

Harrisonburg-Rockingham Free Clinic and Dental Clinic

Mission Statement

To partner with uninsured residents for improved health and life-style change

Pledge of Confidentiality

Confidential information is any information that you learn because you volunteer at the Harrisonburg-Rockingham Free Clinic and/or Dental Clinic. It specifically includes the identity of the patient, the patient's personal and financial circumstances, the patient's diagnosis, and/or the reason why the patient was treated at the Free Clinic and/or Dental Clinic.

I understand as a volunteer of the Free Clinic and/or Dental Clinic that everything I learn here relative to the lives of the people seeking help at the Free Clinic and /or Dental Clinic is to be held in strictest confidence and should not be shared with anyone outside the clinic. I also understand this includes reading patient information which does not apply to my volunteer duties and discussing patient information in a non-professional manner.

Computer Usage Policy

Computer usage is to be primarily for professional purposes related to the work of the HR Free Clinic and Dental Clinic. By using HR Free Clinic and Dental Clinic computers, users are deemed irrevocably to have given their consent to HR Free Clinic and Dental Clinic to access, review, copy, or delete all messages or other information on the systems.

Inappropriate Use

1. Users may not use the systems for illegal or unlawful purposes.
2. Users are prohibited from using the systems in a way that violates HR Free Clinic's and Dental Clinic's Harassment and Discrimination policy or any other company policy.
3. HR Free Clinic and Dental Clinic prohibit use of their systems to solicit for charitable or commercial ventures, or in any way that violates HR Free Clinic's or Dental Clinic's No Solicitation Policy. This includes mass mailings, chain letters, or proselytizing for religious, political or other causes.
4. Users must not attempt to access materials that are restricted to others.
5. Users may not download or install any software on the systems without prior approval.
6. **Users are prohibited from any communications regarding Patient care or information on social networking sites such as Facebook, etc.** Users must receive authorization before posting messages to electronic bulletin boards, list-servers or similar public forums on the Internet.

I have read and agree to fulfill the requirements of these policies.

Print Name: _____ Signature: _____

Date: _____

Termination of Patient Relationship

Patients will be terminated from obtaining continues services at the Free Clinic for the following reasons:

1. Failure to cancel appointments ahead of time
2. Failure to obtain/maintain employment when appropriate
3. Obtaining health insurance
4. No longer a resident of Harrisonburg or Rockingham County
5. Abusive, uncooperative or inappropriate behavior as outlined in the patient handbook
6. Active substance abuse

Volunteer Signature _____ Date _____