

**Volunteer Info:**

Name (Last, First): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Pre-Application Training:**

Basic LifeSaver/CPR: \_\_\_\_\_  
 Clinic Training/Shadow Session: \_\_\_\_\_

**Immunizations:**

Hep B Series: \_\_\_\_\_  
 Tetanus (w/in last 10 years): \_\_\_\_\_  
 TB test within last 12 months: \_\_\_\_\_

**Application:**

Type:		
New	Renewal	
<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Appointment Form <input type="checkbox"/> NON-USA CITIZENS ATTACH VISA
<input type="checkbox"/>	<input type="checkbox"/>	State Oath/Patent Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Personal Data Form
<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Expectation
<input type="checkbox"/>	<input type="checkbox"/>	Confidentiality Agreement
<input type="checkbox"/>		Child/Elder Abuse & Neglect Reporting Acknowledgement
<input type="checkbox"/>		UCSD Information Systems Computer/Information Use and Security Statement
<input type="checkbox"/>		UCSD Health Sciences Standards of Business Conduct Acknowledgement Statement
<input type="checkbox"/>		Acknowledgement Receipt of Workers' Compensation
<input type="checkbox"/>		Acknowledgement Receipt
<input type="checkbox"/>		HIPAA Module 1 (sign the last page)
<input type="checkbox"/>		HIPAA Module 2 (sign the last 2 pages)
<input type="checkbox"/>		UCSD PDS Emergency Contact
<input type="checkbox"/>		UCSD PDS Photobook
<input type="checkbox"/>		UCSD PDS MyPDS Registration
<input type="checkbox"/>		Background Check

<b>FOR INTERNAL USE</b>	Background Check Result:	_____
	Date of Submission:	_____
	Volunteer Start/End Date:	_____

Volunteer Appointment Request Checklist:

- Volunteer Appointment Form
- Oath and Patent Acknowledgement
- Personal Data Form
- Volunteer Agreement
- Volunteer Expectations



# UC San Diego

## HEALTH SCIENCES

### Volunteer Appointment Form

Name \_\_\_\_\_  
First and Last name Middle

Begin Date \_\_\_\_\_ / End Date \_\_\_\_\_ Date Prepared \_\_\_\_\_

Home Dept Unit Code 00301 Home Dept Name Family Medicine & Public Health Mail Code 8912 C

Department Contact Cheryl Minas Telephone \_\_\_\_\_ Email cminas@ucsd.edu

Citizenship Status (Required): **Citizen** \_\_\_ Yes \_\_\_ No \_\_\_ **Visa Status (if applicable):** \_\_\_\_\_

**UC Student Status (please check)**  
 \_\_\_ Registered \_\_\_ Not Registered  
 \_\_\_ Undergraduate \_\_\_ Graduate

**Are you currently on UCSD pay status?**  
 \_\_\_ Yes \_\_\_ No  
**If yes, please check one of the following:**  
 \_\_\_ Career \_\_\_ Contract \_\_\_ Limited \_\_\_ Student

**List any near relatives who are UCSD employees** \_\_\_\_\_

Title: **Volunteer** Title Code: **9900/Without Salary**

Describe the nature of volunteer efforts / Comments:  
 Assist as needed at UCSD Student Run Free Dental Clinic sites

I am volunteering my services to the University of California, San Diego for the purpose of \_\_\_\_\_ experience \_\_\_\_\_ in the \_\_\_\_\_ FMP/UCSD Free Clinic Project \_\_\_\_\_ Department solely for my personal reasons or benefit without promise or expectation of compensation or University benefits. My volunteer services will not be performed in my regular department or in connection with regular duties, and I understand that I will not displace a regular status employee.

