



Strafford County Medical Reserve Corps Volunteer Handbook



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Welcome!

Hello Strafford County Medical Reserve Corps Volunteer!

On behalf of Greater Seacoast and the Strafford County Public Health Network, welcome and thank you for joining our volunteer Medical Reserve Corps; Ready Strafford.

Ready Strafford covers 13 municipalities; Dover, Rochester, Durham, Somersworth, Barrington, Farmington, Lee, Milton, Strafford, New Durham, Rollinsford, Middleton, Madbury and the University of New Hampshire; however, our volunteers come from many towns throughout New Hampshire. Volunteers are needed to donate their time and talents to help assist our communities in major emergencies and/or disasters, as well as to support local health initiatives. Thank you again for volunteering with Ready Strafford!

This handbook was created to provide you with information that will help to maximize your volunteer experience. Please take the time to read through it and refer back to it as questions arise.

Respectfully,

Ready Strafford Team
Strafford County Public Health Network

About This Handbook

The following pages outline several key features of Ready Strafford for our volunteers including policies and procedures.

The information in this handbook is informative but is always evolving. Each community need or emergency activation will have more specific detailed descriptions and guidance. The most up to date handbook and information can be found on the Strafford County Public Health Network website scphn.org.

Please take the time to read this handbook carefully. There are several forms in the back. You are not expected to fill out each individual form, but are expected to sign the Acknowledgement Form sheet which is separate, return to the volunteer coordinator stating you agree to them.

Volunteers are key to making our community a safer place to live. We look forward to working with you in this important community effort. We wish you a rewarding experience as a volunteer and are excited to have you on board!

Mission Statement

The mission of the Ready Strafford is to recruit, train, deploy, and retain volunteer health and other non-clinical professionals who will contribute their skills and expertise in response to threats of terrorism, public health emergencies, and other community needs as they arise.

Vision Statement

The vision of the Ready Strafford is to enhance the regional medical and emergency response capability while assisting the community with any current needs.

We have a common goal along with our partner organizations throughout the state to help the community prevent, prepare for and respond pressing public health needs, emergencies and diverse community needs.

Our MRC

An organized team means that volunteers can effectively respond to an emergency, are familiar with their community's response plan, know what materials are available for their use, know who their partners in the response are, and know where their skills can be utilized to their best advantage and in a coordinated manner.

By joining the Ready Strafford team, we are linked to emergency management. Our members can truly benefit the community by knowing what their role is during an emergency, how they fit into the emergency plan, and how best to respond so that they are a positive support structure for the first responders and their community through all types responses.

We service an area in which we encounter and support a variety of populations spanning children, older adults, those experiencing mental health crisis, substance misuse, individuals experiencing homelessness, young adults and more; all who have unique needs.

Recruitment for Ready Strafford is community based. We seek volunteers from various professional and non-professional backgrounds, including medical and non-medical, behavioral health, public health, tech-professionals, those who are multi-lingual, and other support staff. This variety offers flexibility and allows volunteers to choose their desired level of participation and commitment.

The Strafford County Public Health Network is incorporated into the Public Health Emergency Annex. Ready Strafford will enhance and improve the emergency medical response capacity in the seacoast community in addition to supporting and integrating volunteers in non-emergency support roles.

Volunteer Application Process

The volunteer form in NHResponds will be automatically submitted to the Ready Strafford Volunteer Coordinator for approval and credential verification once a volunteer has completed their registration to the fullest and best of their ability. A background check form will be sent via email to the volunteer once the initial form is completed on NHResponds to be filled out by the volunteer candidate, notarized and emailed to the Volunteer Coordinator. Copies of licenses, certifications, etc. are to be provided to the Volunteer Coordinator in order to complete the application process for a medical volunteer. It is the responsibility of the volunteer to provide updated, **current New Hampshire** license and/or certification information as changes occur. The State of New Hampshire will then verify credentials.

NHResponds

To register as a volunteer in our region

- Please go to this website – www.nhresponds.org
- Click on the Volunteer page, and then the NHResponds logo to complete your online registration
- At which point choose Strafford County Medical Reserve Corps/Ready Strafford

**Please note that NHResponds emails can hide in spam folders!

Once you have registered, you will receive all notifications of meetings, trainings, and activations by email, phone, and text messaging. This NHResponds Notification System is a web-based registration tool that is also a centralized clearinghouse for all volunteer professionals in the State of New Hampshire.

Please be aware to be considered a medical volunteer, that volunteer must have an active medical license and have submitted credentials to the volunteer coordinator for verification.

Once the volunteer completes the following, the volunteer status in NHResponds will change from 'researching' to 'active' and the volunteer will be ready to volunteer.

