AOC
Alabama Organ Center

VOLUNTEER INTEREST FORM

Our strength comes from community partnerships and the dedication of many wonderful volunteers. Together we bring a positive message about donating life to those with whom we come in contact.

Please complete this form if you would like to give the gift of time to promote organ and tissue donation. We will send you additional information via e-mail or the US Postal Service.

THANK YOU FOR YOUR GIFT! Please print clearly

Name: preferred name

_____

Address:

_____

City: _____ State: _____ ZIP: _____

Daytime Telephone: _____ Evening Telephone: _____

E-Mail Address: _____

Please check the time(s) you are available to help:
☐ weekdays ☐ weekends ☐ evenings ☐ anytime ☐ depends on schedule

How far can you drive round-trip to an event?
☐ less than 20 miles ☐ 20-30 miles ☐ more than 50 miles

Please share your special connection to organ & tissue donation and transplantation:
☐ transplant recipient
☐ registered on the Waiting List for a transplant
☐ donor family member
☐ recipient family member
☐ healthcare professional
☐ friend or relative of someone touched by transplantation
☐ other _____

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Please check the activities that interest you:

- ☐ community events
- ☐ health & wellness fairs
- ☐ office work (mailings, filing, etc.)
- ☐ UAB/AOC Celebration of Life Picnic (set-up, serve food, monitor games, clean-up, etc.)
- ☐ in-service presentations for nursing staff (with AOC staff member)
- ☐ share your story with others (civic groups, etc.)
- ☐ sporting events (distribute material at football, baseball, basketball games)
- ☐ media interviews
- ☐ I give the Alabama Organ Center permission to use my picture, likeness, name, city, type and date of transplant for education purposes, including publications or give to the media.

Signature Date

THANK YOU so much for your interest in volunteering with the Alabama Organ Center.

Please return this form to:

The Community Liaison
Alabama Organ Center
502 20th Street, South
Birmingham, AL 35233

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VOLUNTEER EMERGENCY INFORMATION

Volunteer Name: _____

In case of emergency, notify: _____

Relationship _____

Telephone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Doctor's Name: _____

Telephone: _____

_____ _____

Volunteer Signature Date

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PLEASE USE THIS SPACE TO SHARE YOUR PERSONAL STORY OR INTEREST AS IT RELATES TO ORGAN AND TISSUE DONATION OR TRANSPLANTATION

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CONFIDENTIALITY STATEMENT

TO: AOC Ambassadors

FROM: Community Liaison

SUBJECT: Confidential Information

The Director of the Alabama Organ Center (AOC) calls to your attention the fact that all volunteers of the AOC assume an obligation to conduct themselves in accordance with the accepted principles to hold confidential all information concerning patients, donors and recipients. Volunteers may have access to highly confidential medical information from AOC member transplant programs and donor hospitals. On no occasion will an AOC individual divulge to any unauthorized individual information regarding laboratory, medical, surgical, social or other related information.

Volunteers of the AOC must also refrain from revealing any confidential information concerning employees or business operations. Any carelessness or thoughtlessness in this respect leading to the release of such information is not only unethical, but may involve the individual and/or the AOC. Unauthorized release of any and all confidential information at AOC may be cause for immediate termination of a volunteer relationship.

As an AOC Ambassador team member, we ask that you follow a code of ethics in the performance of your volunteer duties. These ethics should guide your behavior, as well as the behavior of all AOC team members. One of our most fundamental responsibilities concerns confidentiality.

During the course of your volunteering with the AOC, you may have access to confidential information. Our Confidentiality Agreement Form states that you may not repeat any information of a confidential nature to anyone. Neither may you use any information received to your personal advantage.

Confidentiality is a fundamental right of those we serve, and it is guaranteed through your adherence to our Confidentiality Agreement Form. Please sign the confidentiality statement as part of your acceptance of a volunteer position with the Alabama Organ Center.

