

St. Luke's-Roosevelt Volunteer Application



Continuum Health Partners, Inc.

All fields are required to be filled out accurately prior to becoming a SLRHC Volunteer. Incomplete applications will not be processed.

Personal Information	
Name	
Street Address/Apt.	
City, State, ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
Date of Birth	___/___/_____

Emergency Contact	
Name	
Relationship	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Employment	
<input type="checkbox"/> Employed	Current employer:
<input type="checkbox"/> Unemployed	Position title:
<input type="checkbox"/> Retired	
<input type="checkbox"/> Student	

Education	
Highest level of education completed:	What school do you currently attend?

<input type="checkbox"/> High School	Expected graduation date:
<input type="checkbox"/> Some College	Are you currently pre-med? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> College degree	Do you need to complete hours for school/college? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Graduate School	If yes, how many hours?

Availability

During which hours are you available for volunteer assignments?

Day	Shift times
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	
Location	<input type="checkbox"/> Roosevelt Hospital <input type="checkbox"/> St. Luke's Hospital

Experience/Skills/Strengths

Please check all that apply

<input type="checkbox"/> Accounting	<input type="checkbox"/> Foreign Languages	<input type="checkbox"/> Office Work
<input type="checkbox"/> Administration	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Project Management
<input type="checkbox"/> Art	<input type="checkbox"/> Leadership	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Computer Work	<input type="checkbox"/> Marketing	<input type="checkbox"/> Research
<input type="checkbox"/> Counseling	<input type="checkbox"/> Meeting new people	<input type="checkbox"/> Training
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Music	<input type="checkbox"/> Translating
<input type="checkbox"/> Education	<input type="checkbox"/> Newsletter Production	<input type="checkbox"/> Volunteer Coordination
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Nursing	<input type="checkbox"/> Writing

Other Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Volunteer Interests
Please describe in detail why you are interested in volunteering at St. Luke's-Roosevelt. Please be aware that SLRHC does not place volunteers in observation or shadowing roles.

Volunteer Preferences	
Which of the following would you prefer?	Do you have a specific department of interest?
<input type="checkbox"/> Working directly with patients	
<input type="checkbox"/> Volunteering with the nursing staff	
<input type="checkbox"/> Working in an office setting	

Previous Volunteer Experience
Summarize your previous volunteer experience. Does not have to be in a hospital setting.

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Evaluation	
Please select all the options that apply to you.	
<input type="checkbox"/>	I have carefully considered my schedule and I know I can make a commitment to volunteering at SLRHC
<input type="checkbox"/>	I have some time available and I wish to give back
<input type="checkbox"/>	I know that patients I see in the hospital might be in pain and I am comfortable working around them
<input type="checkbox"/>	I treat volunteer commitments with the same respect that I do work obligations
<input type="checkbox"/>	I hope my volunteer work with SLRHC will lead to a job with the hospital
<input type="checkbox"/>	I am in between jobs and am hoping to use my free time to be of service
<input type="checkbox"/>	I hope to meet other people and expand my social network
<input type="checkbox"/>	I want to use volunteering to improve my English speaking skills
<input type="checkbox"/>	I am seeking an opportunity to gain experience in a hospital to add to my resume

Background Check	
In consideration of volunteer service a background investigation may be conducted.	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated from volunteering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	
Name (printed)	
Signature	
Date	

Agreement and Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	

If accepted as a SLRHC Volunteer, I agree that:

- I shall hold as ABSOLUTELY CONFIDENTIAL ALL information that I may obtain directly or indirectly concerning patients, doctors or personnel, and *not seek* to obtain confidential information from a patient.
- My services are donated to the hospital without contemplation of compensation or future employment.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
- I shall make my best effort to fulfill my commitment to the Hospital by completing all assignments that I accept.
- I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) unsatisfactory attitude, work or appearance; (c) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the Hospital.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

For Office Use Only

Volunteer Number	
Work Area	
Medical and Security Clearance	
Orientation	

*Thank you for completing this application form and for your interest in volunteering with us.
Please note: Completing this form does not guarantee placement as a volunteer with St. Luke's-
Roosevelt Hospital Center.*

ATTACH A COPY OF YOUR DEAN'S LETTER CONFIRMING COLUMBIA/BARNARD ENROLLMENT HERE (IF APPLICABLE)

ATTACH A COPY OF YOUR SOCIAL SECURITY CARD HERE.

