

VOLUNTEER ORIENTATION

STATEMENT OF CONFIDENTIALITY

Thank you for serving the residents of Johnson County Nursing Center as a Volunteer. Your contributions are greatly appreciated and noticed.

In the course of your work as a Volunteer you may or may not come across confidential information about a resident either in conversation or in written form. We ask that any and all information that you may become knowledgeable of about a resident be kept completely confidential.

Employees and Volunteers alike may not release to any other persons, family members or media any information about residents – Medical Records, Financial or Payer Information, Physical Condition, Psychosocial Information or Mental Condition.

All confidential business transactions, research and plans of Johnson County Nursing Center should not be discussed with any persons, family members or media without the permission of the Executive Director.

Again, we as a provider of healthcare for our residents have to maintain confidential all of their medical conditions and information and appreciate your support in respecting the rules and regulations set forth by the licensing agencies of this facility. These guidelines are part of the Resident Rights and the federal government as set forth in regulations by CMS (Centers for Medicaid and Medicare Services – formerly known as HCFA) and enforced by the Kansas Department of Health and Environment under the Bureau of Adult Care Facilities.

RESIDENT RIGHTS

As a Volunteer you are obligated to respect and adhere to the Resident Rights of Johnson County Nursing Center. Upon your Volunteer Orientation you will receive a copy of these Rights. Please read them and ask if you have any questions.

COMMUNICABLE DISEASE

By my signature I acknowledge that I am free of any Communicable Disease which could put the residents and staff at harm. I am willing to have a TB test done at the facilities request and expense.

By signing below, I _____ acknowledge that I have read, received and understand all the above guidelines as a Volunteer and promise to uphold them.

Volunteer: _____

Date: _____

Trainer: _____

Date: _____