Dear Volunteer:

Thank you for your interest in volunteering at Mercy Health Clinic. We appreciate the people from our community who are willing to join hands with us to make a difference by assisting us in providing life-enhancing health services to eligible Montgomery County residents.

We need volunteers for the following: Nurse Practitioners, Physician Assistants, Registered Nurses, Medical Assistants, Pharmacists, Administrative Assistants, Interpreters (Spanish and French), and Scribes.

The greatest rewards come from the heart and you can make a difference in someone's life by starting with these easy steps.

Complete and submit your application to *volunteer.coordinator@mercyhealthclinic.org*. Once you receive an application confirmation email, there is a **7 -10 days processing period.**

After your application is processed:

1. The Volunteer Coordinator will contact you to schedule an interview.

2. You will be scheduled for an orientation, introduced to the Clinic and given an overview of essential topics for all Clinic personnel, including confidentiality and privacy issues, safety issues, HIPAA and OSHA training, and basic orientation to our computer software, eCW.

3. Documentation needed: (if applicable)
    a.   License
    b.   BLS/CPR
    c.   Resume
    d.   Heb B
    e.   TB (if positive, x-ray report is needed)

We look forward to receiving your completed application. In the meantime, if you have any questions, please feel free to email *volunteer.coordinator@mercyhealthclinic.org.*

OUR HISTORY

Mercy Health Clinic grew out of a dream in the late 90's by the Social Concerns Committee of Our Lady of Mercy church in Potomac, Maryland. After thorough research and analysis, the committee determined that the medical needs of many uninsured adults were not being addressed, particularly in the up-county area. Mercy Health Clinic opened in 2000 in Germantown and moved a few years later to expanded space in Gaithersburg with 9 exam rooms. Today the Clinic serves around 2,000 patients through the service of paid staff and over 70 volunteer physicians as well as many non-medical volunteers. We are recognized by the Catalogue of Philanthropy as "one of the best small charities" in the Washington, DC region.

OUR SERVICES

Eligible patients at Mercy Health Clinic have access to a wide range of services directly on-site, as well as off-site through partnerships the Clinic has established.

1. Primary Medical Care

All patients are seen by a board certified physician or nurse practitioner. Treatment at the clinic includes blood tests, and frequently calls for X-Rays, mammograms and other specialty care. We are our patients' partner in health.

We Provide:
- Primary preventative care;
- Diagnosis and treatment of general acute and chronic medical problems;
- Management of chronic medical conditions, such as hypertension and diabetes;
- Referrals for professional consultation, including to Montgomery County's on-site dental and behavioral health specialists;
- Access to off-site specialty care, including surgical procedures when possible;
- Patient navigation to assist with mammography and other areas.

2. Specialty Care

Mercy Health Clinic patients benefit from numerous specialty clinics we offer on-site, such as:

- Cardiology
- Orthopedics
- Diabetes
- Ophthalmology
- Dermatology
- Pulmonary
- Gynecology

- Psychiatry
- Endocrinology
- Rheumatology
- Gastroenterology
- Neurology
- Urology
- ENT (Ear, Nose and throat)

  - Colposcopy
  - Endometrial
  - Well-woman

Patients needing specialty care outside the clinic are assisted by a referral nurse who accesses a network of partner agencies, enabling nearly all patients to obtain the specialty care they need including surgery.

3. Pharmacy

Mercy Health Clinic patients are provided with both prescription and over-the-counter medications free of charge from our on-site pharmacy, leading to increased patient compliance.

Through a partnership with the University of Maryland's School of Pharmacy, our most acute diabetic patients and others participate in our Medication Therapy Management (MTM) program. Pharmacy professors, along with new pharmacists and final year pharmacy students, meet one-on-one with our patients and are active members of the patients care team. The MTM program at Mercy Health Clinic has received national recognition from the U.S Department of Health and Human Services and is seen as a model for other clinics to replicate nationwide.

4. Nutrition Counseling

Mercy Health Clinic's Nutrition ED program is led by certified nutritionists. They teach group classes for patients as well as hold individual nutrition counseling sessions at the Clinic. The goal is to change lifestyles and help patients manage their chronic diseases through exercise, diet and medication.

