



Children's Dental Health Clinic
455 E. Columbia Street, Suite 32
Long Beach CA 90806
(562) 933-3141 · FAX (562) 933-2049

VOLUNTEER APPLICATION

All information in this document is confidential.
Please print.

Name/Last _____ First _____ Middle _____
(Use legal name)

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Male / Female Over 18? Yes No
(Circle One)

Are there any reasons you may have difficulty performing the essential functions of the volunteer job for which you have applied? Yes No If yes, please explain _____

VOLUNTEER EXPERIENCE

Interests, Skills, Hobbies _____

Clubs, Organizations you belong to _____

Education (highest level) _____ Name of School _____

Have you volunteered before? Yes No Position _____

Describe the work _____

Agency _____ Address _____

Phone () _____ May we contact the Agency? Yes No

Your availability:

Hours per week/month _____ Preferred Days _____ Time of Day _____

EMPLOYMENT HISTORY

Name of current employer _____ Phone () _____

Address _____ Date Employment Began _____

Name of Supervisor _____ Job Title _____

May we contact employer? Yes No Description of duties _____

Does your employer have a community partnership? Yes No

REFERENCES (Personal or professional; **NOT a relative**)

Name _____ Relationship _____ Phone (____) _____

Address _____

Name _____ Relationship _____ Phone (____) _____

Address _____

Name _____ Relationship _____ Phone (____) _____

Address _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Day Phone (____) _____

1) Name _____ Relationship _____ Day Phone (____) _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you?
Yes _____ No _____ If yes, please explain below. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to the Children's Dental Health Clinic to conduct reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____

The Children's Dental Health Clinic acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to the Children's Dental Health Clinic. I also give the Children's Dental Health Clinic my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____



Volunteer Position Openings

Need application, interview and vaccination records

Available hours Monday through Friday 7 a.m. to 5 p.m.
Some weekend events

Oral Health Education Volunteer Positions

Oral Health Ambassador (Age 16+)

In the clinic and in the community, deliver workshops on general dental health, nutrition, emergency care and brushing and flossing.

Oral Health Education Center (age 12+)

In the clinic, work with children on lesson plans about nutrition and dental health. Play educational tapes and read with and to children. Color and complete worksheets on dental health topics.

Outreach (age 12+)

In the community help with health fairs, family education, and dental screenings. Hand out toothbrushes, flyers and talk with children.

Administrative Volunteer Positions

Agency Project Assistant (Age 12+)

Help staff with day to day operations and special projects, including clerical duties.

Translation (Age 14+)

Translate documents used in outreach, clinic and Oral Health Education center into Spanish, Khmer or Vietnamese, or other.

Special Events (Age 12+)

Help at special events both in the clinic at in the community.

Possible Clinical Volunteer Positions Available too.

** Service Learning Hours**

Background checks and health clearance may be required for some positions

Contact: Jean Petrillo at (562) 933-0543, or email at jpetrillo@cdhc.org

The Children's Dental Health Clinic
455 E. Columbia Street
Long Beach, CA 90806
562) 933-3141 fax 562) 933-2049

Children's Dental Health Clinic

Intern and Volunteer Handbook

The mission of the Children's Dental Health Clinic is to deliver oral health education and comprehensive treatment for economically disadvantaged children, including those with complex medical considerations, while also providing a premier training facility for pediatric and multi-specialty dentistry.

The vision of the Children's Dental Health Clinic is to see that all children grow up with healthy, confident smiles.

History

The Children's Dental Health Clinic (CDHC) started in 1932 from one dentist's dream to treat all children, regardless of their economic status. The CDHC has grown to become a highly respected model of a multi-disciplinary hospital-based treatment and teaching facility. The current Main Clinic was completed in 2006 and provides children, teenagers, and patients with special needs a true dental home. The CDHC continues to evolve as a technologically advanced and highly professional non-profit center of education and all oral-healthcare needs for our patients.



Purpose of Handbook

This Handbook is intended to familiarize Interns and Volunteers with important information about the policies of the Children's Dental Health Clinic. It is important that you read, understand, and follow all of the Clinic rules.

No compensation

The CDHC has made no express or implied promise of compensation or benefit of any kind whatsoever for the time you spend in your educational internship or while volunteering for the agency.

Safety

You have received an initial orientation and safety training. Each person is expected to obey the safety rules and to exercise caution in all activities. If you have any questions or concerns, please bring them to the attention of the Director of Operations.

