

MASTER RELEASE FORM

CONFIDENTIALITY & HIPAA

I acknowledge that in the course of carrying out my volunteer responsibilities, I may have access to protected health information (PHI) of residents, clients, or employees of Lutheran Senior Services. I acknowledge that this information in any form (paper, oral or electronic) is private and confidential and that I must protect this information from unauthorized release to any person who does not, by law, have access. This includes incidental PHI that I may learn about from another LSS employee or that I may learn directly from the resident or the resident's family. I understand that I will have access only to that PHI which is necessary for me to have in order to perform my responsibilities. I understand that any accidental, willful, or malicious release of PHI may result in dismissal. I understand a complaint could be filed against me with the Office of Civil Rights for an unauthorized release of PHI. I understand that I need to follow all LSS policies and procedures to protect and secure electronic PHI that I may come in contact with while using computer hardware and software. I understand that information protected by the Health Information Portability Protection Act (HIPAA) and I and LSS could be subject to a fine if information is accidentally or purposely shared with others.

PHOTO/PICTURE/VIDEO RELEASE

I give LSS permission to use my name, photograph and video for any purpose whatsoever, including illustration, promotions, advertising and community relations. This may include Facebook, Instagram, Twitter or other social media outlet utilized by the organization. I hereby release and discharge LSS from any and all claims and demands rising out of or in connection with the use of these things, including but not limited to any claims for defamation or invasion of privacy.

CONFLICT OF INTEREST/SOLICITATION

I have made known to LSS any relationships, financial interests or employment/volunteer roles that may be viewed as a potential conflict of interest. I further understand that I am prohibited from soliciting or distributing materials for services or charities without the prior approval from director of the community/program.

ORIENTATION

I acknowledge and have attended a Volunteer Orientation and reviewed the Volunteer Guide. An assignment has been designated, and I have received a verbal or written job description.

HOLD HARMLESS

I agree that LSS shall not be liable for any damages arising from injuries, damages or losses of any kind sustained as a result of activities that occur. I assume full responsibility for any such injuries or damages which may occur and further agree that LSS shall not be liable for such damages. I specifically agree that **LSS shall not be responsible for such injuries, damages or losses EVEN IN THE EVENT OF NEGLIGENCE OR FAULT BY LSS** whether such negligence is present at the signing of this waiver or takes place in the future.

Printed Name _____ Signature _____

Parent/Guardian Signature for Minors _____ Date _____