State of California

**Veterans Home of California, Yountville**

# VOLUNTEER APPLICATION

(1/99)

Date

| | | |
|---|---|---|
| **Name:** | **Birth date:** | **Social Security Number:** |
| **Address:** | **City** **Zip** | **Home Phone Number:** |
| **Email Address:** | | **Business Phone#:** |

**Emergency Contact** **Name** **Relationship** **Home Phone** **Business Phone**

**Have you ever been convicted of a felony?**

☐ No ☐ Yes If yes, list all such offenses on the back of this form giving date, location, nature and disposition of each.

**Languages Spoken** (Include sign language).

| | | |
|---|---|---|
| **Level of Education Completed** | **Major/ Special Classes** | |
| **Vocation or School of Student** | **Current Status:** ☐ Employed ☐ Unemployed ☐ Retired | **Employer** |

**List memberships in Clubs / Social / Professional Organizations:**

**Previous Volunteer Work Experience:**

**General Health** ( List any physical limitations. )

**Desired days** **Desired hours**, indicate a.m. / p.m.

**Anticipated length of Volunteer Service**

☐ Less than 3 mos. ☐ Less than 6 mos. ☐ Less than 1 yr ☐ Over 1 yr

**Reason for volunteering**

**Applicant Signature**

**X**_____

**Volunteer Services Office Use Only**

(Use the back of this form for interview notes.)

**Date to start** _____ **Days** _____ **Hours** _____ **Assignment** _____

**Supervisor:**_____ **Designated area:**_____

**Interviewed by:**_____ **Date:**_____

**The following items must be completed before the volunteer starts his / her assignment:**

Check each box to indicate completed.

☐ Complete Application Packet ☐ Turn in TB Test ☐ Fingerprints Cleared ☐ Orientation Interview

☐ If Minor, Parent Consent Obtained ☐ Obtain Volunteer Badge

**Susan Heims**
**Volunteer Coordinator**
**707.944.4930** **susan.heims@cdva.ca.gov**

**DEPARTMENT OF VETERANS AFFAIRS**
VETERANS HOME OF CALIFORNIA, YOUNTVILLE
PO BOX 1200
260 CALIFORNIA DRIVE
YOUNTVILLE, CALIFORNIA 94599-
Telephone: (707) 944-4940
Fax: (707944-5035

# VOLUNTEER SERVICE AGREEMENT

## ALL VOLUNTEERS

_____under the direction of the Volunteer Coordinator and/or supervisor, agree to volunteer services without compensation. I acknowledge that I have received the required orientation and training in my responsibilities as a volunteer. I understand that my hours, specific functions and location of my assignment may vary depending on the needs. I further understand and agree to the following:

1. To comply with all policies and procedures, rules and regulations, and with all directives and instructions of The Veterans Home of California, Yountville, in all matters, including but not limited to the rights of Members and the confidentiality of Member information and records. I further understand that should I willingly and knowingly release such confidential patient information of records that actions for damages may be brought against me pursuant to Welfare and Institutions Code. Section 5330 in the amount of $500.00 or three (3) times the amount of actual damage, if any, whichever is greater.
2. Necessary first aid (emergency treatment administered to injured or sick persons before professional medical care is available) will be provided if injured during my regularly scheduled assignment. Medical treatment will not be provided by the department.
3. Any actions on my part that may be detrimental to the health and safety of The Veteran Home Members and/or Veterans Home employees could lead to prompt termination of the agreement.
4. To be on time to my assignment or telephone my supervisor in advance if I must be absent from my assignment. I will notify my supervisor and the Volunteer Services Office if I need to change my assignment hours, days or wish to terminate my activities as a volunteer.

I acknowledge and understand the Volunteer Service agreement.