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UAB Health System

Confidentiality Agreement Form

IMPORTANT:
Read all sections. If you have any questions, please ask them before signing. You will receive a copy of this Agreement and a copy will be placed in your personnel/academic program file.

- DISCLOSURE OF PROTECTED HEALTH/SENSITIVE INFORMATION -

I recognize that the services provided by UAB Health System and its Operating Entities (collectively referred to as "UAB") for its patients are private and confidential; that to enable UAB to perform those services, patients furnish information to UAB with the understanding that it will be kept confidential and used only by authorized persons as necessary in providing these services; that financial information, personnel data, trade secrets, and other sensitive information shall also be kept confidential; that the good will of UAB depends upon keeping this information confidential; that certain moral, ethical, and legal obligations are attached to this information; and that by reason of my duties or in the course of my employment or training I may receive or have access to verbal, written, or electronic information concerning patients, finances, personnel data, trade secrets, other sensitive information, or services performed by UAB even though I do not furnish the services or have direct access to the information.

I hereby agree that, except as directed by UAB or by legal process, I will not at any time during or after my employment, training, observing, or during my duties at UAB, disclose any such services or information to any unauthorized person, or permit any such person to examine or make copies of any reports or other documents prepared by me, coming into my possession or control, or to which I have access, that concerns UAB in any way. I agree that I will not attempt to use any such information for my own advantage.

I recognize that the unauthorized disclosure of information by me may violate state or federal laws and do irreparable injury to UAB or to the patient, and that the unauthorized release of information may result in disciplinary action being taken against me, up to and including termination. Civil and criminal penalties may be brought against me as a result of my unauthorized disclosure of information.

- SECURITY OF UAB INFORMATION/EQUIPMENT -

I agree that I will comply with all security and privacy regulations, standards, policies, and procedures in effect at UAB.

I understand that all software used on a computer owned by UAB must be properly licensed and approved by UAB Administration for use on that computer. The use of unlicensed or unapproved software constitutes a serious risk to UAB operations. If I use or allow the use of any unlicensed or unapproved software or computer games on a UAB computer, I will be subject to disciplinary action or dismissal.

UAB computer applications are communication systems allowing you to retrieve protected health information or other sensitive data.

I understand that my user account is equivalent to my legal signature, and I will be accountable for all work done under this account. I will not disclose my user account to anyone, nor will I attempt to learn another person's account. I will not access data on patients, finances, personnel, or trade secrets for which I have no responsibilities and for which I have no "need to know." If I have reason to believe that the confidentiality of my user account has been breached, I will immediately contact my information services department.

By receiving a user account, I acknowledge and understand that I am responsible for proficient use of UAB computer applications. I further acknowledge and understand that my proficiency in using UAB computer applications is a condition of continued employment in my position and that failure to reach the required level of proficiency for my position within a reasonable time will bring about termination. If I do not fully understand the application functions, I may contact my information services department for assistance.

I acknowledge that I have been made aware of UAB's confidentiality of information standards. I have read all of the above Sections of this Agreement, and I understand them.

Name (please print)	Position/Title	School/Department
Signature	Date	Unit
Signature of Witness	Date	

Please indicate your role at UAB:

Employee	Volunteer	Independent Contractor	Business Associate_____
Temporary Employee	Student	Vendor	Other_____

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PERMISSION FOR USE OF PICTURE/PERSONAL INFORMATION

CONSENT FOR USE OF NAME AND LIKENESS OF DONOR

Name: _____

Legal Representative of: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Telephone: _____ Evening Telephone: _____

E-Mail Address: _____

Type of Transplant: _____

Date of Transplant / Waiting: _____

Donor Family: _____

Please sign below to indicate that the Alabama Organ Center has your permission to use your picture, likeness, name, city, type and date of transplant for education purposes, including publications.

_____ _____
Signature of patient or legal guardian Date

_____ _____
Please print your name here Relationship to patient / recipient