



LifeCare  
Alliance

Being  
There  
Matters™

# VOLUNTEER APPLICATION

## PERSONAL INFORMATION

Mr./Mrs./Ms.

(Circle one)

**Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**MI** \_\_\_\_\_

**Address**

Street \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

(mm/dd/yyyy)

**Employer/Former Occupation** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

XXX-XXX-XXXX

**Email Address** \_\_\_\_\_

**Preferred Contact Method:**

☐ Text

☐ Phone

☐ Email

☐ Other: \_\_\_\_\_

**Emergency  
Contact**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## VOLUNTEER PREFERENCES AND AVAILABILITY

**Position for which you are volunteering:**

- ☐ Meals-on-Wheels delivery
- ☐ I will be driving
- ☐ Meals-on-Wheels kitchens
- ☐ Groceries-to-Go food pantry
- ☐ Senior PetCare
- ☐ Office/administrative help
- ☐ Senior Dining Centers
- ☐ Columbus Cancer Clinic

**Weekdays:**

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

**Weekends:**

- ☐ Saturday
- ☐ Sunday

**Holidays:**

- ☐ Martin Luther King Jr. Day
- ☐ Memorial Day
- ☐ Independence Day
- ☐ Labor Day
- ☐ Thanksgiving
- ☐ Christmas
- ☐ New Year's Day

## REFERENCES (FOR MEALS-ON-WHEELS VOLUNTEERS)

**Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

## PLEASE NOTE

- A person under the age of 18 may participate in volunteer activities only when accompanied by a parent/guardian.
- From the information provided on this application, a criminal background check will be processed.
- If you drive as a volunteer, we are required to obtain a photocopy of your driver's license and auto insurance.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## FOR INTERNAL USE ONLY

**Position(s)** \_\_\_\_\_

## Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on (date) by (name of volunteer candidate) (“Volunteer”) releases LifeCare Alliance, a non-profit corporation organized and existing under the laws of the State of Ohio and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for LifeCare Alliance and engage in activities related to serving as a volunteer which may involve driving, entering the home of a client, physical labor, and other activities.

Volunteer understands the scope of Volunteer’s relationship with LifeCare Alliance is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that LifeCare Alliance will not provide any benefits traditionally associated with employment to Volunteer, and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury, illness, or vehicle damage as a result of Volunteer’s services to LifeCare Alliance.

1. Waiver and Release: I, Volunteer, release and forever discharge and hold harmless LifeCare Alliance and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to LifeCare Alliance. I understand and acknowledge that this Release discharges LifeCare Alliance from any liability or claim that I may have against LifeCare Alliance with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to LifeCare Alliance or occurring while I am providing volunteer service.
2. Insurance: I understand that LifeCare Alliances does not assume any responsibility for or obligation to provide me with the financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of LifeCare Alliance.
3. Medical Treatment: I hereby release and forever discharge LifeCare Alliance from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with LifeCare Alliance.
4. Assumption of Risk: I understand that the services I provide to LifeCare Alliance may include activities that may be hazardous to me including, but not limited to, driving, delivering products, entering the home of a client, physical labor involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and release

LifeCare Alliance from all liability for injury, illness, death or property damage resulting from services I provide as a volunteer or occurring while I am providing volunteer services.

5. Drug Free Workplace Policy: I will follow the LifeCare Alliance Drug Free Workplace Policy. Volunteers who are under the influence while volunteering will be released from their volunteer position.
6. Releases: I grant and convey to LifeCare Alliance, all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by LifeCare Alliance in connection with my providing volunteer services to LifeCare Alliance.
7. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

**By signing below, I express my full understanding and intent to enter into this Release and Waiver of Liability as set forth above and willingly and voluntarily.**

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Signature of Volunteer

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Date

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Signature of Guardian of Volunteer

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Date

(If Volunteer is under the age of 18, a parent or guardian must sign.)

VOLRELEASE

3.23.21

/alu



## HIPAA TRAINING OUTLINE NOVEMBER 2017

### **What is HIPAA?**

The **H**ea**l**th **I**nsurance **P**ortability and **A**ccountability **A**ct of 1996, otherwise known as the HIPAA privacy rule is a federal regulation that protects the health information of all individuals. Most of us share personal health information with our healthcare providers and our health insurers. This rule establishes guidelines and standards for the use and disclosure of client's personal health information.

### **When does it take effect?**

The rule was enacted on August 14, 2002 but takes effect April 14, 2003.