ATTACH A COPY OF A VALID PHOTO ID HERE (DRIVER'S LICENSE OR COLUMBIA ID).

Note: *Without these documents present, your application will NOT be processed.*

Continuum Health Partners, Inc.
HIPAA PRIVACY COMPLIANCE
SOME BASIC INFORMATION

The following information provides you with a basic knowledge of the main elements of the HIPAA Privacy Rule-and how you can continue to help to protect our patients' health information. **Your supervisor or manager may also be providing you with additional training if your job position requires it.**

As you learn about HIPAA, keep in mind that we are **all** responsible for insuring compliance with the Privacy Rule. The importance of HIPAA may be reinforced for you when you remember that we (and our family members and our friends) are **all** patients at some time in our lives-and we all want our personal health information handled appropriately.

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (commonly known as **HIPAA**) is an important law that affects how Continuum Health Partners handles confidential health information. The main aspects of the HIPAA Privacy Rule are:

- New restrictions on how personal health information is used and disclosed
- Greater patient access to his/her medical records
- Increased protection of patient medical records

Continuum must be in compliance with the HIPAA Privacy Rule by April 14, 2003. For more than two years many people throughout Continuum have been working to make sure that we meet our Privacy Rule compliance on time. One of the ways continuum is meeting HIPAA requirements is by providing training to all staff (doctors, nurses, administrators, security, medical records, finance, environmental services, volunteers, and so forth) throughout Continuum (hospitals, clinics, faculty practices, administration).

Don't we already handle health information confidentially?

Absolutely! We're all familiar with the fundamental importance of confidentiality in providing and documenting health care services. It is a basic expectation that every person at Continuum helps to ensure the patient confidentiality. Rules and regulations, such as those of the New York State Department of Health and the Joint Commission of Accreditation on Healthcare Organizations (JCAHO), underscore the importance of confidentiality. AS you know, Continuum's **Code of Conduct** and policies and procedures help to define the responsibilities each of us has in maintaining patient confidentiality. However, the HIPAA Privacy Rule is the first **federal** law that addresses the ways in which we protect patient confidentiality and private health information.

Who has to comply with HIPAA?

As a health care provider, Continuum is considered a "**covered entity**", which means we must comply with all HIPAA regulations. Other covered entities include health plans, healthcare clearinghouses, and "**business associates**" (contracted vendors).

Under HIPAA, when Continuum shares patient information with contracted vendors such as transcription services or billing companies, they become "business associates" and must also follow HIPAA rules. **Continuum's "business associate agreements"** (contracts) with these vendors must include acknowledgement of HIPAA compliance.

What is "Protected Health Information"?

The HIPAA Privacy Rule requires that Continuum take specific steps in how we handle personal health information. When a patient provides us with any personal health information, under HIPAA it becomes **Protected Health Information (PHI)**. Remember that PHI is more than just what is contained in the patient's medical record. **Spoken, written, recorded, and electronic information** is all PHI if it connects health and patient information.

PHI cannot be used or disclosed by anyone unless it is permitted or required by the Privacy Rule. When people first learned about the HIPAA Privacy Rule, they were afraid that the law would make it impossible for healthcare workers to continue doing their jobs effectively and well. This is not the case! **In most cases, we can continue to use PHI as we currently do when the patient information is needed for treatment, hospital operations and/or payment.**

Whenever we are going to use or disclose PHI for purposes other than treatment, payment or hospital operations, we must get a **signed authorization form** from the patient. Continuum is already doing this, although we know it as getting a patient's **consent**. The authorization form must contain clear information on what PHI will be used/disclosed, a patient's right to cancel the authorization, and expiration date of the authorization.