- ✓ **NHResponds account (filled out to the fullest and best of the individual's ability)**
- ✓ **Background check submitted to the Volunteer Coordinator**
- ✓ **Background check cleared by the State of New Hampshire**
- ✓ **Medical License submitted to the Volunteer Coordinator (for medical volunteers)**
- ✓ **Attestation Form signed and returned the Volunteer Coordinator**

The Basics

Length of Service

There is no binding agreement regarding a volunteer's length of service with Ready Strafford. If a volunteer chooses not to volunteer any longer, they must deactivate their account on NHResponds or reach out to the Volunteer Coordinator. All MRC equipment, badges and/or uniforms must be returned to the Strafford County Public Health Network if a volunteer chooses to end their volunteer term. Volunteer membership may be terminated by either the volunteer or unit leadership.

Role Descriptions

Role descriptions will be provided prior to or during activation/activity. A role outlines the general and specific duties that will be expected. It will also outline the training requirements needed to carry out assigned duties.

Assigning roles will be based on need, interest, training and credentials. The Strafford County Public Health Network team will work closely with the local Health Officers, Emergency Managers, and emergency leaders regarding ongoing responsibilities and specific expertise to ensure that volunteers are placed in appropriate roles.

Identification/Clothing

Our goal is for all volunteers at the time they are volunteering to have a badge that the Strafford County Public Health Network will provide. All volunteers must wear their badges (if applicable) and keep them visible during any activation when badging is in use. Badges remain the property of the Strafford County Public Health Network, and must be returned upon termination of volunteer membership. If uniforms, such as a shirt or vest are warranted the Strafford County Public Health Network will provide such items. However, it is the responsibility of the volunteer to be prepared for both indoor and outdoor working conditions for each volunteer effort. Along with all necessary items they may need for their person for the volunteer time slot.

Training

Monthly training will be offered September – May with a break for summer months. They will be conducted the first Tuesday of the month at 7pm held virtually via zoom.

Additional trainings will be offered and will be communicated out to all volunteers. Certain responses/activations may require mandatory trainings prior to or upon arriving on site, in which case will be communicated out to volunteers.

Volunteers are strongly encouraged to take NIMS IC 100 and 700 which can be found at fema.org. Certificates can be emailed to the Volunteers Coordinator. Individuals are also

encouraged to sign up for free on train.org for an expansive catalog of classes related to preparedness education. Additional recommended or mandatory trainings may also be posted on the Strafford County Public Health Network's website scphn.org.

The CERT (Community Emergency Response Team) courses offered in New Hampshire will benefit any volunteer who takes this FEMA course. This individual will be better prepared to respond to and cope with the aftermath of a disaster. All Ready Strafford volunteers will have access to participate in CERT courses around the state when they are scheduled. Take advantage when offered!

Volunteer Safety

All volunteers will receive safety training that is appropriate to their function via either an online module or a Just in Time training (JIT) on-site the day of an event/response/activation. It is recommended that all volunteers who may be working with patients have current immunizations, including tetanus, influenza, COVID-19 and hepatitis B. Anyone unfamiliar with Bloodborne Pathogens, Personal Protective Equipment, and Fit Testing must be trained in these areas before deployment to the site. JIT training will be provided on-site for specific functions and the most up to date training and information.

Funding

Volunteer time is uncompensated. However, the Strafford County Public Health Network, local municipalities or other agencies are responsible for supplies and other support during volunteer experience such as; education and training, protective equipment and clothing, supplies and/or food.

Activation/Notification Procedure

All communication will be through the NHResponds system for all volunteers regardless of community need or public health emergency activation.

In the event of a public health or medical emergency, volunteers will initially be notified via the NHResponds system. Depending on the situation, members will be informed of the nature of the activation and may be instructed to report to designated areas if able to volunteer. Response to volunteer notification will be tracked by the Volunteer Coordinator and/or the Public Health Emergency Preparedness Manager.

Please be aware there will be varying lengths of tasks, when signing up please commit to the length of time you sign up for.

Demobilization

It is possible that some volunteer positions and resources may be demobilized, or sent home, before others, as their assignments are completed. Volunteers will demobilize along with other on-scene personnel and resources, in accordance with the Incident Action Plan and/or their Unit Leader's instructions.

When demobilizing, volunteers should ensure the following actions are accomplished:

- ✓ Ensure all assigned activities are completed
- ✓ Account for equipment
- ✓ Clean up any debris or trash associated with assignments
- ✓ Determine whether additional assistance is required
- ✓ Notify your Unit Leader (or similar hospital or public health agency official if operating within those settings) before departing the site

Each incident should include assurance that members have signed out from the scene and have the chance to share their observations afterwards. These comments can be included in an after-action report and can be shared as needed (with the volunteer's name removed for confidentiality, if appropriate) in overall post-event reviews with other agencies.

