



**University Circle:**  
1909 East 101<sup>st</sup> Street  
Cleveland, Ohio 44106-4110  
216-791-8118  
clevelandsightcenter.org

**Highbrook Lodge:**  
12944 Aquilla Road  
Chardon, Ohio 44024

## **Cleveland Sight Center Volunteer Form (Page 1/2)**

### **Authorization to Attend Program, Activity, Event**

I understand that my participation in programs, activities or events offered through Cleveland Sight Center is voluntary and at my own risk. I understand and assume the risks and hazards associated with such participation. I agree to release, forever discharge, and hold harmless the Cleveland Sight Center, its employees, agents, volunteers, administrators and trustees from any and all claims or causes of action that may be brought by me or by any other person, including all liability for personal injury, damage to personal property, or loss arising out of or related to my participation in programs, activities or events offered through Cleveland Sight Center and my transportation to and from such programs, activities and events by a Cleveland Sight Center volunteer or employee, to the fullest extent permitted by the law.

I also certify that I am legally authorized to register the individual named on this form for Cleveland Sight Center programs, activities or events.

### **Code of Ethics for CSC Volunteers**

As a CSC Volunteer I understand and agree:

to hold in confidence any client information or privileged administrative information learned during the course of Cleveland Sight Center activities

to comply with all HIPAA volunteer regulations (see attached)

to treat everyone associated with the organization with respect and dignity be they trustees, staff members, fellow volunteers, clients, customers or anyone else with whom business is undertaken

to engage in no form of harassment or threatening behavior

to use the resources of Cleveland Sight Center in a responsible manner and not use them for personal activities beyond what is allowed by the stated policies and procedures of the organization

to conduct oneself in an appropriate manner in all organizational business and whenever representing Cleveland Sight Center. Chief among good conduct attributes are honesty, timeliness, courtesy and sobriety

to recognize that a breach of this ethical code could lead to the dismissal of a volunteer from service to the organization.

### **Resolution of breach any code of ethics**

If anyone observes a violation of the Cleveland Sight Center ethical code it must be reported immediately to a Cleveland Sight Center staff member who will report it to appropriate management. Individuals who report information or call attention to a violation of this policy will not be subjected to retaliation for reporting or for his or her assistance with an investigation. The individual reporting the violation will be treated with confidentiality, to the extent possible.



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## **Cleveland Sight Center Volunteer Form (Page 2/2)**

### **Authorization for Medical Care:**

In the event of injury or illness, I give permission to Cleveland Sight Center to contact emergency services for medical treatment and provide first aid and/or CPR for myself or my child/ward if needed before emergency services arrive. I acknowledge that no guarantees have been made to me as to the effect of such treatment and that I am responsible for all reasonable charges in connection with the treatment rendered to the above named participant.

### **Statement of Consent:**

I have read through, understand, and will abide by all aspects of the Cleveland Sight Center Volunteer Form. I understand that by signing this form I consent to the authorizations and expectations outlined throughout the Form, and acknowledge that failure to abide by them may result in a reevaluation of my volunteer position with the organization.

Print Name of Volunteer: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian or Adult Participant Signature

\_\_\_\_\_  
Date



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## Cleveland Sight Center HIPAA Volunteer Regulations

### What is HIPAA?

HIPAA stands for a federal law entitled the **Health Insurance Portability and Accountability Act**, which was originally passed in 1996.

### How does HIPAA affect volunteers in the blindness field?

As volunteers you are asked to help us to protect the health information of our clients. Special laws mandate the ways in which we store and share this information. All CSC clients are given a HIPAA Privacy Notice, which explains how their health information will be used, and their rights under this new privacy law.

### What information does HIPAA protect?

The HIPAA regulations safeguard **Protected Health Information (PHI)**. Protected Health Information (PHI) includes an individual's (see the HIPAA Privacy Notice for more detail):

- Health (diagnosis) and provision of care (services received)
- Payment of services (how payment will be made)
- Information that identifies the individual (name, address, social security, etc.)

### When can PHI be shared?

Protected Health Information (PHI) may be shared in limited instances. Please see the HIPAA Privacy Notice for more detail.

### What are the steps volunteers need to take to protect the client's PHI?

**Discussion:** Don't discuss client information in a place where others can overhear.

**Files:** Make sure files are locked away and kept where unauthorized people cannot see them.

**Fax:** When sending a fax, make sure an authorized person is on the other end to receive it.

**Computers:** All computers should be password protected. Never share your computer password with anyone else. Your computer screen should face away from public area/viewing. When stepping away from a computer in use, you can protect client information by closing all applications, using a screen saver (if possible, with password protection) and not sending PHI by e-mail. Personal electronic devices are prohibited from containing any PHI. For example, never use a personal device, such as a cell phone, camera or USB/Thumb drive to capture, transmit or copy any Protected Health Information (PHI). Do not post any PHI, including photographs or any client identifiers (name, date of service, diagnosis), to any social media platform.

### How do I dispose of documents containing PHI?

Any paper document containing PHI should be shredded.

### If I don't know whether or not to give out information, whom do I talk to?

You should speak to your supervisor or the Agency's designated privacy officer.