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
 Departmental Authorization Signature

\_\_\_\_\_  
 Date

Sara Hamzeinejad

0696

\_\_\_\_\_  
 Prepared by


\_\_\_\_\_  
 Mail Code

\_\_\_\_\_  
 Telephone

**\*\* Please forward all original forms listed above to Health Sciences Human Resources at mail code 8912 for review and authorization. Health Sciences HR will e-mail an approved copy of the Staff Volunteer Appointment Form to the department.**

\_\_\_\_\_  
 Human Resources Signature

\_\_\_\_\_  
 Date

	<b>UNIVERSITY OF CALIFORNIA STATE OATH OF ALLEGIANCE. PATENT POLICY, AND PATENT ACKNOWLEDGMENT</b>	<b>EMPLOYEE'S NAME (Last, First, Middle Initial)</b>		<b>DATE PREPARED</b> Mo/Dy/Yr
	UPAY585 (R 11/2011) E0420 71443-180	<b>EMPLOYEE ID</b> N/A	<b>DEPARTMENT</b> Family Medicine & Public Health	<b>EMPLOYMENT DATE</b> Mo/Dy/Yr

**STATE OATH OF ALLEGIANCE** I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

**Taken and subscribed before me on:** \_\_\_\_\_ **Signature of Officer or Employee:** \_\_\_\_\_  
 Mo/Dy/Yr (Do not sign until in the presence of proper witness.)

Signature of Authorized Official: \_\_\_\_\_  
 Title: Community Health Program Representative Asst  
 County: San Diego State: CA

NOTE: No fee may be charged for administering this oath.

The oath must be administered by either (1) a person having general authority by law to administer oaths—for example, Notaries Public, Civil Executive Officers (Gov. Code Sec. 1001), Judicial Officers, Justices of the Peace, and county officials named in Gov. Code Sections 24000, 24057, such as, district attorneys, sheriffs, county clerks, members of boards of supervisors, etc., or (2) by any University Officer or employee who has been authorized in writing by The Regents to administer such oaths.

**WHO MUST SIGN THE OATH:** All persons (other than aliens) employed by the University, in common with all other California public employees, whether with or without compensation, must sign the oath. (Calif. Constitution, Article XX, Section 2, Calif. Gov. Code Sections 3100-3102.)

All persons re-employed by the University after a termination of service must sign a new Oath if the date of re-employment is more than one year after the date on which the previous Oath was signed (Calif. Gov. Code Sec. 3102.)

**WHEN OATH MUST BE SIGNED:** The Oath must be signed BEFORE the individual enters upon the duties of employment (Calif. Constitution, Article XX, Section 3: Calif. Gov. Code Sec. 3102.)

**WHERE OATHS ARE FILED:** The Oaths of all employees of the University shall be filed with the Campus Accounting Office.

**FAILURE TO SIGN OATH:** No compensation for service performed prior to his subscribing to the Oath or affirmation may be paid to a University employee. And no reimbursement for expenses incurred may be paid prior to his subscribing to the Oath or affirmation. (Calif. Gov. Code Sec. 3107.)

**PENALTIES:** "Every person who, while taking and subscribing to the Oath or affirmation required by this chapter, states as true any material which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one or more than 14 years." (Calif. Gov. Code Sec. 3108.)

**PATENT ACKNOWLEDGMENT**

This acknowledgment is made by me to The Regents of the University of California, a corporation, hereinafter called "University," in part consideration of my employment, and of wages and/or salary to be paid to me during any period of my employment, by University, and/or my utilization of University research facilities and/or my receipt of gift, grant, or contract research funds through the University.

By execution of this acknowledgment, I understand that I am not waiving any rights to a percentage of royalty payments received by University, as set forth in the University of California Patent Policy, hereinafter called "Policy."

I also understand and acknowledge that the University has the right to change the Policy from time to time, including the percentage of net royalties paid to inventors, and that the policy in effect at the time an invention is disclosed shall govern the University's disposition of royalties, if any, from that invention. Further, I acknowledge that the percentage of net royalties paid to inventors is derived only from consideration in the form of money or equity received under: 1) a license or bailment agreement for licensed rights, or 2) an option or letter agreement leading to a license or bailment agreement. I also acknowledge that the percentage of net royalties paid to inventors is not derived from research funds or from any other consideration of any kind received by the University. The Policy on Accepting Equity When Licensing University Technology governs the treatment of equity received in consideration for a license.

