



Owensboro Medical Health System

Volunteer/Patient/Family on Teams Application

811 East Parrish
Owensboro, KY 42303

Name _____ Date _____
 (Last) (First) (Middle)
 Home Address _____ Home Phone (____) _____ - _____
 City, State & Zip _____ Office Phone (____) _____ - _____
 Email Address _____ Cell Phone (____) _____ - _____

Work and Volunteer History: Do not leave this section blank, even if you are self-employed.

I am presently: Employed Retired Student Seeking Employment
 Other: _____

Employment (Please list most recent employer first)	From	To	Position & Duties
Name of Company	Mo./Yr.	Mo./Yr.	
City, State			
Name of Company	Mo./Yr.	Mo./Yr.	
City, State			
Name of Company	Mo./Yr.	Mo./Yr.	
City, State			
Volunteer Positions			
Name of Organization	Mo./Yr.	Mo./Yr.	
City, State			
Name of Organization	Mo./Yr.	Mo./Yr.	
City, State			
Have you ever applied to or been employed by OMHS, either as a staff member or volunteer? Yes No			
If yes, please indicate: Department _____ Dates _____			
Position _____ Supervisor _____			

Why do you want to volunteer at Owensboro Medical Health System? _____

What experiences have you had with hospitals? _____

How will this volunteer assignment fit into your life at this time? _____

Volunteer Information

Special skills, training, interests, or hobbies (crafts, music drama, etc.)

What kinds of volunteer placements are you most interested in? _____

Days of the week preferred: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 Hours Preferred: Morning: 8 a.m. - 12 p.m. Afternoon: 12 p.m. - 4 p.m. Night: 4 p.m. - 8 p.m.
 Other _____.

Personal Information

Birthday ___/___/___ SS# ___/___/___
 Month/Day/Year

Education

School	City, State	Dates Attended	Did you Graduate	Degree/Major
High		to		
College		to		
Other		to		

Character References:

Name Address Phone

Name Address Phone

Health Information

Limitations Related to Health

Are you under a physician's care? _____ Name of physician _____

Emergency Contact Person _____ Relationship _____
Telephone # _____

Have you ever been convicted of a felony? Yes _____ No _____

All volunteers are required to have a police check, TB Skin Test and a 4 hour hospital orientation or makeup test given by Training and Development.

CONFIDENTIALITY

Federal and State laws and regulations mandate patient confidentiality. While these laws and regulations cover all patients (even those who have died), there are specific restrictions on information related to mental health and chemical dependency. Releasing medical information without proper authority may result in liability for, among other things, violations of the Health Insurance Portability and Accountability Act ("HIPAA") or the Federal Law on Confidentiality of Substance Abuse Patient Records and regulations relating to either of these statutes, invasion of privacy, defamation (harming the reputation), libel, or slander. Violations of HIPAA, the Federal Law on Confidentiality of Substance Abuse Patient Records, or defamation may result in criminal as well as civil action or monetary penalties. Charges for breaking these laws range from misdemeanors to felonies. Penalties for breach of patient confidentiality range from paying a fine to incarceration in a correctional facility.

In addition to the legal restrictions, the core commitments of Owensboro Medical Health System (OMHS) requires that all patients be treated with respect and have their privacy protected. All employees, students, vendors, volunteers and/or contracted laborers therefore, are held accountable for the observation of confidentiality on the subject of patient identity, information, and accounts. Each employee, student, vendor, volunteer, and/or contracted laborer shall be expected to observe the strict confidentiality concerning patients even after his/her relationship with OMHS ends.

Breach of confidentiality is defined as unauthorized use, discussion or release of confidential information regarding patients, their identity, and/or their hospital records (hard copy and computer). This includes unauthorized retrieval of records on the computer, checking labs or other data without a need to do so, and conversations or discussions that may be overheard by unauthorized persons.

Breach of confidentiality is considered a major offense at OMHS. This violation of personal conduct justifies immediate termination of employee/student/vendor/volunteer/contracted laborer status without regard to the employee's/student's/vendor's/volunteer/contracted laborer's length of service or prior record or conduct.

By signing below, I certify that I understand the importance of maintaining patient confidentiality and that I agree to abide by the privacy policies and procedures adopted by OMHS. I further certify that I have received training on HIPAA's privacy rule. I understand that I may be subject to immediate termination for breach of patient confidentiality if I am an employee of OMHS, or to have my status as a student, volunteer, vendor, or contracted laborer terminated immediately if I am an employee, student, volunteer, vendor, or contracted laborer.

V/volpol&pro/adultapp.doc

Signature