Opportunities will be made available to meet with mental health professionals, if deployments warrant the need.

Appendix A – Volunteer Rights and Responsibilities

Strafford County Public Health Network Responsibilities to the Volunteer

The Strafford County Public Health Network will not share volunteers' contact information with outside sources. However, other regions may have access to this information in the event of an emergency for coordination purposes only.

The Strafford County Public Health Network will strive to provide volunteers with opportunities to work within their own fields of expertise during an emergency event. We will also not place individuals into roles in which they are not comfortable in and/or dealing with situations in which they do not wish to be a part of; please speak up!

The Strafford County Public Health Network will provide appropriate PPE, vests, shifts, badges, etc. when appropriate for volunteer use. Volunteers will have materials provided when necessary to conduct their role.

Volunteer Rights

As a volunteer with the Strafford County Public Health Network, you enjoy the following rights:

- 1) Assignments that utilize and develop your skills
- 2) Adequate information and training to carry out your assignments
- 3) Clear and specific directions
- 4) Recognition and appreciation for your contribution
- 5) Opportunities to offer feedback and ask questions
- 6) Regular feedback on your work
- 7) Adequate space, equipment and supplies to perform your job
- 8) The right to know as much about the organization as possible
- 9) Respect in your work environment.
- 10) A chance to be part of a team and build skills and support.

Code of Conduct

In an effort to maintain the high standard of conduct expected and deserved by the public and to enable the organization to continue to offer services required by those in need, Ready Strafford operates under the following Code of Conduct, applicable to all volunteers. Volunteers are required to be respectful and appropriate to everyone they encounter.

Volunteer Responsibilities

Volunteers expect, and enjoy, certain rights when they donate their time. Volunteers, however, also have specific responsibilities to the Strafford County Public Health Network.

As a volunteer, you are free to set your own work schedule, but you must be prepared to fulfill the commitments you make.

Ready Stafford volunteers must:

- ✓ Be dependable, reliable and abide by the policies of the Strafford County Public Health Network.
- ✓ Adhere at all times to the National Incident Management Systems (NIMS) Incident Command structure. Deviations from this command control system can have seriously negative effects on the outcome of the response to an event.
- ✓ Refrain from activating if using any medical prescription or other drug that has the potential to render them impaired, unfit, or unable to carry out their emergency assignment.
- ✓ Dress appropriately for the setting and the task at hand, and wear the proper identification badge, shirt, etc. at all events and activations.
- ✓ Carry out duties in a safe, responsible way.
- ✓ Inform the on-scene authorized official if they are not mentally and/or physically fit for their assigned duties. Volunteers reporting they are not fit for currently assigned duties may request a less demanding assignment that is appropriate for their current capabilities.
- ✓ Possess the required liability insurance for any private vehicles, vessels, boats, or aircraft being used in any mission, training event, or other authorized activity unless specifically directed otherwise by an authorized official in accordance with current law.
- ✓ Maintain confidentiality of information shared with you regarding clients and coworkers.
- ✓ Keep track of the hours you work and submit to the Volunteer Coordinator every month including total hours and role in which you volunteered in.
- ✓ Serve all people regardless of race, gender, age, religion, sexual orientation, or disability.
- ✓ Adhere to the guidelines of your job description and scope of practice.
- ✓ Check-in and out with the appropriate on-scene official when deploying to an incident.
- ✓ Offer feedback and suggestions in a respectful manner.

- ✓ Be prepared for any regularly scheduled meetings.
- ✓ Represent the team appropriately in the community by knowing and supporting the mission of the Ready Strafford.
- ✓ Not authorize the use of, or use to the benefit or advantage of any person, the name, emblem, endorsement, services, or property of the Strafford County Public Health Network.
- ✓ Not accept or seek on behalf of themselves or any other person, any financial advantage or gain of other than nominal value that may be offered because of the volunteer's affiliation with Strafford County Public Health Network.
- ✓ Not publicly utilize any Strafford County Public Health Network affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the official positions of the Strafford County Public Health Network.
- ✓ Not knowingly take any action or make any statement intended to influence the conduct of the Strafford County Public Health Network in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation.
- ✓ Not operate or act in any manner that is contrary to the best interests of the Strafford County Public Health Network and the communities they serve.