How is Continuum complying with the Minimum Necessary Rule?

We do need to make sure we are careful with how we use and share PHI. Basically, disclosure of PHI must be limited to the least amount needed to get the job done right. This is called the **Minimum Necessary Rule**. Continuum is working to revise policies and procedures to make sure that we share the least amount of PHI necessary. For example, the patient lists that are distributed to various staff are being reviewed to ensure that PHI is not shared with anyone without a reason to have it.

Why is the "Privacy Notice" so important?

Under the HIPAA Privacy Rule, When patients first receive healthcare services, they must receive a notice of their rights concerning the use/disclosure of their PHI. They must also be informed of the covered entity's responsibilities relating to PHI. This information is very important and is known as the **Privacy Notice**.

The Privacy Notice must:

- Be provided to the patient in print
- Contain information on the patient's rights and the covered entity's legal duties
- Be displayed at the site of service and posted on a web site if possible.

We must make an effort to get from our patients a **written acknowledgement** that they have received the Privacy Notice. Copies of all privacy notices and patient acknowledgments must be kept. Whenever there are any changes in Continuum's privacy practices, we will need to produce new Privacy Notices. Continuum staff will also be notified whenever such changes occur.

The use of the Privacy Notice is one of the major changes being introduced by the HIPAA Privacy Rule. Everyone should know what Continuum's Privacy Notice looks like and why it is important.

What can patients do if they feel their PHI has been mishandled?

Patients who feel their PHI has not been used or disclosed appropriately can make a complaint about their concerns. At Continuum, we should direct these patients to either the **Patient Relations Department** or the **Site-Specific Privacy Officer**. Remember, there are serious civil and criminal penalties for HIPAA

noncompliance for individuals and the institutions. **If you have any questions or concerns about your compliance with the HIPAA Privacy Rule, speak to your supervisor or the Privacy Officer for your site.**

What's Next?

You may be wondering "What's Next?" with HIPAA. You will receive additional training if your position is affected by any changes in policies and procedures due to the Privacy Rule. Your manager or supervisor will notify you of any job-specific training, and in most instances will provide that training.

Keep in mind that we are already dealing with our patients' confidentiality in ways that meet HIPAA requirements. Basic HIPAA information is already part of your Core Competencies and you will be reviewing this information annually.

Also, whenever there is anything new or changed about HIPAA, you will receive training and/or notification- this may be done through Continuum-wide newsletters (such as "**HIPAA Update**" or "**Spotlight On...**") or through departmental in-services.

In the near future, you will be receiving more information on HIPAA's **Security Regulations**. The Security Regulations will help us safeguard the integrity and availability of health information. System-Wide access and Individual access to health information are being carefully reviewed and will be modified to meet HIPAA requirements. You should already been practicing ways to ensure the security of our patients' health information, such as not sharing your computer password, closing your computer when leaving your workstation, or making sure your computer screen is not easily seen by others.

It's the Right Thing To Do.

We're all responsible for making sure that Continuum is "HIPAA compliant" by April 14, 2003. We need to know and feel comfortable with the Privacy Rule. We're already doing do much to ensure our patients' confidentiality – being HIPAA compliant shouldn't mean big changes for any of us. Remember protecting our patients' health information is the **Right Thing To Do**.

If you have any questions about the HIPAA Privacy Rule, speak with your manager/supervisor or check with the privacy Officer for your site. You can also contact Continuum's Privacy Officer or Information Security Officer:

LOUIS SCHENKEL
Continuum Privacy Officer
(212) 523-2162

HOWARD KAPLAN
Continuum Information Security Officer
(212) 523-7019

Name

Signature _____

Date

For those interested in the Academic Associates Program:

Name:

Email:

Note: If you are new to the Academic Associates program, you need to submit a full application.

Did you apply for the program in a previous semester? Yes No

Class(circle): Frsh Sph Jr Sr G1 G2 Other _____

If planning to apply to medical school, when (circle)?