### **If I am a volunteer or a student do I need to understand and follow the HIPAA rule?**

Yes, according to the definition in the HIPAA regulation text: "workforce members include employees, volunteers, trainees and other persons whose conduct, in the performance of work for the agency, is under the direct control of the agency, regardless of whether they are paid by the agency."

### **What are the benefits of HIPAA?**

- ✓ Ensures that all individuals receiving healthcare have greater access to his/her own health information and medical records.
- ✓ Ensures that healthcare providers take reasonable precautions to protect personal health information by imposing restrictions on its use and disclosure.

### **What is a covered entity (CE)?**

A covered entity is defined as a **health care provider**, a **health plan** or a **healthcare clearing house** that transmits any health information in electronic form. Attorneys, accountants, software vendors and others providing business services to covered entities are NOT considered covered entities.

### **What is considered Protected Health Information (PHI)?**

All individually identifiable health information that is used or disclosed by a covered entity in **any form, electronic, written or oral**. This includes information relating to the past, present or future physical or mental health of an individual, provision of care to an individual, or the past, present or future payment for health care provided to an individual.

### **What does this mean for LifeCare Alliance?**

- ✓ All our programs are affected because we transmit electronic PHI.
- ✓ We must protect the personal health information of **ALL** our clients.
- ✓ We must let clients know what we are doing to protect their personal health information.

### **When can I use or disclose PHI?**

PHI can be used for treatment, payment and healthcare operations (TPO) without a specific authorization.

- ✓ “Treatment” means the provision, coordination or management of health care and related services among health care providers.
- ✓ “Payment” means the activities of health care providers to obtain payment or be reimbursed for their services.
- ✓ “Healthcare operations” means administrative, financial, legal and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment.

**What is the minimum necessary standard?**

Workforce members are to use only the minimum amount of protected health information that is necessary to effectively perform their jobs. LifeCare Alliance program directors and supervisors will determine the amount of information that each workforce member needs access to in order to complete their job. LifeCare Alliance will make reasonable efforts to limit the PHI used, disclosed or requested.

*An exception to this rule is the use or disclosure of records for treatment purposes.*

**Sharing information concerning client’s health condition and/or hospitalization**

In order to remain compliant with the HIPAA privacy standard we will be unable to share information with our volunteers when clients are removed from the route for any health related reason, including illnesses and hospitalizations.

**What is the Notice of Use of Private Health Information?**

This is the privacy notice developed by LifeCare Alliance that describes in detail, with examples, how LifeCare Alliance will use and disclose protected health information.

This notice is available in print and on the LifeCare Alliance website [www.lifecarealliance.org](http://www.lifecarealliance.org) and is posted at the site of service when possible.

**What is a privacy officer and who is it at LifeCare Alliance?**

The privacy officer is the individual at LifeCare Alliance who has the responsibility to interpret and implement the HIPAA regulations. The privacy officer is responsible for investigating any complaints of privacy violations. The LifeCare Alliance privacy officer is Mildred Gain, Vice President & CFO. She can be reached at 614-437-2875 or by writing to her at LifeCare Alliance, 1699 West Mound St. Columbus, Ohio 43223.

**What are the patient’s privacy rights?**

- ✓ To receive the “Notice of Use of Private Health Information” on the first date of service.
- ✓ To request restrictions on the use and disclosure of PHI.
- ✓ To obtain copies of medical records.
- ✓ To inspect and correct PHI.
- ✓ To contact the privacy officer with any concerns.

**What are the duties of LifeCare Alliance?**

- ✓ To develop privacy policies, procedures and forms.
- ✓ To educate the workforce including volunteers.
- ✓ To determine how much information each workforce member needs in order to complete his/her job.

**Where can I get more information?**

Contact the privacy officer 614-278-3130

## Training Materials, HIPAA and Confidentiality Acknowledgment

LifeCare Alliance Volunteer Training Materials are located at <https://www.lifecarealliance.org/volunteer/documents/>.

I recognize that I have access to this material, which includes the volunteer orientation slideshow, HIPAA training outline, community safety policies, code of ethics, and Meals-on-Wheels temperature check policies. I acknowledge that it is my responsibility to read and follow these guidelines set forth in the policy. If I would like additional training or if I would like hardcopies of materials, I can submit this request via email to [volunteer@lifecarealliance.com](mailto:volunteer@lifecarealliance.com) or by calling the team at 614-444-6325.