Appendix B – Policies

Harassment-Free Environment Policy

The Strafford County Public Health Network is committed to providing a harassment and discrimination free work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal opportunities and prohibits discriminatory practices, including harassment. It is the policy of the Strafford County Public Health Network that harassment based on race, color, religion, age, gender, sexual orientation, national origin, marital status, disability, veteran status or any other basis is strictly prohibited.

Any harassment, whether verbal or physical, is unacceptable and will not be tolerated. It is the intent that all Strafford County Public Health Network volunteers will work in an environment free from discrimination and/or harassment by another employee, supervisor or another volunteer for any reason. Discriminatory conduct in any form undermines morale and interferes with productivity.

If you feel that you may have been the subject of discrimination or harassment, you should contact us. Any reports of discrimination or harassment will be examined impartially and resolved promptly. The Strafford County Public Health Network will determine the volunteer status of any volunteer found to be verbally or physically inappropriate during an activation, training or meeting of the unit teams.

Conflict Resolution

If the Volunteer Coordinator is dissatisfied with a volunteer's performance, the first course of action is to communicate that concern to the volunteer. If they are unable to reach an understanding, the Director will attempt to resolve the matter. In most cases, a volunteer will be given sufficient time to respond affirmatively or request reassignment to a more suitable placement. In some cases, however, immediate action may be required depending upon the severity of the issue. The Strafford County Public Health Network will be the ultimate deciding body for all matters concerning the volunteers and organization.

Safety

A healthy and safe work environment is an important part of the Strafford County Public Health Network. No job is considered to be so important or urgent that volunteers cannot take time to perform their job safely.

During activations, emergency management will assign a safety officer to oversee operations. The safety officer has the authority to order you to stop an activity. All volunteers are required to fully comply with the directions of the safety officer. During the job site orientation, a supervisor will discuss all the applicable safety and health rules with you. If you are unclear about any safety policies and procedures, ask the Team Leader or Unit Director.

As a volunteer, you have a responsibility for your own safety and health. This includes using all required safety devices. You must also notify your supervisor of any physical conditions such as drowsiness due to medication, illness or emotional strain, which may affect your performance and safety.

You are expected to immediately report all work-related accidents and/or injuries to your Team Leader.

Electronic Communications Policy

The Strafford County Public Health Network's electronic communication systems, including telephones, handheld two-way radios, e-mail, voice mail, faxes and internet, are available to conduct business in a timely manner. All communications are to be professional and appropriate and users are prohibited from using said communications for the solicitations of funds, political messages, harassing messages or personal use. Furthermore, all electronic data are the property of the local jurisdiction and may be considered public records.

Drug Free Workplace

The Strafford County Public Health Network is dedicated to a safe, healthy and drug-free work environment. All volunteers are expected to report to duty free from drug and/or alcohol impairment and to remain in a condition that enables them to perform their job duties in a safe, efficient, legal and professional manner. Volunteers must abide by the provisions of this policy as a condition of volunteer service.

Violence-Free Work Environment Policy

The Strafford County Public Health Network is committed to our volunteer's safety and health. This policy has been developed to help ensure a safe workplace and to reduce the risk of violence.

The Strafford County Public Health Network does not tolerate any type of acts or threats of violence committed by or against a volunteer, and therefore prohibit workplace violence. In order to ensure a safe working environment, the Strafford County Public Health Network prohibits all persons from carrying a handgun, firearm, or weapon of any kind during trainings or activations. If a volunteer is threatened while serving as a volunteer, he/she should immediately report the event to the Incident Commander or nearest person of authority (Team Leader, Supervisor, Safety Officer, Security/Police, etc.).

Activation Policy

The Strafford County Medical Reserve Corps can be fully or partially activated upon:

- A declaration by the governor of New Hampshire indicating that there is a state of emergency- public health or otherwise.
- A declaration by local elected officials.
- A declaration by the Governor or his/her designee that the Strafford County Public Health Network is needed for emergency or non-emergency activities.
- A community need outlined by the Strafford County Public Health Network

As a local emergency medical resource, the Strafford County Public Health Network may be activated by:

- Local government elected officials, officials responsible for emergency management or public health, or their designated representatives.
- Local or State Emergency Operations Center (EOC).
- In the event of a national deployment request, the request will be from the US Department of Health and Human Services.

Appendix C – Liability

The Volunteer Protection Act

("VPA")(codified at 42 U.S.C. § 14501 et. seq.) Provides qualified immunity from liability for volunteers and, subject to exceptions, preempts inconsistent state laws on the subject, except for those that provide protections that are stronger than those contained in the VPA.

The VPA defines a volunteer as "an individual performing services for a nonprofit organization or a governmental entity which does not receive compensation" (other than reasonable reimbursement or allowance for expenses actually incurred); or any other thing of value in lieu of compensation, in excess of \$500 per year...." 42 U.S.C. § 14506(6).

