



BETH ISRAEL DEACONESS HOSPITAL–NEEDHAM

VOLUNTEER APPLICATION

Name: _____
(First) (Middle I.) (Last)

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

In Emergency, Notify: _____ Relationship: _____

Phone: _____

References: (Please include contact information for references.)

1. _____
2. _____

Education:

High School: _____ Graduate: yes ___ no ___

College: _____ Other: _____

Volunteer Experience:

1. _____
2. _____

Times Available (Please check all that apply)

Monday	Morning _____	Afternoon _____
Tuesday	Morning _____	Afternoon _____
Wednesday	Morning _____	Afternoon _____
Thursday	Morning _____	Afternoon _____
Friday	Morning _____	Afternoon _____

Date: _____ Signature of Applicant: _____

If applicant is between the ages of 16 and 18 years of age, parental consent is required.

I give consent for my daughter/son to participate and give volunteer service to the hospital and state that he/she is physically able to carry out this obligation. I relieve Beth Israel Deaconess Hospital –Needham of any liability in connection with this service.

Date: _____ Signature of Parent/Guardian: _____

Please return this application to Tracy Murphy, Director of Volunteer Services, Beth Israel Deaconess Hospital–Needham, 148 Chestnut Street, Needham, MA 02492.

For all inquiries regarding Volunteer Services, please contact Tracy Murphy, Director of Volunteer Services at tmurphy@bidneedham.org or call 781-453-5499.

Thank you for your interest in volunteering at BID–Needham!



BETH ISRAEL DEACONESS HOSPITAL–NEEDHAM CONFIDENTIALITY AGREEMENT

I agree that it is my responsibility to protect and preserve the confidential nature of all information concerning BID–Needham. I agree to use all the information to which I may have access as an employee of BID–Needham only in the performance of any duties as specified by my supervisors. I shall not release such information or any other confidential information concerning patients or employees to any outside sources unless specifically told to do so by my supervisor. I also agree and understand that I am not to request *or review* any information on any patient for my own personal use.

This rule applies to any spoken, written, and electronic information about patients, employees and medical staff

Specifically:

1. I agree not to discuss, patients by name with colleagues or co-workers in any area where that discussion might be overheard by anyone not professionally involved with that patient’s health care. That includes and is not limited to corridors, reception areas, waiting rooms at BID–Needham as well as restaurants, stores and other outside establishments.
2. I agree that I will not, under any circumstances, discuss patients by name with family, friends or acquaintances or to the press. Confidentiality is to be especially rigorously guarded when the person is known to BID-Needham as an employee, colleague and is also a patient.
3. I agree that I will not discuss a patient for professional purposes. I will not engage in comment or speculation about matters unrelated to the provisions of their health care, or discuss that patient in an unprofessional manner.
4. I agree that access to a patient’s medical record or any patient care information is only for the purposes of obtaining information required to carry out my duties as an employee of BID–Needham. I understand that in the event of an emergency, I must limit the release of information to “minimum necessary” to provide the highest quality of care possible without divulging full content to a potentially unauthorized individual.
5. I agree that personal or identifying information about our employees such as names, demographics (address), insurance information, medical information, phone number, social security or salary information will not be discussed or released to people not authorized by the nature of their duties to receive such information without consent of management and the employee.
6. Violation of Patient Confidentiality is a violation of federal law and is punishable by fines or imprisonment as follows:
 - Up to \$100.00 per violation, maximum \$25,000 per year
 - \$50,000 and one year imprisonment for *wrongful disclosure*
 - \$100,000 and up to five years imprisonment for *false pretense* (identify theft)
 - \$250,000 and up to ten years imprisonment for *selling patient information*
7. I will not allow anyone, including other employees, to use my password to log on to the computer.
8. I will log off of the computer as soon as I have finished using it.
9. I will not use email to transmit patient information unless I am instructed to do so by the Privacy Officer.
10. I will not take patient information from the premises of the Provider in paper or electronic form without first receiving permission from the Privacy Officer.
11. Upon cessation of my employment with the provider, I agree to continue to maintain the confidentiality of any information I learned while an employee and agree to turn over any keys, access cards, or any other device that would provide access to the provider or its information.

Giving privileged information to anyone not directly involved in a patient's case professionally, no matter how well intentioned, is a serious breach of professional ethics. I understand that if I violate this agreement such violation may be considered grounds for immediate dismissal by Beth Israel Deaconess Hospital–Needham.

Date: _____ Signature of Applicant: _____

Please return this signed form to Tracy Murphy, Director of Volunteer Services, Beth Israel Deaconess Hospital–Needham, 148 Chestnut Street, Needham, MA 02492.