

# East Jefferson General Hospital

## Volunteer Services

4200 Houma Boulevard  
Metairie, LA 70006  
(504) 503-5548

### Volunteer Commitment and Confidentiality Agreement

- I will hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
- My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian and charitable reasons.
- I will report to my assignment as scheduled and not go to another area without notifying my supervisor.
- I understand that it is a crime to solicit business for attorneys. I will not solicit any business for attorneys or insurance companies “for compensation,” both on or off of the hospital’s property, or act as a runner or capper for an attorney in the solicitation of business. I will report all known occurrences of solicitation for attorneys to the Director of Volunteer Services.
- I will not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.
- I will submit to examinations, which include TB skin testing or drug testing, that may be necessary as part of my volunteer service. I authorize the person(s) making tests to report the results to the Volunteer Department at East Jefferson General Hospital.
- I will be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
- I will attempt to resolve any problems related with my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the Director/Supervisor of Volunteer Services.
- I will make my best effort to fulfill my commitment to East Jefferson General Hospital by completing all assignments that I accept as outlined on my assignment description provided to me.

- I will at all times uphold the philosophy and Guest Relations standards of East Jefferson General Hospital.
- I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) three consecutive absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which in the judgment of the department Director, would make my continued services as a volunteer contrary to the best interests of the hospital.
- I understand that the hospital assumes no responsibility for any contact, visits or services provided by me outside of the responsibilities assigned through the volunteer program of the hospital.
- I agree to abide by the federal privacy rules (HIPAA) implemented April 14, 2003.
- I have reviewed the Volunteer Orientation, Volunteer Standards and Volunteer Handbook and agree to abide by these regulations.

**Name (please print):**

**Signature:**

**Date:**

**I agree that I have explained each of the conditions of volunteer service to the applicant who has signed this form and that I have witnessed the applicant's signature.**

**Witness:**