



# WOVEN HEALTH<sup>®</sup> CLINIC

integrated community healthcare

1 MEDICAL PARKWAY,  
PLAZA 1, SUITE 149  
FARMERS BRANCH, TX 75234  
Phone: 972-484-8444

## VOLUNTEER APPLICATION

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

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Type of Volunteer: Medical Office Other

Why do you want to volunteer at Woven Health Clinic:

\_\_\_\_\_  
\_\_\_\_\_

### Medical Volunteer

RN FNP LVN  
Nursing Student Medical Assistant NP Preceptorship  
other, please specify \_\_\_\_\_

Professional License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type of License: \_\_\_\_\_

Name of current school \_\_\_\_\_

Have you ever been convicted of or been on deferred adjudication for, or are you now either awaiting trial for or on deferred adjudication for, a felony or misdemeanor? Yes No If yes, describe in full, including dates and locations (conviction will not necessarily bar volunteer service).

\_\_\_\_\_

### I AGREE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE:

Printed Name: \_\_\_\_\_

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



WOVEN HEALTH

# WOVEN HEALTH CLINIC

## Volunteer Policy

### WOVEN HEALTH CLINIC VOLUNTEER POLICIES AND GUIDELINES

The following **POLICY GUIDELINES** were established to address certain obligations that govern the activities of all Volunteers.

## Vision

Our vision is to build healthy lives, leading to healthier, happier communities. We envision a physically and mentally healthy community with access for everyone to integrated, comprehensive, affordable, quality care.

## Mission

Woven Health Clinic's mission is to provide affordable, quality, patient-centric healthcare focused on wellness and preventing disease to those uninsured or underinsured.

## Value Statements

- Our patients are our priority.
- We act with integrity.
- Everyone is treated with compassion and respect.
- We embrace innovation and diversity.
- Woven Health is affordable and inclusive.
- We are responsive to the needs of our patients and community.

## GENERAL INFORMATION

- A Volunteer is defined as a person who has agreed to work without monetary compensation. No person shall be permitted to volunteer at Woven Health without signing a Volunteer Policy acknowledgment that states they have read, understand, and agree to comply with these policies. Volunteer training and a background check must be completed prior to volunteering.
- To perform certain volunteer functions, a Volunteer must be at least 18 years of age or older.
- Woven Health **highly recommends** administrative volunteers, clinical volunteers and externs receive the COVID-19 vaccination, the Hepatitis B vaccination series, and a Tuberculosis screening by intra-dermal injection. Please provide Woven Health with a copy of results or notice of administration of vaccinations to be placed in your volunteer file. Student nurses must present immunization records.
- Maintain a good relationship with all those you work with Woven Health. Always be dignified, respectful, and considerate with patients, staff and other volunteers.
- Smoking and/or smelling of cigarette smoke is not permitted on the premises of WHC, and/or the Dallas Medical Center.
- Please do not use your cell phone for phone calls and/or texting unless it is an emergency, or you are on lunch/break.

- Volunteers may not use computers or access the internet for any reason other than Woven Health related work.
- Volunteers are requested not to report for duty if they are ill.
- All volunteers will be expected to document their hours of service in the Volunteer Log Book. This is the official source of documentation for hours.
- Volunteers who anticipate an absence should inform the designated staff person at the earliest possible time. Multiple absences can result in Cancellation of Externship and/or future volunteer opportunities.

## **CONFIDENTIALITY POLICY**

- Woven Health Clinic Confidentiality Policy applies to all staff members, Board members and volunteers who have any contact with patients or information regarding patients.
- All information provided by a patient or any information concerning a patient provided to any staff member or Volunteer is covered by Woven Health Clinic Confidentiality Policy.
- Clinic matters are **STRICTLY CONFIDENTIAL**. A patient's condition, behavior or diagnosis is never to be discussed outside of the clinic setting. Breaching patient confidentiality may be considered grounds for dismissal.
- Financial or statistical information regarding policies, procedures or methods of determining eligibility or any other information that does not identify a patient is not considered confidential.
- Each Volunteer shall sign the Confidentiality Agreement that will be kept on file. Breach of patient confidentiality may be considered grounds for dismissal.

## **RELEASE OF INFORMATION**

- **No information shall be released**, either over the phone or in person, concerning a client of Woven Health Clinic, to anyone but the patient. i.e.: (Regardless of the relationship with the patient) without previously arranged **written** consent. **Release of information can only be performed by an employee of Woven Health Clinic.**
- Written consent from the patient must be obtained for information to be released in writing or verbally, unless a case record is subpoenaed. In such cases, the patient will be notified, if possible.
- A release form shall be used by Woven Health to obtain written consent. Included on the release form shall be the reason for release of information and valid time period of the release. The patient may terminate the release. The release must be signed and dated by the patient and Woven Health employee.

- Woven Health Clinic is required by law to reveal to the proper authorities, any act of child/elder abuse or suspected criminal activity that would endanger individual life, property or physical well-being. Evidence of child abuse or neglect must be reported to the Child Protective Services Division of the Texas Department of Protective and Regulatory Services. Evidence of elder abuse or neglect must be reported. If you suspect abuse or neglect, please notify a WHC employee on duty.

