

Denton County Medical Reserve Corps

Acknowledgement Form

I have received a copy of the **Denton County Medical Reserve Corps Handbook**. By checking the boxes below I acknowledge I have read and understood the Denton County Medical Reserve Corps policies and procedures contained in the handbook, and agree to abide by these during my volunteer term.

Volunteer Confidentiality Agreement: By checking the box I confirm that I have read and understand the *Volunteer Confidentiality Agreement*. I understand that Denton County, including its employees, volunteers, assignees, and affiliates, has a legal and ethical responsibility to maintain the privacy and confidentiality of individual information. Any individual information and/or records that I access or view at Denton County do not belong to me.

HIPAA Confidentiality Agreement: By checking the box I confirm that I have read and understand the *HIPAA Confidentiality Agreement*. Due to the nature of services that the Medical Reserve Corps provides, I may process information that is confidential and not public record, and I may acquire knowledge of confidential information from files, case records, missions, and conversations. I understand that such information is not to be discussed or revealed to anyone not authorized to have the information. I will keep information confidential and not discuss it with anyone other than the staff person or supervisor with whom I am working.

Volunteer Code of Conduct: By checking the box I confirm that I have read and understand the *Volunteer Code of Conduct Agreement*. I understand that Denton County, including its employees, volunteers, assignees, and affiliates, has a legal and ethical responsibility to maintain a positive image as a Volunteer. I understand that anytime that I am wearing the MRC uniform I am directly representing the Denton County Public Health.

Volunteer Risk: By checking the box I confirm that I have read and understand the *Volunteer Risk Agreement*. I understand its contents and have had the opportunity to ask questions regarding my risk as a volunteer. I agree to assume my own risk as a volunteer and will report any incidents, accidents, or injuries immediately to the Medical Reserve Corps Volunteer Coordinator. I also agree to hold Denton County and the Denton County Health Department harmless for any injuries / illnesses I incur in the performance of my duties as a volunteer.

Release of Confidential Information: By checking the box I confirm that I have read and understand the *Release of Confidential Information Agreement*. I have given Denton County permission to release my personal information as needed for training and/or deployment of the Medical Reserve Corps. I understand I may withdraw this consent at any time.

Media Release and Public Speaking: By checking the box I confirm that I have read the *Media Release and Public Speaking Policy and Procedure*. I understand that the Public Information Officer under the supervision of the Director of the Denton County Public Health will be responsible for writing news releases, coordinating interviews, and/or public speaking requests.

Print Name: _____

Date: _____

Signature: _____