APPLICANT INFORMATION

Last Name		First		Date of Birth	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Emergency Contact		Emergency Contact Phone Number	

Position Applied for	Nurse Practitioner ☐ Physician Assistant ☐ Registered Nurse ☐ Receptionist ☐ Eligibility Screener ☐ Medical Assistant ☐ Administrative Assistant ☐ Interpreter (Spanish and French) ☐ Scribe ☐

EDUCATION

Name of School	Degree Earned	Year Completed

LICENSE/CERTIFICATION

EMPLOYMENT

Current Employer	Position and Title	Supervisor	Phone

VOLUNTEERING AVAILABILITY

Days	Times	Start/End Date (Long or short term)

DISCLAIMER AND SIGNATURE

I attest that the information that I have provided on this form is accurate and give permission for Mercy Health Clinic to verify information and check references as needed.

*Volunteers under 18: I am the parent and/or legal guardian for _____, a minor. I hereby give permission for him/her to perform volunteer services for Mercy Health Clinic.

Signature	Date

CONFIDENTIALITY FORM

Mercy Health Clinic provides free medical care to low-income individuals without insurance or other medical care resources. It takes great care to ensure the safety and privacy of all patients, current and past. As a volunteer working with us, you will be privy to information about those with whom we work. For that reason, please read the following carefully and sign and date to indicate you compliance with Mercy Health Clinic's confidentiality policies.

- I agree not to disclose the identity of patients or share any information that I learn about patients with anyone outside of the clinic.
- I agree not to counsel or advise patients beyond what is appropriate to my position volunteer.
- I agree not to disclose any privileged information concerning Mercy Health Clinic operations, personnel, or donors which I may learn in the course of my volunteering.
- I agree to consult with staff if I have any questions about my role as a volunteer.

Signature   Date

DRESS CODE

Volunteers are expected to present themselves as a professional in all ways, including appearance. All clothing should be neat, clean and appropriate for volunteering at MHC. This means that jeans, shorts, miniskirts, exercise clothing, etc. are not acceptable attire. Questions regarding the acceptability of certain attire shall be referred to the Clinic Manager and/or the Executive Director for determination.

PPD RECORD

Mercy Health Clinic is considered a low risk environment for tuberculosis. MHC requires all volunteers to be tested once volunteering begins. Proof of PPD TB skin test or chest x-ray must be dated within the last 12th months. We request one test per year.

Date PPD Test Given	Date PPD Test Results Read	Location of Test Administration (Name, Address and Phone Number)
Name and Title of Person Administering Test	Name and Title of Person Reading Test	

Signature   Date

HEPATITIS B VACCINATION RECORD

We strongly encourage you to receive this vaccine prior to handling any blood related specimens. **If you do not to receive the series of three Hepatitis B vaccinations, we strongly suggest that you do not handle blood related specimens.**

Please check one of these boxes:

☐   I have received the series of three Hepatitis B Vaccinations.

☐   I have not received the series of three Hepatitis B Vaccinations.

We strongly encourage you to receive this vaccine prior to handling any blood related specimens. If you do not to receive the series of three Hepatitis B vaccinations, we strongly suggest that you do not handle blood related specimens.

By signing the form below, you acknowledge that you have received the series of three Hepatitis B Vaccinations and if you have not received the vaccinations, you understand the above information.

Signature   Date

COMPUTER AND INFORMATION USAGE AGREEMENT

Community Health Link and Primary Care Coalition, Montgomery County considers maintaining the security and confidentiality of protected health information (PHI) a matter of its highest priority. All those granted access to this information must agree to the standards set forth in this Computer and Information Usage Agreement. All those who cannot agree to these terms will be denied access to PHI entrusted by our patients to this organization. Each person accessing eCW software data and resources holds a position of trust relative to this information and must recognize the responsibilities entrusted in preserving the security and confidentiality of this information. The following conditions apply to all those having access to protected health information.

I will:

- Respect the privacy and rules governing the use of any information accessible through the computer system or network and only utilize information necessary for performance of my job.

- Respect the ownership of proprietary software. For example, do not make unauthorized copies of such software for your own use, even when the software is not physically protected against copying.

