

## **ABRI Volunteer Agreement and Confidentiality Statement**

Volunteer's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_

### **Volunteer Guidelines:**

1. All volunteers are to maintain respect for the confidentiality of clients at ABRI/ Homes for the Brave. All volunteers must fill out a volunteer agreement and confidentiality statement.
2. Volunteers may not take photographs of ABRI clients without clients' permission. Any photos posted online (including on social media) need to be approved by ABRI staff, and all clients must sign releases of information for any photos published.
3. Volunteers should be on time for their scheduled service. Volunteers cooking meals for residents are asked to be prepared to serve meals at 4:30. Prepare to be finished with cleanup by 5:45.
4. Volunteers should treat all residents, other volunteers and ABRI/ Homes for the Brave Staff with respect and dignity and should refrain from imposing their own values and beliefs upon clients, other volunteers and staff.
5. Individual volunteers should not provide transportation to clients.
6. Under no circumstances are volunteers to give donations (i.e. money, personal items, etc.) directly to clients. Any client that solicits money, drugs, alcohol, transportation or donations from a volunteer should be reported to the volunteer coordinator. If a volunteer would like to make a donation for a specific activity or event, then they should contact the volunteer coordinator.
7. Volunteers cannot lead residents in prayers or other religious practices. If residents choose to offer prayers themselves, they are welcome to do so, but ABRI staff and volunteers cannot lead them.
8. Any abuse (substance or physical) witnessed by a volunteer of a client to another client must be reported immediately to ABRI/ Homes for the Brave staff.

9. Anyone serving food or handling food must wear food service gloves (provided by ABRI).
10. Volunteers are welcome to make a few remarks when serving dinner to the residents, but the remarks should be brief (less than 5 minutes) and should not include solicitation.

**Confidentiality Policy:**

By signing below, I agree to adhere to the Federal Regulations on the confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2 as well as Connecticut General Sections 52-146j and Chapter 304c and Title 17, 19 and 21a and the Federal and State Confidentiality Regulations and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), more specifically with the Privacy Rule 45CFR, 160 and 164, and fully understand that disclosure of patient information is a federal criminal offense punishable by a fine of not more than \$500.00 in the case of a first offense and not more than \$5,000.00 in the case of each subsequent offense. I understand that any violation of these regulations during or after my term volunteering with ABRI is punishable as specified above.

Any violation on my part at any time after I terminate my volunteer services with ABRI is understood by me to be sole responsibility and will render me personally liable to prosecution.

I further agree to comply with all future revisions in the laws pertaining to confidentiality.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (authorized Staff Member)

\_\_\_\_\_  
Date