**HIPAA:** I have read and reviewed the LifeCare Alliance HIPAA Training Outline. This training includes information on the following topics:

- HIPAA definition
- HIPAA benefits
- What is a covered entity (CE)
- Protected Health Information (PHI)
- How PHI can be used / disclosed
- Minimum Necessary Standard
- Sharing Client Information
- LifeCare Alliance Privacy Officer
- Patient Privacy Rights
- LifeCare Alliance Duties

**Statement of Confidentiality:** I understand that all aspects of the delivery of client services and the business affairs of the agency are not to be discussed with anyone inside or outside the organization, except when required in the usual course of my work. Confidential information includes information about our clients, their families, home environment, medical records, waiting lists, source of client payment, agency financial or business operations, or information about any employee of the agency.

I confirm that I will not put confidential or identifying client information in any electronic or text message. If this information must be communicated to LifeCare Alliance staff, it will be shared via fax or phone call.

I understand that failure to comply with this confidentiality policy may result in termination of my volunteer service.

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Print Name

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Signature

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Date

## **PASSPORT ETHICAL STANDARDS & Confidentiality**

### **EFFECTIVE 04/04/2022**

FOR AGENCIES, NON AGENCIES, ASSISTED LIVING AND PARTICIPANT DIRECTED PROVIDERS

173-39-02 (B) Requirements for every type of provider to remain certified:

(4)Confidentiality: The provider is subject to all state and federal laws and regulations governing individual confidentiality including sections 5160.45 to 5160.481 of the Revised Code, 42 C.F.R. 431.300 to 431.307, and 45 C.F.R. parts 160, 162, and 164.

(8) Ethical, professional, respectful, and legal service standards: The provider shall not engage in any unethical, unprofessional, disrespectful, or illegal behavior including the following:

- (a) Consuming alcohol while providing services to the individual.
- (b) Consuming medicine, drugs, or other chemical substances in a way that is illegal, unprescribed, or impairs the provider from providing services to the individual.
- (c) Accepting, obtaining, or attempting to obtain money, or anything of value, including gifts or tips, from the individual or his or her household or family members.
- (d) Engaging the individual in sexual conduct, or in conduct a reasonable person would interpret as sexual in nature, even if the conduct is consensual.
- (e) Leaving the individual's home when scheduled to provide a service for a purpose not related to providing the service without notifying the agency supervisor, the individual's emergency contact person, any identified caregiver, or ODA's designee.
- (f) Treating ODA or its designee disrespectfully.
- (g) Engaging in any activity while providing a service that may distract the provider from providing the service including the following:
  - (i) *Watching television, movies, videos, or playing games on computers, personal phones, or other electronic devices whether owned by the individual, provider, or the provider's staff.*
  - (ii) *Non-care-related socialization with a person other than the individual (e.g., a visit from a person who is not providing care to the individual; making or receiving a personal telephone call; or, sending or receiving a personal text message, email, or video).*
  - (iii) *Providing care to a person other than the individual.*
  - (iv) *Smoking tobacco or any other material in any type of smoking equipment, including cigarettes, electronic cigarettes, vaporizers, hookahs, cigars, or pipes.*
  - (v) *Sleeping.*
  - (vi) *Bringing a child, friend, relative, or anyone else, or a pet, to the individual's place of residence.*

**PASSPORT ETHICAL STANDARDS & Confidentiality**  
**EFFECTIVE 04/04/2022**

- (vii) *Discussing religion or politics with the individual and others.*
- (viii) *Discussing personal issues with the individual or any other person.*
- (h) Engaging in behavior that causes, or may cause, physical, verbal, mental, or emotional distress or abuse to the individual including publishing photos of the individual on social media without the individual's written consent.
- (i) Engaging in behavior a reasonable person would interpret as inappropriate involvement in the individual's personal relationships.
- (j) Making decisions, or being designated to make decisions, for the individual in any capacity involving a declaration for mental health treatment, power of attorney, durable power of attorney, guardianship, or authorized representative.
- (k) Selling to, or purchasing from, the individual products or personal items, unless the provider is the individual's family member who does so only when not providing services.
- (l) Consuming the individual's food or drink, or using the individual's personal property without his or her consent.
- (m) Taking the individual to the provider's business site, unless the business site is an ADS center, RCF, or (if the provider is a participant-directed provider) the individual's home.
- (n) Engaging in behavior constituting a conflict of interest, or taking advantage of, or manipulating services resulting in an unintended advantage for personal gain that has detrimental results to the individual, the individual's family or caregivers, or another provider.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Name Printed