_____
Volunteer

# VOLUNTEER SERVICES
# HEALTH QUESTIONNAIRE

Name:(Last,First) _____

Date of Birth:_____ SS#_____

Address:_____

Telephone#_____

1. How would you describe your health? Excellent____Fair____Poor____
2. Are you allergic to any medications? Yes____No____
3. If allergic to medications, name of medication is_____
4. Have you ever had a positive TB skin test? Yes_____No_____
5. Do you have any physical, mental, or emotional limitations which would affect your ability to work as a volunteer? Yes_____No_____

I hereby certify that the above is true to the best of my knowledge.
I hereby give my permission to Veterans Home of California – Yountville for a yearly Tuberculosis Skin Test, if appropriate, and any emergency treatment necessary in the event of injury related to my duties as a volunteer.

_____ _____
Signature
Date

_____ _____
Parent/guardian signature if minor Date

(OFFICE USE ONLY):
Volunteer Assignment_____Supervisor_____

# ELDER ABUSE TRAINING – VOLUNTEER SERVICES

The State of California prohibits elder abuse. The Veterans Home of California, Yountville, requires all employees and VOLUNTEERS to report any observed or suspected abuse.

Elder abuse is physical abuse, abandonment, isolation, financial abuse, neglect, abduction, or other treatment with resulting physical harm or pain or mental suffering.

Who do VOLUNTEERS report to? All reports of abuse must be brought to the attention of the Volunteer Coordinator. If the reportable event occurred on an evening or weekend, leave the information on the answering machine. Report the incident to the Security Office.

In the case of elder abuse, the VOLUNTEERS' immediate responsibility is to ensure the safety of the Home Member. After making the Home Member safe, immediately report the abuse to your supervisor and to the Volunteer Coordinator.

VOLUNTEERS are **NOT** permitted to have any financial exchanges with Home Members.

I have read the above rules and understand the importance of reporting Elder Abuse.

I understand that as a VOLUNTEER at the Veterans Home, I cannot have any financial exchanges with Home Members.

Signed _____

Print Name _____

Date _____

STATE OF CALIFORNIA
Governor

ARNOLD SCHWARZENEGGER,

**DEPARTMENT OF VETERANS AFFAIRS**
VETERANS HOME OF CALIFORNIA
VOLUNTEER SERVICES
100 CALIFORNIA DRIVE
YOUNTVILLE, CALIFORNIA 94599-1413
Office (707) 944-4931 Fax (707) 944-5035

Dear Volunteers:

The Veterans Home, Yountville, honors the Veterans and the Veterans' right to dignity and privacy. The federal government has introduced new legislation that insures the confidentiality of patient information (HIPAA is the acronym for Health Insurance Portability and Accountability Act). The Veterans Home is working toward implementation and compliance with HIPAA and has developed a "Summary of Privacy Practices" which details the privacy practices. The enclosed documents describe:

- How health information is used and disclosed by the Home.
- A statement of the rights of an individual Home Member regarding his/her health information, and
- Questions and Answers on HIPAA.

Please review the information sheet and Q and A sheet carefully, sign the "Volunteer Privacy Acknowledgement" and return the signed Acknowledgement to the Volunteer Office.

If you have any questions regarding the enclosed information or the Acknowledgement please call me in the Volunteer Services Office at 707-944-4930.

Thank you again for your attention to this very important training, and for all you do for the Veterans!

Sincerely,

Susan Heims
Volunteer Coordinator

**HONORING CALIFORNIA'S VETERANS**

# SUMMARY OF VETERANS HOME PRIVACY PRACTICES

for Residents of the Veterans Home, Yountville

Information in your medical record is private and is provided in trust to those who provide medical care for you. The information that has been entrusted to those who provide care is to be shared only with persons to whom you have authorized to receive this information. Many times this information must be shared with others to provide you with the care you need and you will not be advised of each release.

The Veterans Home may release your records without your authorization for the following reasons:

1. To provide you with treatment, care and services. To allow staff members to share enough information to provide care and services to you.

2. For billing and payment or to assist in obtaining benefits for you.

3. To review the quality of our services and the care given to you.

4. To maintain a Special Directory of Residents to provide information to clergy or others who ask for residents by name.