Confidentiality and HIPAA

Confidentiality of any information related to patients, families, employees, donors and volunteers is of the utmost importance. The purpose of HIPAA (Health Insurance Portability and Accountability Act) is to protect the fundamental right to privacy and confidentiality.

Timesheets

You are required to accurately record your time worked on the timesheets provided for you. Be sure to sign in every day that you are at the Clinic. A ten minute rest period is provided for every four hours of work. A meal period of at least 30 minutes to one hour is provided for every work period of at least five hours. (This meal period must begin *before* five hours of work is completed.)

Job Duties

Interns – You will be performing the work necessary to complete the educational requirements of your program. If you have any questions, contact the Director of Operations.

Volunteers – You will be provided with instruction to complete the tasks assigned. An example of volunteer positions is attached.

Welcome to the Children's Dental Health Clinic!

Children's Dental Health Clinic

Confidentiality Agreement

In consideration of my assignment with the Children's Dental Health Clinic, I understand and agree that:

As part of my assignment with the Children's Dental Health Clinic, I will from time to time have access to confidential, proprietary and private information. Confidential, proprietary, and private information means any information of a confidential nature that may be learned or developed by me during my assignment, including but not limited to:

Information about policies, donors, financial information concerning the Children's Dental Health Clinic or information which is personal in nature pertaining to employees, donors, clients and volunteers.

At all times both during and after my assignment with the Children's Dental Health Clinic, I will keep in my confidence all confidential, proprietary and private information, and I will not disclose such information to any third party, except as may be necessary in the ordinary course of performing my duties and in accordance with the Children's Dental Health Clinic's policies or as required by law.

Upon the termination of my assignment with the Children's Dental Health Clinic, I will promptly return all documents, materials, and data of any nature concerning or containing confidential, proprietary or private information and I will not take with me any such material, documents or data or any reproduction thereof.

This agreement will be governed by the laws of the State of California and is binding on me.

This agreement is effective as of the first day of my assignment, which is _____.

Signature _____ Date _____

Printed Name _____



Children's Dental Health Clinic

455 E. Columbia Street, Suite 32
Long Beach, California 90806
(562) 933-2501 – Telephone
(562) 933-2049 – Fax
info@cdhc.org - Email

Date: _____

Immunization records for _____ :

Hepatitis B Vaccine given: 1st _____ Date 2nd _____ Date 3rd _____ Date

OR Hepatitis B Titre: _____ Date: _____ Status : _____

PPD given: _____ PPD read: _____ Results _____

Print Doctor's Name: _____

Doctor's Signature: _____ Date Signed: _____

Office Stamp or Business Card with Address:

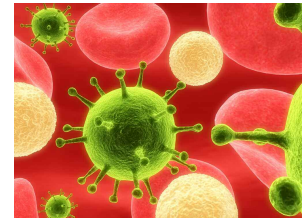
Reasonable Verification

- Our organization has the obligation to verify patients identity before disclosing any patient information by phone, fax, or email
- Prior to disclosing/discussing patient information obtain verifying elements that include:
 - Full address; date of birth; phone number



Disclosing HIV or Mental Health Information

- Hospital employees receiving requests for release of information need to be referred to Medical Records.
- California law provides more protection than the federal law (HIPAA) when disclosing HIV or Mental Health information.
 - Requires an additional signed authorization.



Accounting of Disclosures/ Proper Fax Cover Sheet



- Information we disclose in error requires an accounting of that disclosure.
- Patients have a right to request an accounting of disclosures.
- Notify Medical Records if you are aware of an inappropriate disclosure.
- Specific Fax Guidelines can be found on the Intranet under “MHS Compliance Resource Center.”

Document Disposal

- Anything with patient information must be disposed of in the “grey” secured/confidential bins.
- Materials without confidential or proprietary information may be placed in the “blue” recycle bins.



Disclosing Patient Health Information to Friends and Family



- For care or payment; limit the amount of information to the level of involvement.
- Unless clear from the circumstances, ask the patient if it is okay to discuss the details of their care in the presence of family or friends.

Disclosure to Law Enforcement



- Just because law enforcement is making the request, it does not mean they are authorized to receive patient information.



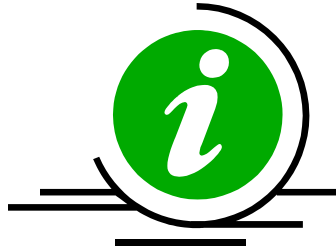
- In most cases, a patient must authorize the release of the information.
 - Refer these requests to your immediate supervisor, Risk Manager, or Administration prior to releasing information.