## **DRUGS**

- The Clinic's term "drug" includes alcoholic beverages and prescriptions as well as illegal drugs and inhalants.
- The Clinic absolutely prohibits the use, consumption, sale, purchase, transfer or possession of any "drug" by any Volunteer while on duty or while on the Clinic's premises. Legally prescribed drugs and medications are excluded from this prohibition and permitted only to the extent that the use of such medication does not adversely affect the Volunteer's work ability, performance, or the safety of the patients, staff, Volunteers or others.
- Impairment: Volunteers are strictly prohibited from reporting to work under the influence of any Drugs, alcoholic beverages, narcotics, intoxicants or other substances (including prescription and over-the-counter drugs) which will or can, in any way, adversely affect or impair their awareness, motor functions or ability to perform their volunteer function, or which will in any way adversely affect the safety of others. If in the opinion of the supervising WHC Employee or Executive Director, a Volunteer has reported to work under the influence, the Volunteer will be asked to leave the premises. This is grounds for dismissal volunteer services.

## **CONTRABAND**

- The Clinic prohibits the possession, use or distribution of any prohibited article described below on its property, including but not limited to, the buildings, work areas, driveways, streets, sidewalks or walkways, parking lots, or other parking areas.

### Prohibited articles

- Alcoholic beverages
- Inhalants (paint, glue, etc.)
- Narcotics
- Illegal or unauthorized Drugs
- Drug-related paraphernalia
- Prescription drugs not being taken under the direction of a licensed physician.
- Firearms and explosives (including all concealed handguns regardless of whether the volunteer has been issued a license to carry the handgun by the Texas Department of Public Safety)
- Weapons of any kind

## WOVEN HEALTH CLINIC VOLUNTEER AGREEMENT

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### AS A VOLUNTEER OF WOVEN HEALTH CLINIC, I AGREE THAT:

1. I have received a copy of Woven Health Clinic Volunteer Policies, and I have read this manual and fully understand its content. I will adhere to all policies and procedures therein, including, but not limited to:
  - a. I shall hold as 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.
  - b. My services are donated to Woven Health Clinic without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
  - c. As a volunteer at Woven Health Clinic, I will not perform or attempt to perform any treatment, skill, or other action that I have not been previously qualified to perform by license, skill check off, student validation or other credential required.
  - d. I will not perform any invasive procedure, such as administering a parenteral injection, drawing blood, irrigating ears for wax removal, without the approval and presence of a registered nurse or designated alternate.
  - e. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on the premises of Woven Health Clinic.
  - f. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
  - g. I shall attempt to resolve any problems related to my volunteer activities with the Executive Director.
  - h. I shall make my best effort to fulfill my commitment to Woven Health Clinic by completing all assignments that I accept. If I am unable to fulfill my commitment, it is my responsibility to fill my shift, utilizing the approved volunteer list.
  - i. I shall at all times uphold the mission of Woven Health Clinic.
  - j. I will not give money, transportation, food, or any personal possession to any patient of Woven Health Clinic.

## CONFIDENTIALITY POLICY

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### Definition

Confidentiality is defined as the assurance that access to information regarding a client shall be strictly controlled and that any violation of such control will be a breach of faith. The information will not be used for purposes that were not intended by the individual when the information was provided.

### General Principles

- The Confidentiality Agreement applies to all staff members, board members and volunteers who have any contact with clients or information regarding clients.
- All information provided by a client or any information concerning a client provided to any staff member or volunteer is covered by Woven Health Clinic Confidentiality Policy.
- **Woven Health matters are STRICTLY CONFIDENTIAL. A patient's condition, behavior or diagnosis is never to be discussed. Any violations will warrant the resignation of the volunteer's services.** Each staff member or volunteer shall sign the Confidentiality Agreement that will be placed in the volunteer's file. Breach of client confidentiality may be considered grounds for dismissal.
- Financial or statistical information regarding policies, procedures or methods of determining eligibility or any other information that does not identify a client is not considered confidential.

- If you should be personally acquainted with a patient/client of Woven Health Clinic, you will remove yourself from any contact with the patient or their medical record.  
At no time, will you access the medical record of the client, including any process related to filing information in the medical record. On the outside of the medical record, your name will be posted as having no access the chart.

**Release of Information**

- No information shall be released, either over the phone or in person, regarding the whereabouts of, or details, about a client. Exceptions may be made at the discretion of the Executive Director or his/her designee, but only for the purposes of preserving the safety or well being of the client or Woven Health Clinic.
- Written consent for the client must be obtained in order for information to be released in writing or verbally, unless a case record is subpoenaed. In such case, the client will be notified, if possible.
- Specifically protected medical information is the testing for HIV/AIDS. The information is stored in a protected manner and can be released to the client only, with written requests. No telephone discussion regarding HIV/AIDS testing is permitted. Patients also sign consent for the testing for HIV/AIDS at LabCorp, prior to collection of the specimens.
- A release form shall be used by Woven Health Clinic to obtain written consent. Included on the release form shall be the reason for release of information and valid time period of the release. The client may terminate the release. The release must be signed and dated by the client and Woven Health staff member.
- Woven Health Clinic Executive Director or a volunteer designated by him/her may authorize release of information. Duplications of records are permitted only if authorized by the Executive Director or his/her designee.
- Woven Health is required by law to reveal to the proper authorities, any act of child /elder abuse or suspected criminal activity that would endanger individual life, property or physical well-being. Evidence of child/elder abuse or neglect must be reported to the Child Protective Services Division of the Texas Department of Protective and Regulatory Services. If you suspect abuse or neglect, please notify the Volunteer Coordinator on duty.

**WOVEN HEALTH CLINIC CONFIDENTIALITY POLICY AGREEMENT:**

I have read the above and I understand and agree to follow Woven Health Clinic Confidentiality Policy.

Print Name: \_\_\_\_\_

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

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