Under the VPA, a volunteer of a nonprofit organization or governmental entity is immune from liability for harm caused by an act or omission of the volunteer on behalf of the organization or entity if: (1) the act or omission was within the scope of the volunteer's responsibilities in the organization or entity; (2) if required, the volunteer was properly licensed, certified, or authorized by the appropriate state authorities for the activities or practice giving rise to the claim; (3) the harm was not caused by "willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer," and (4) the harm was not caused by the volunteer's operation of a motor vehicle, vessel, aircraft, or other vehicle for which the state requires the operator to possess a license or maintain insurance. 42 U.S.C. § 14503(a).

New Hampshire Liability Legislation

- New Hampshire HB 618 (providing limited immunity to volunteers mobilized under governmental direction)

"In the absence of any mutual aid agreement or other similar written agreement that specifically addresses the issue of workers' compensation benefits, any person who acts as an agent to the department of health and human services or the department of safety by providing assistance in response to a specific public health or public safety incident. Such person shall be deemed an employee of the state for the purposes of this chapter. In order to be eligible for workers' compensation benefits under this chapter the person shall have been specifically designated in writing as an agent by the commissioner of the department of health and human services or the commissioner of the department of safety, or their respective designees, in accordance with the provisions of RSA 508:17-a. This subparagraph applies only to such designated agents who are not receiving compensation from either the department of health and human services or the department of safety, other than possible reimbursement for expenses actually incurred for such services, such as travel expenses, but who may be receiving compensation from his or her regular employer or from any other source."

- New Hampshire RSA 508:17 Volunteers; Nonprofit Organizations; Liability Limited. –

I. Any person who is a volunteer of a nonprofit organization or government entity shall be immune from civil liability in any action brought on the basis of any act or omission resulting in damage or injury to any person if:

- (a) The nonprofit organization or government entity has a record indicating that the person claiming to be a volunteer is a volunteer for such organization or entity; and
- (b) The volunteer was acting in good faith and within the scope of his official functions and duties with the organization; and
- (c) The damage or injury was not caused by willful, wanton, or grossly negligent misconduct by the volunteer.

I-a. [Repealed.]

II. Liability of a nonprofit organization for damage or injury sustained by any one person in actions brought against the organization alleging negligence on the part of an organization volunteer is limited to \$250,000. Such limit applies in the aggregate to any and all actions to recover for damage or injury sustained by one person in a single incident or occurrence. Liability of a nonprofit organization for damage or injury sustained by any number of persons in a single incident or occurrence involving negligence on the part of an organization volunteer is limited to \$1,000,000.

III. Nothing in this section shall be construed to affect any civil action brought by any nonprofit organization against any volunteer of such organization. IV.

Volunteer activity related to transportation or to care of the organization's premises shall be excepted from the provisions of paragraph I of this section. V. In this section:

(a) "Damage or injury" includes physical, nonphysical, economic and noneconomic damage and property damage.

(b) "Nonprofit organization" shall include, but not be limited to, a not for profit organization, corporation, community chest, fund or foundation organized and operated exclusively for religious, cultural, charitable, scientific, recreational, literary, agricultural, or educational purposes, or to foster amateur competition in a sport formally recognized by the National Collegiate Athletic Association, and an organization exempt from taxation under section 501(c) of the Internal Revenue Code of 1986 organized or incorporated in this state or having a principal place of business in this state.

(c) "Volunteer" means an individual performing services for a nonprofit organization or government entity who does not receive compensation, other than reimbursement for expenses actually incurred for such services. In the case of volunteer athletic coaches or sports officials, such volunteers shall possess proper certification or validation of competence in the rules, procedures, practices, and programs of the athletic activity.

- New Hampshire RSA 508:17-a Agents Assisting Certain State Departments; Liability Limited. –

I. Any person who acts as an agent to the department of health and human services or the department of safety by providing assistance in response to a specific public health or public safety incident shall be protected from claims and civil actions arising from acts committed within the scope of his or her official duty as an agent to such departments to the same extent as state officers, trustees, officials, employees, and members of the general court under RSA 99D, provided that:

- (a) The commissioner of the department of health and human services or the commissioner of the department of safety has declared in writing to the governor that a public health or public safety incident exists;
- (b) The department of health and human services or the department of safety has designated the person to act as its agent to assist in responding to the public health or public safety incident;
- (c) The agent was acting in good faith and within the scope of his or her official functions and duties as an agent to the department of health and human services or the department of safety; and
- (d) The damage or injury was not caused by willful, wanton, or grossly negligent misconduct by the agent.

