

Inova Mount Vernon Hospital Auxiliary

Memorandum of Understanding

The volunteer program has been explained to me and I accept the responsibility to honor the commitment of time agreed upon, to review the information provided, and to attend training before accepting my permanent assignment. I also understand that my assignment will have limitations and I agree not to assume responsibilities beyond the limitations defined in my job guidelines. I understand that my volunteer services will be utilized at the discretion of Inova Mount Vernon Hospital and that they may be terminated by the hospital at any time with or without cause.

As part of this commitment, the confidentiality of patient and medical information, organizational plans and personnel actions must be honored. As a volunteer, it is expected that confidential information be handled in an appropriate and responsible manner. I will consider as confidential all information which I may hear directly or indirectly, and will not seek information in regard to a patient, except as it pertains to my volunteer assignment.

I understand that a breach of confidentiality is a serious offense that can result in termination of my volunteer services from Inova Mount Vernon Hospital. Additionally, inappropriate disclosure of confidential information can lead to potential liability in civil litigation.

I will uphold the traditions and standards of this hospital and will safeguard its reputation by maintaining the highest standards of confidentiality.

I agree to report to the appropriate persons any incidents or injuries in which I am involved while on duty. (On duty is defined as the time between signing in and signing out for volunteer work.)

Applicant's Signature _____ Date _____