

# UPMC/UPCI Volunteer Agreement

*As a UPMC/UPCI volunteer, I agree to meet the following expectations:*

- I will abide by all the policies, rules, and standards of UPMC/UPCI, those included in the Volunteer Handbook, as well as those specific to my position assignment.
  - I will conduct myself with dignity, courtesy, and consideration for others.
  - I will be punctual and reliable and will notify the Volunteer Department and my supervisor prior to my scheduled arrival time when I am unable to report for duty.
  - I will be neat, clean and wear a uniform (if required) and ID badge at all times.
  - I will carry out my assignments to the best of my abilities, and will seek the assistance of my supervisor when necessary.
  - I understand that the Volunteer Department may re-assign me to a different area, if necessary.
  - I will take any problems or suggestions to my supervisor or the Volunteer Department.
  - I will not accept payment or tips of any kind for my volunteer service.
  - I will abide by UPMC's Drug-Free Workplace policy and report any criminal convictions for drug-related activity in the workplace no later than five working days after conviction.
  - I will report any serious event or incident involving the clinical care of a patient immediately to the health system's Patient Safety Officer of the occurrence or discovery of the occurrence.
  - I will treat all patients/residents in a respectful manner and protect their privacy.
  - I will not recommend, suggest, or comment on any medical procedure, disease, symptom, medication, physician or staff member.
  - I will not discuss the facts of a patient's case with anyone, including UPMC/UPCI staff and volunteers, not involved in the patient's care or treatment, or disclose to anyone the name, diagnosis or condition of any patient.
  - I understand that any oral communication regarding sensitive patient, business, staff member, or research information must be conducted discreetly. I will avoid discussions involving sensitive information in elevators, hallways, buses, lunchrooms, and other areas where individuals not directly involved can overhear me.
  - I will hold as absolutely confidential all written, verbal, and electronic information concerning UPMC/UPCI, its patients/residents, doctors, personnel, and volunteers, and I will not seek confidential information unless it is relevant to my volunteer work duties. I also agree that I will not copy or otherwise remove any patient information from the facility.
  - I understand that the Volunteer Department may terminate and/or reassign my volunteer services at any time, for any reason.
- I have read each of the above conditions and I agree to comply with them. I understand that violation of this agreement will result in appropriate corrective action up to and including discharge.*

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: X \_\_\_\_\_