II. In this section:

- (a) "Agent" means any person who acts as an agent to the department of health and human services or the department of safety by providing assistance in response to a specific public health or public safety incident and the person does not receive compensation from either department, other than possible reimbursement for expenses actually incurred for such services, but who may be receiving compensation from his or her employer or from any other source.
- (b) "Damage or injury" includes physical, nonphysical, economic and noneconomic damage, and property damage.

(c) "Public health or public safety incident" means a specific incident that the commissioner of the department of health and human services or the commissioner of the department of safety has declared in writing poses a threat to the health and safety of the public and demands a response that will require the assistance of agents from outside the state system, but which does not rise to the level that would necessitate the declaration of a state of emergency by the governor under RSA 4:45.

III. Notwithstanding any other provision of law, no person shall be considered an agent of the department of health and human services or the department of safety for the purposes of this section unless the commissioner of one of those 2 departments has declared in writing to the governor that a public health or public safety incident exists and the appropriate department acknowledges in writing the person's status as an agent. Such written acknowledgment shall identify the person, indicate the department of the state for which the person will be acting as an agent, indicate the duration for which the person will be acting as an agent, indicate the functions that the person will be performing for the appropriate department, and specifically indicate that the provisions of this section apply to the person's status as an agent to the appropriate department.

IV. Any licensed health care provider who acts as an agent to the department of health and human services by providing

health care or services in response to a public health incident shall work under the oversight of a department physician.

V. No disciplinary action shall be taken by a licensing board against a licensed health care provider who acted as an agent or a volunteer to the department of health and human services or the department of safety. This paragraph shall apply only to a health care provider who was designated by either the department of health and human services or the department of safety to act as an agent in accordance with paragraph III and who acted in good faith within the scope of his or her official functions and duties as an agent, and who did not engage in willful, wanton, or grossly negligent conduct in the course of carrying out his or her official functions and duties.



Confidentiality and Non-Disclosure Agreement

POLICY

The purpose of this policy is to maintain an adequate level of security to protect the protected health information (“PHI”) and personal information of your clients. Staff members include all employees, volunteers and consultants at Greater Seacoast Community Health. Users who are granted access to protected health information and personal information will be required to sign a Confidentiality and Non-Disclosure Agreement. This policy is not intended, and should not be construed, to limit or prevent an employee from exercising rights under the National Labor Relations Act.

PROCEDURE

- A. Only authorized users are granted access to PHI. Such access is limited to specific, defined, documented, and approved application and level of access rights.
- B. As a condition to receiving a username and password, or access rights to PHI (either by electronic or hand copy access), each employee, volunteer and user must agree in writing to comply with established terms and conditions. Failure to comply with such terms and conditions may result in the denial and/or immediate suspension of access to PHI.
- C. A violation of the terms of the confidentiality and non-disclosure agreement may be grounds for disciplinary action, including termination of employment or volunteer contract, loss of privileges, legal action for monetary damages or injunction, or both, or any other remedy available to Greater Seacoast Community Health.

Confidentiality and Non-Disclosure Agreement

Greater Seacoast Community Health’s information systems contain confidential records pertaining to business operations, patients, business associate vendors or subcontractors, and Greater Seacoast Community Health employees. Because this information is vital to the operation of Greater Seacoast Community Health in providing quality service it must be protected (“protected information”). As such, in accordance with current HIPAA and HITECH regulations, state law and Grater Seacoast Community Health’s policies governing the access, use, and disclosure of protected health information, you have the responsibility to protect such data. This agreement is not intended and should not be construed, to limit or prevent and employee or volunteer from exercising rights under the National Labor Relations Act.

The purpose of this agreement is to provide you with information to assist you in understanding your duty and obligations relative to confidential information. Your signature on this document indicates that the information contained herein has been explained to you, you received a copy of this document, you understand the rules set forth and that YOU AGREE:

1. To respect the privacy and confidentiality of any information you have access to GSCH’s computer network and that you will access or use only that information necessary to perform your job.
2. To refrain (whenever possible) from communicating information about a patient, GSCH employee or volunteer in a manner that would allow others to overhear such information and further to refrain from discussing a patient’s information with anyone not permitted access to such information in accordance with GSCH’s established policies or that particular patient’s wishes (e.g. friends, relatives, visitors, family members of patients, etc).
3. To disclose confidential patient or staff information ONLY to those authorized to receive it.