5. To your friends or family that may be involved in your care, as identified by you.

6. As needed for Disaster Relief or other emergency.

7. To certain ~~Business Associates involved~~ in providing care to you or for billing services provided to you.

8. To certain approved researchers.

9. To the Medical Examiner, Funeral Director or Organ Procurement Agency in the event of your death.

10. To inform you about your medical appointments.

11. For certain Home activities, such as awards ceremonies and religious services.

The Veterans Home is required to release your records in the following instances.

1. In response to a proper court order, subpoena or on demand of an authorized federal official.

2. In response to the Country Coroner's request.

3. To comply with laws related to Elder Abuse Reporting.

4. To Surveyors or Investigators from the Department of Health Services or Office of the Inspector General (State or Federal).

**SUMMARY OF VETERANS HOME PRIVACY PRACTICES (continued)**

You have the following rights under current Privacy Regulations:

1. To request access to your records through approved facility procedures.

2. To request an amendment be added to your records through approved facility procedures.

3. To request restrictions to the use and disclosure of your protected health information.

4. To receive an accounting of disclosures of your protected health information for the previous six years - on records released after April 14, 2003.

5. To receive a copy of the complete Notice of Privacy Practices. Copies may be obtained from your Social Service Worker, the Medical Records Department or the Privacy Officers who can be contacted at 944-4830 or 944-4726.

6. To express any complaint about your privacy rights to:

   A. Privacy Officer
   California Veterans Home – Yountville
   100 California Drive
   Yountville, CA 94599

   OR

   B. Secretary of U.S. Department of Health and Human Services
   50 United Nations Plaza – Room 322
   San Francisco, CA 94102
   Attention: OCR Regional Manager

# CALIFORNIA VETERANS HOME – YOUNTVILLE

Questions and answers on HIPAA For Volunteers August 2003

1. **What is HIPAA?**
   The Health Insurance Portability and Accountability Act of 1996 (HIPAA) focuses on the privacy and security of health information of the residents/patients of the Veterans Home.

2. **How does the Privacy Rule affect me as a volunteer?**
   HIPAA gives residents the right to receive a Summary of Veterans Home Privacy Practices. Volunteers are responsible to protect the privacy of the Veterans. Please review the Summary carefully.

3. **What is the Veterans Home doing to protect the privacy of our residents/patients?**
   The Home follows state and federal patient confidentiality laws and takes appropriate steps to safeguard the privacy of our members' protected health information. We use electronic safeguards such as password codes to protect our electronic information systems.

4. **What kind of personal information does the HIPAA Privacy Rule Cover?**
   HIPAA privacy requirements apply to protected health information in written, electronic, or oral form. Protected information includes:
   - Name, address, and phone numbers
   - Names of relatives and employers
   - Birth date
   - Email addresses and fax numbers
   - Social Security number
   - Medical Record numbers
   - The past, present or future physical or mental condition of an individual
   - The provision of health care to an individual
   - Past, present, or future payments for the provision of health care to an individual

5. **Doesn't this just apply to volunteers and staff that work in the hospital? What are possible consequences to me?**
   While it is true that hospital caregivers have the greatest access to private information, almost all other volunteers and employees can and do learn private information about our residents. Just as all of us expect to keep our private information private – so do the Home Members that live here. Because of this, the rules regarding privacy apply for the protection of all Home Members. All volunteers and staff are required to protect the privacy rights of our residents. Failure to comply can result in termination of volunteer service. Please stay sensitive to issues of privacy at all times. When you are volunteering, you need to know when to share information and when to withhold it. And when you are off-duty, practice leaving confidential information at the Veteran's Home.

6. **As a volunteer, what are my obligations under the law?**
   Volunteers and employees of health care institutions have a special obligation to protect the privacy of the residents/patients and maintain the confidentiality of their records. Many regulations and ethical codes emphasize privacy as an essential human right and as a special obligation of caretakers. Because of the close working relationship of the Veterans Home volunteers and staff members with our residents, we have greater access to information about our residents from both written records and information shared by the resident. This puts us at a greater risk to violate our residents' privacy.

