Non-Employed Worker Orientation

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
✓ I have completed the Orientation quiz and understand any incorrect answers.

Date: ___________________ Signature: ____________________________

Print Name: ______________________________________________________

UVA Health System:

Agency / School / Employer: Volunteer Services

Corporate Compliance Agreement

I have completed general education on the purpose, scope and importance of the UVA 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: ____________________________
Acknowledgement Form

Tobacco- Free Campus

I will comply with the UVA Health's Tobacco-Free Environment policy. Additionally, I understand that team members who use tobacco products on UVA Health premises are in violation of this policy and will be subject to the Progressive Discipline policy.

I understand that effective April 2, 2007, this policy prohibits smoking, and the use of smokeless tobacco products is prohibited:
- In UVA 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 UVA Health.
- Anywhere on UVA 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 UVA 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
CONFIDENTIALITY AGREEMENT

In consideration of new or continued employment, or my association with UVA Community Health, 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 UVA Health policy. I will not use or disclose PHI or other confidential information other than as permitted by this agreement, applicable UVA Health policy or as allowed by law.
- I will not attempt to access or use information that I am not authorized and required 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 UVA Community Health'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 UVA Health entity and others is also confidential and will not be disclosed to other parties.

MEASURES TO PROTECT CONFIDENTIAL INFORMATION

- I will follow all UVA Health 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 UVA Health policies and procedures for safeguarding PHI and other confidential information are available on the UVA Community Health intranet site.
- I will not leave confidential printed, written or electronic information visible in areas accessible by unauthorized individuals.
- When granted an identification badge and/or access to UVA Health systems, I agree to comply with UVA Health'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 UVA Health's confidentiality policies or this agreement that I may be subject to disciplinary action, including termination of employment/relationship and criminal charges.
- I hold UVA Health harmless from any legal liability for the actions I commit that violate UVA Health's confidentiality policies or this agreement.
- I have been provided access to UVA Health's confidentiality policies. I agree to review the confidentiality policies and to abide by them.

Name (please print) ______________________  Signature ______________________  Date ______________________
VOLUNTEER SOCIAL MEDIA POLICY

Communication about UVA Health that is posted online by volunteers must be consistent with UVA Health policies and applicable laws, including laws concerning protected health information, privacy, confidentiality, copyright and trademarks. Violation of UVA 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 UVA Health policies.** For example, you must maintain patient privacy and never share confidential information about UVA 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 UVA 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 UVA Health** if your blog, posting or other online activities are inconsistent with or would negatively impact UVA 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 UVA 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 UVA Health or our brands online that you believe are important, consider sharing them by forwarding them to your volunteer coordinator or to NHUVACommunications@novanthealth.org.

6. **Be conscious when mixing your personal life with your volunteer life.** UVA 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.)*

Modified 3/23/22
SOCIAL MEDIA POLICY

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

_____________________________      ______________________
Volunteer Signature      Date

_____________________________      ______________________
Volunteer Name (Please Print)      Date

_____________________________      ______________________
Parent/Legal Guardian Signature      Date

_____________________________
Parent/Legal Guardian Name (Please Print)
Photography, Filming, Videotaping Consent

I (volunteer name), ________________________________, give my permission to be photographed, filmed, and/or recorded as described below.

I give permission to use or share photos of me as described below:

A. YES _______  B. NO _______

- I understand that the photograph(s), film(s) or other recording(s) may be used for the following purposes: Internal newsletters, Social Media, and other publications.

- I understand that I may refuse to give permission. My refusal to give permission will not affect my ability to volunteer.

- I understand that I may revoke my permission in writing at any time at or before the recording, film, or image is used. Please submit your written request to either Volunteer Office below:

  **UVA Health Prince William Medical Center**
  Volunteer Services
  8700 Sudley Road
  Manassas, VA 20110

  **UVA Health Haymarket Medical Center**
  Volunteer Services
  15225 Heathcote Boulevard
  Haymarket, VA 20169

- I have read and understand this information.

Volunteer’s Name (Printed) ____________________________  Volunteer’s Signature ____________________________  Date ____________

Parent/Legal Guardian Name (Printed) ____________________________  Parent/Legal Guardian’s Signature ____________________________  Date ____________

Modified 8/2/22
Participant evaluation form

<table>
<thead>
<tr>
<th>Title of Activity: Orientation Evaluation for Non-Employed Workers</th>
<th>Date:</th>
</tr>
</thead>
</table>

We are interested in your evaluation of our orientation process. Your feedback is extremely important in helping us create a better new volunteer onboarding experience.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was satisfied with the overall content and duration of the online portion of the orientation.</td>
<td></td>
<td></td>
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<tr>
<td>The online quiz helped me to retain my knowledge of UVA Health’s policies and procedures.</td>
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<tr>
<td>Were your orientation expectations fulfilled?</td>
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<tr>
<td>The in-hospital orientation was an effective learning experience for me.</td>
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<tr>
<td>I have a clear understanding of UVA Health’s expectations of service, policies, and procedures.</td>
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<tr>
<td>If any, what suggestions would you make to improve your onboarding experience?</td>
<td></td>
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</tr>
</tbody>
</table>

What aspects of this learning experience were helpful?

What did you learn that you plan to use in your volunteer setting?