4. To safeguard and not disclose your username and password, or any other authorization you may have that allows you access to protected information. You accept responsibility for all entries and actions recorded using your username and password
5. Not to attempt to learn or use another person's username and password to log-on to GSCH's computer network.
6. To immediately report to the Security Officer any suspicions that your username and password has been compromised.
7. Not to release or disclose the contents of any patient or staff records or reports except to fulfill your work assignment.
8. To obtain the approval for use of portable media devices from the Security Officer; to obtain approval to copy any of GSCH's data, exclusive of patient and employee personal information and protected health information, to a portable media device from a Security Officer; to maintain the security of data on portable media devices and to connect portable media devices to a computer secured by the most up to date antivirus software and operating patches as recommended by the Security Officer.
9. Not to sell, loan, alter or destroy any protected information or reports except as properly authorized within the scope of your job assignment.
10. Not to leave your computer terminal or workstation unattended without locking or turning off your terminal before leaving your work area or securing hardcopy information so that it may not be disclosed to unauthorized persons.
11. Not to access or request any protected information that is not necessary to perform your assigned job function.
12. Not to permit other to access GSCH's computer network using your username and password.
13. To permit your access to GSCH's computer network to be monitored.
14. Not to download or make copies of any software or applications without proper authorization or license.
15. Not to access or download any pornography or other illegal materials or perform any illegal activity such as gambling while on GSCH's computer network.
16. Not to use our agency's computer network to send/forward harassing, insulting, defamatory, obscene, offending or threatening messages.
17. To promptly report any suspected or known unauthorized access, use, or disclosure of protected information.
18. To abide by GSCH's "Notice of Privacy Practices," the policies and procedures set forth by GSCH. First and current federal and state regulation govern privacy issues.
19. To restrict personal use of agency's computer network to meal and break periods to follow GSCH's first established policies govern such personal use.
20. Not to store personal files or electronic information on GSCH's computer network. Upon termination of employment or services with GSCH I shall promptly deliver to GSCH all protected information and documents including, but not limited to, such things as medical information, manuals, notebooks, reports, patient/employee/vendor lists and information, and anything else owned by GSCH or to which GSCH is entitled and which is in my possession or under my control.

In the event of a breach or threatened breach of any of the preceding provisions, GSCH shall, in addition to the remedies provided by law, have the right and remedy to have such provisions specifically enforced by any court having jurisdiction, it being acknowledged and agreed that any breach of any of these provisions will cause irreparable injury to GSCH.

This agreement supersedes and replaces any prior or existing understanding between GSCH and me relating generally to the same subject matter. If any of the above numbered provisions of this agreement is declared void or unenforceable, in whole or in part, by the court of competent jurisdiction the remainder of this agreement or the remainder of such provisions shall remain in full force and effect. If any provision of this agreement is determined to be unenforceable, such provision shall be interpreted to be only to the extent as to be enforceable.

This agreement shall be governed by and construed in accordance with the laws of the state of New Hampshire. I further understand that the duties and obligations set forth in this document will continue after the termination, expiration and cancellation of this agreement to include my termination of volunteering. I also understand my username and password can be temporarily or permanently revoked or I can be terminated if I failed to abide by the rules set forth.

I have read and completely understand the GSCH Notice of Health Information and Privacy Practices Notices.

Date:

Printed Name:

Signature:



MEDIA RELEASE

I give Greater Seacoast Community Health the absolute right and permission to publish information and/or photographs of myself and my children. I give permission for my photograph and/or information to be:

- Used in Greater Seacoast Community Health publications, such as brochures and annual reports.
- Used by newspapers, magazines and radio and television stations.
- Submitted to organizations that fund Greater Seacoast Community Health for use in their publications.

I agree that all information and photographs will become the exclusive property of Greater Seacoast Community Health and I waive all rights to them.

I understand that this release does not allow Greater Seacoast Community Health to disclose medical or other personal information about me. It only applies to photographs, videotape and quotations that I write or say about my experiences at Greater Seacoast Community Health.

This permission applies to:

Name:

Signature:

Date:



GSCH Corporate Compliance Plan Acknowledgment Form

Greater Seacoast Community Health (GSCH) is committed to providing high quality primary health care in a coordinated and responsive manner. In this commitment, we strive to ensure an ethical approach to healthcare delivery and management. We must demonstrate consistently that we act with absolute integrity in the way we provide healthcare and conduct our business.

I understand that I have the following responsibilities in relationship to my employment at GSCH:

- I. Behave ethically in all of my relationships with co-workers, patients and clients, including but not necessarily limited to behaviors outlined in the GSCH Employee Handbook- Values, Ethics and Code of Conduct.
2. Follow the various guidelines, procedures and protocols of:
 - A.) GSCH Clinical Operations Policies and Procedures Manual, Financial Policies and Procedures Manual, HIPAA Manual, IT Policies & Procedure Manual, WIC Policies and Procedures Manual, and the GSCH Employee Handbook;
 - B.) Any funding source guidelines (e.g. HRSA, DHHS-NH, etc.) that are pertinent to my role at GSCH; C.) Any professional licensing or certification requirements, guidelines, etc. which apply to my position within GSCH.
3. Any other guidelines, protocols, procedures, regulations, laws, etc. that apply to my position of business while employed at GSCH.