Confidentiality is seldom violated intentionally, but if not careful and thoughtful, staff members can unintentionally violate the principles of privacy.

7. **How can privacy be violated unintentionally?**
Some examples of breaches of confidentiality include simple gossiping about a patient with other volunteers, staff or patients. Other mistakes often made are to: 1) discuss one patient within the hearing of other patients or family members, or 2) discussing patients in public areas, and 3) being careless with medical records or other records that contain personal or health information. Talking about residents outside of the workplace should absolutely be avoided.

8. **Does this mean I can't release any information at all?**
No. The law does allow information to be shared as necessary for resident care and treatment, billing purposes and to effectively carry out health care operations. In fact, release of information is mandated in certain circumstances including elder abuse reporting and to Department of Health surveyors. The HIPAA law is not intended to make it more difficult for volunteers and health care workers to share information necessary to provide proper care.

9. **What can happen if privacy policies and procedures are violated?**
Volunteers who violate the privacy policies will be terminated.
Civil penalties under HIPAA are currently $100 per violation, up to $25,000 for each requirement or prohibition violated. Criminal penalties can be applied for intentional violations including release of information for personal gain or with malicious intent.

10. **What is a "Privacy Officer"?**
HIPAA law requires identification of a Privacy Officer who is responsible for both implementation of the privacy rule but also for making sure volunteers and staff members receive information and training to help avoid violations of privacy. Privacy Officer, Kay Cavanaugh, Medical Records Director, can be contacted for questions at kay.Cavanaugh@cdva.ca.gov or at 944-4726.
The Home also has identified a Complaint Officer, Tim O'Hearn, who is tasked with investigating suspected violations. He can be contacted at tim.ohearn@cdva.ca.gov or 944-4831 if you have any concerns related to a privacy violation.

11. **Is there anything I need to do about HIPAA?**
Yes. Carefully review this information and the Summary of Privacy Practices. As a volunteer of the Veterans Home, the law requires that you be informed of privacy practices and that you comply with them in your daily activities. Please remember that protecting the private information of our residents is a serious obligation that you accept as a volunteer at the Veterans Home. Failure to do so can result in termination and civil and criminal charges.

**SIGN THE ACKNOWLEDGEMENT FORM ON THE BACK OF THE COVER LETTER AND TURN IT IN TO THE VOLUNTEER OFFICE!**

Thank you for reading this carefully. If you have any questions about HIPAA or privacy issues, please contact Karen Zanetell at 707-944-4930 or Karen.zanetell@cdva.ca.gov

VETERANS HOME OF CALIFORNIA – YOUNTVILLE
PRIVACY ACKNOWLEDGEMENT
VOLUNTEER SERVICES

I understand that while performing my assigned volunteer duties I may have access to protected health information. I understand that:

- Private information in both written and verbal form must be handled in a strictly confidential manner.
- Protected health information is individually identifiable health information.
- Protected health information is not available to the public.
- Special precautions are necessary to protect this type of information from unlawful or unauthorized access, use, modification, disclosure or destruction.

I agree to:

- Review the informational handout "Questions and Answers on HIPAA for Volunteers" and also the "Summary of Veterans Home Privacy Practices" and direct any additional questions I may have to my immediate supervisor or the Volunteer Coordinator.
- Use protected health information only for the purposes of performing my volunteer services.
- Never use protected health information out of curiosity, or for personal interest or advantage.
- Never show, discuss, or disclose protected health information to or with anyone who does not have legal authority.
- Dispose of protected health information by utilizing an approved method of destruction, which includes shredding, burning, and certified witnessed destruction. I will not dispose of such information in wastebaskets or recycle bins.
- Read carefully and comply with the terms of this acknowledgement.
- Penalties for violating one of the above limitations may include disciplinary action, civil or criminal prosecution.

**I certify that I have read and understand the Privacy Acknowledgement Statement printed above**

| | |
|---|---|
| Printed Full Name (first, middle initial, last) | Signature: |
| Department | Date Signed: |