- Respect the finite capability of the systems, and limit use (such as executing, during normally peak periods of usage, programs that consume significant computer resources) so as not to interfere unreasonably with the activity of other users.

- Respect the procedures established to manage the use of the system.

- Respect the confidentiality of any reports printed from any information system containing patient information and handle, store and dispose of these reports appropriately.

- Prevent unauthorized use of any information in files maintained, stored, or processed by Community Health Link and Primary Care Coalition, Montgomery County.

I will NOT:

- Seek personal benefit or permit others to benefit personally by any confidential information or use of equipment available through my work assignment.

- Operate any non-licensed software on any computer provided by Community Health Link and Primary Care Coalition, Montgomery County.

- Exhibit or divulge the contents of any record or report except to fulfill a work assignment and in accordance with Community Health Link and Primary Care Coalition, Montgomery County policy.

- Knowingly include or cause to be included in any record or report, a false, inaccurate, or misleading entry.

- Remove PHI from the office where it is kept except in the performance of my duties.

- Release my authentication code or device to anyone else, or allow anyone else to access or alter information under my identity.

- Utilize anyone else's authentication code or device in order to access any Community Health Link and Primary Care Coalition, Montgomery County system.

- Divulge any information that identifies PHI.

I understand that:

- The information accessed through all Community Health Link and Primary Care Coalition, Montgomery County information systems contains sensitive and confidential patient care, business, financial and employee information, which should only be disclosed to those authorized to receive it.

- All access to the system will be monitored.

- My access to PHI maintained by Community Health Link and Primary Care Coalition, Montgomery County is a privilege and not a right afforded to me. By signing this agreement, I agree to protect the security of this information and maintain all PHI in a manner consistent with the requirements outlined under applicable Federal and State privacy laws and regulations.

Community Health Link and Primary Care Coalition, Montgomery County agrees to hold me harmless with regard to my access to PHI maintained by Community Health Link and Primary Care Coalition, Montgomery County provided that I use due diligence in meeting the terms of this Computer and Information Usage Agreement.

Signature   Date

VOLUNTEER TRAINING COMPLETION FORM

NAME:

VOLUNTEER TITLE:

START DATE: END DATE:

Training Requirements	Date Training Was Received
HIPAA	
Fire Safety	
Medical Emergencies	
OSHA – Hazardous Substances	
OSHA – Blood Bourne Pathogens	
eCW Software	
Orientation	

VOLUNTEER AGREEMENT FORM

WELCOME!
We would like to welcome you as a MHC volunteer and hope that you have an enjoyable, productive, and rewarding experience at Mercy Health Clinic. You have joined a team of qualified persons dedicated to providing the best health care to people in need. We are aware that you bring your own life experiences and special skills to the volunteer position thus enriching our services. Your work at MHC will not only provide you with on-the-job experience, but will also allow you to give something back to our community, thus making a difference!

IF YOU CANNOT MAKE IT TO YOUR SCHEDULED SHIFT:
We are very willing to work within the needs and schedules of our volunteers in scheduling volunteer hours. Some volunteers choose to come in one day or more per week, while some are only available for briefer periods of time. We do request that you give us 24 hour advance notice by email (volunteer.coordinator@mercyhealthclinic.org) or phone 240-773-0305 when you will not be able to perform your scheduled volunteer hours, so we can make alternate arrangements when we need to.

Volunteer Signature	Date
Volunteer Coordinator Signature	Date

LOG-IN INFORMATION

Clock in/Clock Out Pin

eCW

VOLUNTEER AVAILABILITY CONSIDERING HOURS OF OPERATION

Clinic Hours	Clinic Daily Shifts	Volunteer Availability	
		DAYS	**SHIFTS**
Monday 8:00 AM – 5:00 PM	**Monday and Wednesday** Shift 1: 8:00 AM – 12:00 AM Shift 2: 1:00 PM – 5:00 PM		
Tuesday 8:00 AM – 8:00 PM			
Wednesday 8:00 AM – 5:00 PM	**Tuesday and Thursday** Shift 1: 8:00 AM – 12:00 AM Shift 2: 1:00 PM – 5:00 PM Shift 3: 5:00 PM – 8:00 PM		
Thursday 8:00 AM – 8:00 PM			