I will abide by GSCH's Code of Conduct. I acknowledge that I have an obligation as required by Corporate Compliance Standards to report any behavior that appears to violate applicable laws, rules, regulations or the Code of Conduct. I understand that as part of GSCH's Code of Conduct, I may report said behavior without fear of sanction or reprisal. I understand that appropriate channels of reporting include my supervisor, manager, the Compliance Officer, and/or any member of the GSCH Corporate Compliance Committee.

I acknowledge that in the course of my employment or affiliation with GSCH, I have access to paper and/or electronic records, correspondence, reports, and other information/ communications, which by their very nature concern patients, vendors, clients, employees and the general business operations of GSCH. I understand such information is confidential and that I have no right to disclose or disseminate such information in any manner, to any person, unless specifically authorized by a properly executed Authorization to Release Information form under the guidelines of HIPAA Privacy Standards if that information concerns a patient or client, or unless otherwise specifically authorized by applicable law.

This information may include contents of the patient's or client's record, employee information, incident reports, quality improvement reports, computer passwords, and any or all information, electronic records, data, and documents regarding client care provided at GSCH.

I acknowledge that GSCH has informed, cautioned and instructed me that the information concerning patients or clients received by me during the course of my employment or affiliation at GSCH is strictly confidential and is NOT to be disclosed to any unauthorized person or entity no matter what the nature of the information. I fully understand that I may not communicate to other persons or entities, information received in my capacity as an employee, or that might have otherwise come to my attention concerning patients or clients during my employment with GSCH, unless specifically authorized by a properly executed Authorization to Release Information form or as allowed by law or GSCH policy.

I understand that the confidentiality provisions referenced in this document shall survive my termination of employment from or affiliation with GSCH.

I understand that in the event I might disclose any such confidential information without authorization, either intentionally or inadvertently, that I could be legally responsible for breach of confidentiality of such information. Further, I also acknowledge that any willful release of information shall result in immediate disciplinary action up to and including termination of employment or affiliation with GSCH,

I understand that this acknowledgement form is only a clarification of current policies and procedures. I acknowledge that I have received a copy of GSCH's Corporate Compliance Plan, have read it, and understand its contents.

Name:

Signature:

Date:



GSCH Patient Rights and Responsibilities Acknowledgement Form

As an employee, volunteer, consultant, student, contractor, or other individual affiliated with GSCH, please read the foregoing and sign below acknowledging that you understand GSCH's statement of Patient Rights and Responsibilities.

Patients have the right to:

- Receive considerate, respectful, and timely care at GSCH.
- Receive an explanation of their diagnosis, treatment, and prognosis in terms they can understand.
- Receive the necessary information to participate in decisions about their care and to give their informed consent before any diagnostic or therapeutic procedure is performed.
- Expect that their personal privacy will be respected by all staff members at GSCH.
- Expect that their medical records will be kept confidential and will be released only with their written consent, in cases of medical emergencies, or in response to court orders. (Confidentiality can be breached if the individual poses a significant threat of harm to self or others.)
- Know the names and positions of people involved in their care by official nametag or personal introduction.
- Ask and receive an explanation of any charges made by GSCH, even **if** they are covered by insurance.
- Obtain another medical opinion prior to any procedure.
- Review and receive a copy of any medical records created and maintained by GSCH regarding their care and treatment.
- Effective pain management and to be informed by staff about available measures.
- Be made aware of advance directives, and to know how this organization will respond to such advance directives.
- Care that takes into consideration their psychosocial, spiritual, and cultural values.

Patients are responsible for:

- Providing accurate information about their past health history.
- Asking questions **if** they do not understand the explanation of their diagnosis, treatment, prognosis, or any instructions.
- Recognizing the effect of their lifestyle on their personal health.
- Providing the necessary information to complete their file and providing updates as information changes.
- Any charges billed to them.

- Following the rules and regulations posted with GSCH and available in the Patient Handbook
- Providing their practitioner with at least 48 hours notice when they or their family are in need of medications or a prescription.
- Arriving on time for their appointments.
- Calling at least 3 hours in advance of their appointment to cancel and/or reschedule.

I have read and understand GSCH's statement of Patient Rights and Responsibilities.

Name:

Signature:

Date: