



Student Volunteer Agreement

1. I agree to commit to a minimum of 41+ hours of volunteer time for this specific experience.
2. I am 16 years of age or older.
3. I agree to maintain confidentiality at all times, in order to protect patient privacy. I agree I will not share patient care information of any kind with others in the hospital, friends, family, or others.
4. I understand only those hospital personnel directly responsible for care or services provided to a patient should have access to a patient's chart and/or medical record.
5. I understand only those individuals directly involved in a patient's care shall discuss a patient's condition.
6. I agree to refer any request for information about a patient from a visitor to the patient's nurse or caregiver.
7. I agree to report any request for information by members of the news media to the marketing and communication department or a Tidelands Health department leadership representative.
8. I understand Tidelands Health patient care is a priority. In the event that hosting a student/learner interferes with the designated caregiver's ability to meet patient needs, I understand the student/learner will be reassigned within the hospital, or the volunteer experience will be rescheduled.
9. I will direct all patient requests to the patient's designated caregiver (i.e.: nurse, physical therapist, etc.)
10. I agree not to provide clinical services to patients.
11. I agree to comply with all infection control and dress code requirements communicated to me by Tidelands Health.
12. I understand during an assignment at Tidelands Health that I may see an acquaintance (neighbor/friend/relative) who is receiving inpatient or outpatient care in the hospital. The individual's care is confidential information, and I won't discuss it with anyone. I understand this would be a breach of patient confidentiality.
13. I understand, as a student/learner, I cannot legally talk about any patients or care provided that I see in the hospital.

I agree that in consideration of the benefit to be derived by my participation in the Observation of Health Care Professional/Student Volunteer Program at Tidelands Health, I do hereby release and forever discharge Tidelands Health, its agents, servants, representatives and staff from and against any and all liability and responsibilities for any injury, illness or sickness which may result from participation in the student volunteer program, and do hereby further agree to indemnify and hold harmless Tidelands Health, its agents, servants, representatives, and staff, from any and all liability in such regard.

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Participant's Signature

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Date

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Parent/Guardian Signature (required if participant is under 18 years of age)

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Date