2007 2008 2009 2010 2011 other _____

Are you interested in or able to work shifts at Roosevelt Hospital at 59th St b/w 9th and 10th? Note that there is a free shuttle that runs regularly between St. Luke's and Roosevelt.

Yes No

As you indicate your preferred times on the back of this page please keep in mind that attendance is MANDATORY. Your assignment can only be changed once and only under special circumstances.

DIRECTIONS:

Please place the numbers 1-6 in order of preference in the boxes below during which you would be able to volunteer. If you are available during more than 6 shifts simply write in numbers in those shifts. If you do not have a preference of one shift over another write the same number in both boxes. If you would like the opportunity to work at both hospitals please indicate your preferred shifts for both sites. Shifts always start at 12, 4 and 8 and run 4 hours at St. Luke's. At Roosevelt shifts start at 9, 12, 3 and 6 and run 3 hours. Notice that there are no night shifts on the schedule. If there is anything you would like us to know please make a note (for example, if you want or don't want two consecutive shifts).

St. Luke's Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8AM-12PM							
12PM-4PM							
4PM-8PM							
8PM-12AM							

Roosevelt Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9AM-12PM							
12PM-3PM							
3PM-6PM							
6PM-9PM							
9PM-11:45PM							

St. Luke's/Roosevelt Hospital Center

VOLUNTEER LANGUAGE BANK

Do you speak a second language fluently?

If so, would you be interested in being a part of SLRHC's Language Bank Program?

Language Bank Volunteers interpret in situations when there isn't a Volunteer interpreter in the hospital. Their job is to facilitate communication between the doctor and the patient.

Simply for being part of this program, all your volunteering hours will be doubled at the end of the semester.

If you are interested, please contact Roxana Lash at (212) 523 – 2188.

You have completed the online aspect of the application. Now please print it and sign all the applicable areas. Before submitting the application to us, make sure to take the Health Assessment form (page 4) to Health Services, and have your PPD up to date.

Thank you for your interest in our program. We hope to see you soon.

St. Luke's – Roosevelt Hospital Center

EmSTAT Confidentiality Agreement

I hereby accept access privileges to St. Luke's-Roosevelt Hospital Center (SLRHC) EmSTAT computerized patient information system, and I agree to the following:

I understand that my sign-on password is confidential and must not be shared with anyone, nor should any attempt be made to learn another person's sign-on/password.

I agree that I will not access or retrieve any EmSTAT system data (patient, clinical, financial, personnel, etc.) that does not directly relate to the performance of my duties at SLRHC. I agree to access information only on patients for whom I, my office or department, has responsibility and that this information is considered the patient's confidential medical record and it may not be released or shared without proper authorization.

I recognize that my sign-on code and password for access to EmSTAT are the equivalent of my signature and I accept full responsibility for any use or actions taken with them.

I understand that any person, who intentionally compromises confidential patient information, SLRHC data or EmSTAT system integrity, may be subject to disciplinary action up to and including termination from SLRHC.

I understand my access privileges will be revoked if any of the above agreements are violated.

Signature: _____ **Date:** _____

Print Name: _____

(Type or Print)



(*Required Information)

* Site Access (Check all that apply): St. Luke's Roosevelt

* Hospital Employee ID No: N/A (OR last 4 digits of SS#) * Office/Contact #: N/A

* MD Provider ID# (e.g. E000 or 009999): N/A (Not Prism ID) * Beeper #: N/A

* Long-range Beeper #: N/A * Email: _____

* Department: ER External Department (Non-ER): _____

Physician: License# N/A DEA# N/A NPI# N/A

Resident: NPI# N/A DEA# AS 9148277 - N/A (enter last 4 digits)

(Rotation information) Start _____ End _____

Nurse ED/CPEP/Float (circle one) Systems/ Management N/A

Clerical/ Support N/A Administrative/ Management N/A

Student _____ Other (Specify) _____

Please complete, sign, and return at least 3 days prior to scheduled shift. All required information must be present and form must be signed or access will not be granted. Return to SLED Administrative Office, Plant 1, Suite 2104 or fax (212) 523-2186