



NEIGHBORS
along the line

5000 Charles Page Boulevard, Tulsa, Oklahoma 74127
(918) 582-3491 FAX (918) 584-4954
www.neighborsalongtheline.org

Volunteer Confidentiality Agreement

Name (print) _____

This is an agreement between the individual named above and Neighbors Along the Line to uphold in strict confidence any information deemed confidential in nature established by the guidelines of our Board of Directors. I understand that in performing my duties on the premises or in the service of Neighbors including employees, contractors, vendors, reviewers, volunteers and auditors, I will have access to and/or I may be involved in the processing of confidential information. Confidential information includes but is not limited to verbal, written or computerized patient information, employee/volunteer information, financial and proprietary associated with Neighbors. These guidelines sometimes impose limitations in situations such as:

1. When a volunteer is obtaining and reviewing client information and the client shares personal information, this information should not be shared with anyone who does not have the professional right or need to know this information.
2. You will encounter clients experiencing financial difficulty. You may struggle with the desire to assist with money out of your pocket. At **NO** time are volunteers to provide monetary help to clients.
3. Volunteers are **NEVER** to provide rides/transportation to clients in their personal vehicle. The liability issues involved could cause great harm to Neighbors and furthermore it is a potentially unsafe practice which we **DO NOT** allow.
4. To ensure client safety and confidentiality, if a phone call comes in for a client, **DO NOT** advise the caller who is or is not in the building. Simply offer to page the requested client and if that person is in the building they can decide if they want to take the call.

I further understand that:

- State and federal laws or regulations have established rights of confidentiality and security obligations regarding patient medical records and information.
- Business and personnel information is or may be proprietary and confidential to Neighbors and others.
- If given computer access privileges, identified and issued to me by a unique identification code and password, the identification code and password must remain secret and cannot be used by anyone but me.
- Any data entered anywhere collectively becomes part of the client's record and /or a confidential business or personnel record of Neighbors.
- Internet users and usage must comply with all state and federal laws pertaining to Internet use and users including copyright laws. If granted Internet access, I must comply with Neighbors' rules regarding the Internet.
- I am responsible for protecting and maintaining the client's right to confidentiality and that of client, personnel and business data/information AT ALL TIMES according to this Confidentiality Agreement.
- I will not review, copy or divulge any client, personnel or business data/information for any individual purpose.
- I will report known violations of this Confidentiality Agreement to a Director at Neighbors.
- If I am found to be in violation of the confidentiality requirements listed above, disciplinary action will result which may include termination of my right to volunteer at Neighbors. Additionally, I may be subject to civil legal action and persecution for a violation of criminal law may apply.

I certify by my signature below that I have read, understand and agree to the above statements and requirements regarding client/personnel/system information.

Volunteer Signature

Date

Witness Signature



Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "Release") executed on _____, by _____ (the "Volunteer") releases NEIGHBORS ALONG THE LINE (the "Nonprofit"), a 501(c)(3) nonprofit corporation organized and existing under the laws of the State of Oklahoma, and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services without compensation for the Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with the Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that the Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of a personal injury or illness as a result of Volunteer's services to Nonprofit.

- Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless the Nonprofit as its successors and assigns from any and all liability, claims and demands of whatever kind or nature either in law or in equity, which arise or may hereafter arise from the services I provide to the Nonprofit. I understand and acknowledge that this Release discharges the Nonprofit from any liability or claim that I may have against the Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
- Insurance:** Further, I understand that the Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of the Nonprofit in the event of such injury or medical expenses incurred by me.
- Medical Treatment:** I hereby Release and forever discharge the Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with the Nonprofit.
- Assumption of Risk:** I understand that the services I provide to the Nonprofit may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release the Nonprofit from all liability for injury, illness, death or property damage resulting from my participation in the activities or occurring while I am providing volunteer services.
- Photographic and Copyright Release:** Volunteer grants and conveys to Nonprofit all right, title, and interests in any and all photographs, images, video or audio recording of Volunteer or likeness or voice made by Nonprofit in connection with providing services to Nonprofit. Volunteer further grants and conveys to Nonprofit all right, title, and interests in any and all works, including but not limited to photographs, images, video, or audio recording taken and/or produced by Volunteer in connection with providing services to Nonprofit.
- Confidentiality Policy:** I understand that Volunteers may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with NEIGHBORS ALONG THE LINE to any person, including relatives, friends, and business and professional associates, other than to persons who have a legitimate need for such information and to whom NEIGHBORS ALONG THE LINE has authorized disclosure. I further understand that confidential information shall be used solely for the purpose of performing services for NEIGHBORS ALONG THE LINE. This policy is not intended to prevent disclosure where disclosure is required by law and is not intended to replace (rather is in addition to) any other confidentiality policies of Nonprofit. At the end of my term in office or upon my resignation or removal as a volunteer and/or other termination of my participation with NEIGHBORS ALONG THE LINE, I will return all documents, papers and other materials, regardless of medium, which may contain or be derived from confidential information, in my possession.
- Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Oklahoma and that this Release shall be governed by and interpreted in accordance with the laws of the State of Oklahoma. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Date

Printed Name

Mailing Address