



**Tarrant County MRC
Liability Waiver**

Tarrant County MRC intends to mitigate and prevent risks to volunteers. Every attempt will be made to reduce risks to volunteers through training, education and use of universal precautions. In addition, volunteers will only be matched to positions for which they have the skills and qualifications to fulfill safely.

Volunteers Protected from Legal Liability

Under the Volunteer Protection Act of 1997, people who volunteer for nonprofit organizations or governmental entities cannot be held liable for any harm (except for a harm caused by operation of a motor vehicle or a harm caused by criminal conduct or gross or reckless misconduct) that they may cause while engaged in volunteer activity. This organization [or entity] qualifies under federal law, so if you volunteer, you can do so secure in the knowledge that by volunteering you are not exposing yourself to additional legal liability.

www.texmed.org/pmt/lel/volunteerprotectionact

Be aware, however, that some unanticipated risks may be present both during a public health emergency and during non-emergency work with direct patient contact. Medical Reserve Corps volunteers agree to assume their own risk as a volunteer.

Any incidents, accidents or injuries should be reported immediately to the Tarrant County MRC Coordinator.

I have read and understand the information contained in this document. **I agree to assume responsibility for any risk(s) while serving as a MRC volunteer and will report any incidents, accidents, or injuries immediately to the Tarrant County MRC Coordinator.**

Signature of Volunteer

Printed Name

Date



**Tarrant County MRC
Photo Release**

I hereby grant Tarrant County MRC permission to use my likeness in any photograph, video or other digital print reproduction (the "Materials") in any and all of its publications, including websites and social media, without payment or any other consideration. I understand and agree that the Materials will become the property of the Tarrant County MRC and will not be returned. I hereby irrevocably authorize the Tarrant County MRC to edit, alter, copy, exhibit, publish or distribute the Materials for purposes of publicizing and marketing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the Materials and to receive any royalties or other compensation arising or related to the use of the Materials. I hereby hold harmless and release the Tarrant County MRC and its representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)



**Tarrant County MRC
Volunteer Code of Conduct**

MRC volunteers shall:

Ethical Conduct

- Maintain high standards of moral and ethical conduct that includes self-control and responsible behavior. A volunteer must consider the physical and emotional well-being of others and display courtesy and good manners.
- Avoid profane and abusive language and disruptive behavior, including behavior that is dangerous to self and others including acts of violence, physical or sexual abuse, or harassment.
- Abstain from transport, storage and/or consumption of alcoholic beverages and/or illegal substances when performing volunteer duties.
- Abstain from illegal activity.
- Avoid conflict of interest situations and refrain from actions that may be perceived as such. Volunteers should reveal any potential or actual conflicts of interest as they arise.

Safety

- Put safety first in all volunteer activities.
- Respect and use all equipment appropriately.
- Follow all procedures to the best of your ability at all times.
- Promote healthy and safe work practices.
- Recognize and congratulate those volunteers who follow safe and caring practices.
- Take care of self and others.
- Report all injuries, illnesses, and accidents to the Medical Reserve Corps Coordinator or their designee.
- Recognize that training is fundamental to everyone's safety.

Respect

- Respect the cultures, beliefs, opinions and decisions of others although you may not always agree.
- Treat each other with courtesy, sensitivity, tact, consideration and humility.
- Accept the chain of command and respect each other regardless of position.

I have read and will abide by the MRC Code of Conduct.

Signature of Volunteer

Printed Name

Date



TARRANT COUNTY PUBLIC HEALTH CONFIDENTIALITY AND PRIVACY AGREEMENT

This agreement applies to all members of the Tarrant County Public Health (TCPH) workforce. The workforce includes all employees (full-time, part-time, temporary and project), volunteers, professional service providers and other persons whose conduct in the performance of work is under the direct control of TCPH.

As a member of the workforce, I acknowledge the following terms and am aware that I will be held accountable for my conduct in accordance with the following:

1. I understand that there are state and federal laws and regulations which ensure the confidentiality of an individual's identifying health information.
2. I understand that I am responsible for complying with TCPH Policies and Procedures, including privacy and security policies and procedures developed under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
3. I understand that the TCPH Division or Program for which I work may be subject to additional privacy and confidentiality policies mandated by the State of Texas or by grant or contract requirements, and that I am responsible to know and comply with these policies.
4. I will follow the highest ethical standards in the performance of my duties, in keeping with the Tarrant County Civil Service Rules and other applicable professional codes of conduct.
5. I will not use another person's password, nor will I disclose my own.
6. I understand that I may have direct or indirect access to privileged or confidential information in the course of performing my work and will protect the confidentiality of any information of this kind.
7. I understand that a medical record or any information taken from a medical record is privileged and confidential.
8. I will only use and disclose confidential information to the extent that is minimally necessary to perform my job or accomplish the purpose of the use or disclosure. I will not discuss confidential information with people who are not authorized, and/or who do not have a need to know it.
9. I will keep any confidential information I work with out of the view of unauthorized persons, and will conduct conversations in a secure or private area.
10. I will securely dispose of confidential documents, according to TCPH policy.
11. Should questions arise about how to protect information to which I have access, I will immediately notify my supervisor and/or the TCPH Compliance Officer.
12. If I become aware of a disclosure that is in violation of the TCPH policies or State or Federal law, I will immediately contact the Compliance Officer and my supervisor.
13. I understand my responsibility to immediately contact the Compliance Officer and my supervisor in the event of lost or stolen equipment or information (including but not limited to records, images, devices and media of all types) which may contain PHI or other confidential data.

14. I will keep information regarding the administrative and regulatory activities of the department confidential.

These activities include:

- a. Internal and external workplace investigations
- b. Regulatory visits or survey schedules and their results
- c. Patient, client, and employee complaints
- d. Law enforcement or legal actions, including litigation
- e. Personnel actions, including disciplinary actions of any level

15. Upon separation from the TCPH workforce I agree to continue to maintain the confidentiality and privacy of any information I learned while at TCPH and I agree to return all TCPH property, including but not limited to keys, access cards, records, equipment, or any other device that would provide access to TCPH or its information.

16. I have been informed that that this signed agreement will be retained on file for future reference.

I understand that there may be sanctions resulting from failure to comply with TCPH policies. Sanctions are levied in accordance with the current TCPH Sanctions policy and the Tarrant County Civil Service Rules Code of Conduct and Progressive Discipline/Termination. I understand that a violation of this agreement could result in disciplinary action, which may include the termination of employment or contract. I understand that I may be subject to additional penalties imposed by Federal or State law.

I have read this agreement, I agree to abide by its terms, and understand the implications for my position with TCPH.

Employee Volunteer Professional Other: _____

Print Name: _____

Signature: _____

Date: _____