Issues with Minor Children



- Issues involving minor children or guardianship can be complex.
- Requests for access to the medical record should be referred to Medical Records.
- If you have questions or concerns about releasing information, remember to:
 - Be general in the amount of information you release;
 - Check with the parent or guardian;
 - Ask you supervisor for clarification.





Facility Directory

(Patient Information)

- Patients have the right to “opt out” or not be listed in the facility directory.
- If so, an “**X**” will appear on the screen next to the patients name on the *Nursing Census* in EPIC.
- In Keane, a confidential patient is represented by the letter “**P.**”
- If this is present, no information should be released regarding this individual.



Sharing Passwords

- Disclosing or sharing logins/passwords is a poor security practice and is against MHS policy.

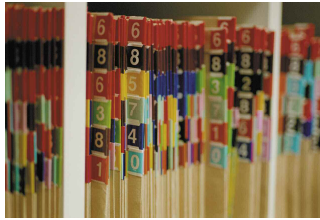


- Contact the MHS Help Desk if you have any problems logging into a system.



- Change your password if you suspect that your login has been compromised.

Inappropriate Access of Patient Records



- MHS policy prohibits accessing patient information unless it is for an authorized business need (treatment, payment or healthcare operations).



- Our policy also prohibits accessing your own medical record



» Fines and penalties can be imposed on the facility and the individual for unauthorized access.



- The discovery & confirmation of unauthorized access is a “reportable event” by California Law.

Using a non-MemorialCare Email to Send PHI

- Use of personal email to send business related information is prohibited
- Email containing PHI sent from MemorialCare is automatically encrypted.
- When sending patient information via MemorialCare email, do not include patient information in the subject line.



Disposing of Electronic Media with PHI

- Patient information in an electronic format requires the same safeguards as printed information.



- If you or your department is in need of disposing electronic PHI, contact the MHS Help Desk for specific instructions.

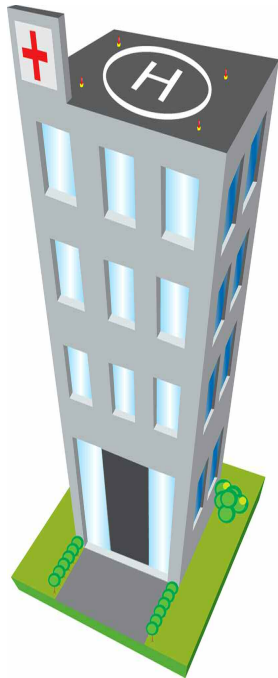


- You also need to discuss this with your supervisor because there may be specific regulation that addresses record retention.

Computer Terminal Security / Auto Log-offs



- Our organization has an obligation under HIPAA & CA Law to implement physical and technical safeguards.
 - Remember to log off or secure your computer when you are finished charting or when you are leaving your work station.



- Be mindful of what private information others might see when using computers in public areas.

Downloading Software

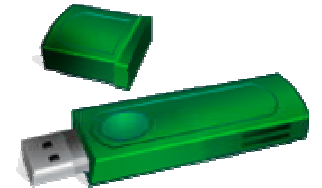


- Downloading software from the Internet onto MHS property is a security risk to the organization and is against policy.



- If you require access to certain software or systems, discuss with your supervisor and provide your requests to the MHS Help Desk.

Use of PDA's, Flash Drives, & Laptops



- Use of portable devices should be approved through or directed by your supervisor and include the proper security safeguards.



- Proper security safeguards for portable devices include encryption and password protection and are required by MHS policy.

Proper Use of Cell Phone Cameras



- Unless there is a MHS business need, photography within the hospital is not permitted.



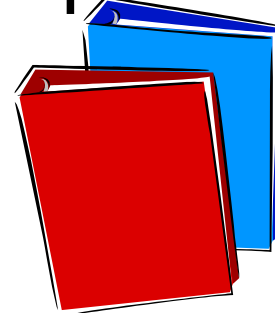
- If you witness staff or visitors taking inappropriate pictures with any device, report this activity to your supervisor.



Conclusion

- Where do I get additional information or who can I ask if my questions are not answered?

- Immediate Supervisor
- MHS Intranet
 - » Policies/Procedures
 - » MHS Links – Compliance Resource Center
- Compliance Department
- Ethics Hotline
 - » 888-933-9044



- » ethicshotline@memorialcare.org



Acknowledgment

I have reviewed and understand the HIPAA (Health Insurance Portability and Accountability Act) materials.

Name

Signature

Date