



West Texas Medical Reserve Corps



VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that, West Texas Medical Reserve Corps including its employees/volunteers/assignees/affiliates has a legal and ethical responsibility to maintain the privacy and confidentiality of *individual information, protected health information, or information related to or held by*, West Texas Medical Reserve Corps including obligations to protect and safeguard the confidentiality and privacy of such information.

By signing this document, I understand and I agree that:

I shall maintain and *safeguard* the confidentiality of any personal access code(s), user identification(s), access key(s) and/or password(s) used to access computer systems or other equipment. Should I discover that the confidentiality of my access code(s), user identification(s), access key(s), and/or password(s) has been compromised, I will immediately notify the Medical Reserve Corps Coordinator.

I shall *not* access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I shall immediately consult the Medical Reserve Corps Coordinator.

I shall *not* use or disclose, orally, in writing, electronically or otherwise, any personal information including social security numbers, telephone numbers, street/e-mail addresses, etc. or information related to or held by West Texas Medical Reserve Corps.

I shall *not* discuss or reveal any personal information or information related to or held by West Texas Medical Reserve Corps, or any other agency which you may be responding to in an area where unauthorized individuals may hear or see such information, even if specifics, such as an individual's name, are not used. I understand that possible areas to keep in mind include, but are not limited to, hallways, elevators, cafeteria, public transportation, restaurants, and social events.

I shall *not* make inquiries about any information for any person or party, including, but not limited to, any family member, a friend, a third party, an employee or associate of West Texas Medical Reserve Corps, who does not have proper authorization to access such information.

I shall immediately return all property, including, but not limited to, keys, documents, and ID badges to West Texas Medical Reserve Corps upon termination (with or without cause) of my volunteer assignment/affiliation with West Texas Medical Reserve Corps

Any violation by me of this Agreement may result in disciplinary action, up to and including termination of any volunteer assignment/affiliation with West Texas Medical Reserve Corps and/or suspension, restriction or loss of privileges, in accordance with West Texas Medical Reserve Corps' policies, as well as *potential personal civil and criminal legal liabilities*. Any individual information or information and records related to or held by West Texas Medical Reserve Corps that I access or view at West Texas Medical Reserve Corps does *not* belong to me.

By my signature below, I acknowledge that I have read and understand this Agreement in its entirety and I agree to comply with all of the above stated terms as a condition of my responsibilities as an MRC volunteer.

Signature of Volunteer

Printed Name

Date



West Texas Medical Reserve Corps



RELEASE OF CONFIDENTIAL INFORMATION

This signed document authorizes West Texas Medical Reserve Corps to release any necessary contact information to members of the Medical Reserve Corps (MRC) for the purpose of contacting other MRC volunteers in the event of any Alert of the Medical Reserve Corps.

By signing this release you are acknowledging that your name, phone numbers, e-mail and fax numbers will be released and made public to other MRC volunteers.

You also acknowledge and agree that as a member of the MRC, you will not use any contact information you receive about any other MRC volunteer for any purpose other than an official Alert notification(s) to other MRC volunteers.

You are also granting permission for this information to be used by the MRC to contact you concerning issues of MRC training and other administrative subjects.

1. I understand that I have the right to refuse to release this information. If I refuse to release this information, it will not be possible for this office to process my application with the Medical Reserve Corps.
2. I understand that I may withdraw this consent upon written notice.
3. I hold West Texas Medical Reserve Corps harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency.
4. I do hereby give West Texas Medical Reserve Corps permission to release my personal information as needed for training and/or deployment of the Medical Reserve Corps.

Signature of Volunteer

Print Name

Date



West Texas Medical Reserve Corps



VOLUNTEER RISK

West Texas Medical Reserve Corps intends to mitigate and prevent risks to volunteers. Every attempt will be made to reduce risks to volunteers through training, education and use of universal precautions. In addition, volunteers will only be matched to positions for which they have the skills and qualifications to fulfill safely.

Volunteers Protected from Legal Liability

Under The Volunteer Protection Act of 1997, people who volunteer for non-profit organizations or governmental entities cannot be held liable for any harm (except for a harm caused by operation of a motor vehicle or a harm caused by criminal conduct or gross or reckless misconduct) that they may cause while engaged in volunteer activity. This organization [or entity] qualifies under federal law, so if you volunteer, you can do so secure in the knowledge that by volunteering you are not exposing yourself to additional legal liability. See www.texmed.org/template.aspx?id=2107

Be aware, however, that some unanticipated risk possibilities may be present both during a public health emergency and during non-emergency work with direct patient contact. Medical Reserve Corps volunteers agree to assume their own risk as a volunteer. Any incidents, accidents or injuries should be reported to the West Texas MRC Coordinator immediately.

Volunteer Statement/Agreement

I have read the West Medical Reserve Corps policy on Volunteer Risk. I understand its contents and have had the opportunity to ask questions regarding my risk as a volunteer. I agree to assume my own risk as a volunteer and will report any incidents, accidents, or injuries immediately to the Medical Reserve Corps Volunteer Coordinator.

Signature of Volunteer

Print Name