



SENIOR SERVICES, INC
TELEPHONE REASSURANCE VOLUNTEER APPLICATION

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Telephone (daytime) _____ Telephone (other) _____

E-Mail Address _____

Birthdate (month/day) _____

Emergency Contact: Name _____

Relationship _____ Telephone _____

Please check any that apply:

- Community Volunteer
- Currently Employed *Employer(s)* _____
- Homemaker
- Retired *Past Employer(s)* _____
- Student *School* _____

Please list your special skills (office, people, public speaking, technical, etc.) and be as specific as possible:

Availability: Day(s) _____ Time(s) _____

Restrictions/Limitations _____

I am interested in volunteering for the following programs: *(please check any that apply)*

- | | |
|--|---------------------------------------|
| <input type="radio"/> Administration | <input type="radio"/> Home Care |
| <input type="radio"/> Elder Care Choices | <input type="radio"/> Living-at-Home |
| <input type="radio"/> Elizabeth and Tab Williams
Adult Day Center | <input type="radio"/> Meals-on-Wheels |
| <input type="radio"/> Help Line | <input type="radio"/> Senior Lunch |

References:

<i>Name</i>	<i>Telephone</i>	<i>Relationship</i>

INFORMATION ON HIPAA

HIPAA stands for the Health Insurance Portability and Accountability Act. HIPAA was mandated to ensure that personal medical information shared with doctors, hospitals, and other healthcare providers is protected. Senior Services, Inc., because of its full array of services, is considered a healthcare provider under HIPAA. Therefore we must abide by these regulations.

Basically, the HIPAA Privacy Rule does two things:

1. It restricts the use and disclosure of patient data including how it is stored, who can access it, where it goes and how it is used.
2. It gives patients new rights regarding their protected health information and more control over how and when it is used and by whom.

When a patient gives personal health information to a healthcare provider, that information becomes “protected health information”. It includes:

1. Any information – oral, recorded on paper or sent electronically – about a person’s physical or mental health, services rendered or payment for those services, and includes personal information that connects the patient to records.

Examples of information that might connect the personal health information to the individual patient include:

1. The individual’s name or address
2. Social security or other identification numbers
3. Physician’s personal notes
4. Billing information

Senior Services has always treated information given to us by those we serve as confidential information, sharing it only with those who need to know to carry out our work or to obtain the best service possible for our clients. We will continue to respect the privacy of our clients and keep this information confidential.

I understand the HIPAA policy of the Senior Service’s and that the information provided in this policy applies to me during my volunteer time.

Signature

Date