of a significant personal financial interest in the transaction or in any organization involved in the transaction, or holds a position as trustee, director, or officer in any such organization, he or she must make full disclosure of such interest before any discussion or negotiation of the transaction and abstain from decision-taking actions. With disclosure to other participants, the work of Harmony Hospice is furthered by the willingness of conflicted persons to share information bearing upon the matter under consideration.
- No Board/Staff/Volunteer may accept any payment or article of value from a grantee, potential grantee, or supplier, except nominal hospitality such as meals or token recognitions. In general, board members, staff, and volunteers should make every effort to decline to accept gifts on behalf of Harmony Hospice, but in cases where it could be considered ungracious to decline, the board members, staff, and/or volunteer should make clear that the gift is being accepted on behalf of, and will be given to, Harmony Hospice.
- If a conflict, or the potential appearance of a conflict exists, the board members, staff, or volunteer must recuse themselves by not influencing, attempting to influence, or participating in that discussion and/or vote.



## Conflict of Interest Disclosure Form

Volunteer Name: \_\_\_\_\_

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between Harmony Hospice and your personal interests, financial or otherwise:

\_\_\_\_\_ I have no conflict of interest to report

\_\_\_\_\_ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of Harmony Hospice.

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



## Media Consent Release Form

I authorize permission to the use, reproduction, and sale (royalty-free) of still photographs, video, and recorded sounds by Harmony Hospice, LLC for the purpose of training, education, trade, display, editorial, advertising, promotion, art, print materials, video, social media, mobile app, and online website use.

Print

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Consent Signature: \_\_\_\_\_

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



***If the subject is a minor, please indicate the minor's name and address, if different from the above.***

Print Name of  
Minor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

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