I acknowledge my obligation to assign, and do hereby assign, inventions and patents that I conceive or develop 1) within the course and scope of my University employment while employed by University, 2) during the course of my utilization of any University research facilities, or 3) through any connection with my use of gift, grant, or contract research funds received through the University. I further acknowledge my obligation to promptly report and fully disclose the conception and/or reduction to practice of potentially patentable inventions to the University authorized licensing office. Such inventions shall be

**NOTICE:** This acknowledgment does not apply to an invention which qualifies under the provision of Calif. Labor Code Sec.2870 which provides that (a) Any provision in an employment agreement which provides that an employee shall assign, or offer to assign, any of his or her rights in an invention to his or her employer shall not apply to an invention that the employee developed entirely on his or her own time without using the employer's equipment, supplies, facilities, or trade secret information except for those inventions that either: (1) Relate at the time of conception or reduction to practice of the invention to the employer's business, or actual or demonstrably anticipated research or development of the employer; or (2) Result from any work performed by the employee for the employer. (b) To the extent a provision in an employment agreement purports to require an employee to assign an invention otherwise excluded from being required to be assigned under subdivision (a), the provision is against the public policy of this state and is unenforceable. In any suit or action arising under this law, the burden of proof shall be on the individual claiming the benefits of its provisions.

to determine rights and equities therein in accordance with the Policy. I shall promptly furnish University with complete information with respect to each.

In the event any such invention shall be deemed by University to be patentable or protectable by an analogous property right, and University desires, pursuant to determination by University as to its rights and equities therein, to seek patent or analogous protection thereon, I shall execute any documents and do all things necessary, at University's expense, to assign to University all rights, title, and interest therein and to assist University in securing patent or analogous protection thereon. The scope of this provision is limited by Calif. Labor Code Sec. 2870, to which notice is given below. In the event I protest the University's determination regarding any rights or interest in an invention, I acknowledge my obligation: (a) to proceed with any University requested assignment or assistance; (b) to give University notice of that protest no later than the execution date of any of the above-described documents or assignment; and (c) to reimburse University for all expenses and costs it encounters in its patent application attempts, if any such protest is subsequently sustained or agreed to.

I acknowledge that I am bound to do all things necessary to enable University to perform its obligations to grantors of funds for research or contracting agencies as said obligations have been undertaken by University.

University may relinquish to me all or a part of its right to any such invention, if, in its judgment, the criteria set forth in the Policy have been met.

I acknowledge that I am bound during any periods of employment by University or for any period during which I conceive or develop any invention during the course of my utilization of any University research facilities, or any gift, grant, or contract research funds received through the University.

In signing this acknowledgment, I understand that the law, of which notification is given below, applies to me, and that I am still required to disclose all my inventions to the University.

RETENTION: Accounting: 5 years after separation, except in cases of disability, retirement or disciplinary action, in which case retain until age 70.

Other Copies: 0-5 years after separation

**Employee/Guest Name (Please print):** \_\_\_\_\_

**Employee/Guest Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature & University Acceptance:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# UNIVERSITY OF CALIFORNIA PATENT POLICY—October 1, 1997

## I. PREAMBLE

It is the intent of the President of the University of California, in administering intellectual property rights for the public benefit, to encourage and assist members of the faculty, staff, and others associated with the University in the use of the patent system with respect to their discoveries and inventions in a manner that is equitable to all parties involved.

The University recognizes the need for and desirability of encouraging the broad utilization of the results of University research, not only by scholars but also in practical application for the general public benefit, and acknowledges the importance of the patent system in bringing innovative research findings to practical application.

Within the University, innovative research findings often give rise to patentable inventions as fortuitous by-products, even though the research was conducted for the primary purpose of gaining new knowledge. The following University of California Patent Policy is adopted to encourage the practical application of University research for the broad public benefit; to appraise and determine relative rights and equities of all parties concerned; to facilitate patent applications, licensing, and the equitable distribution of royalties, if any; to assist in obtaining funds for research; to provide for the use of invention-related income for the further support of research and education; and to provide a uniform procedure in patent matters when the University has a right or equity.

## II. STATEMENT OF POLICY

A. An agreement to assign inventions and patents to the University, except those resulting from permissible consulting activities without use of University facilities, shall be mandatory for all employees, for persons not employed by the University but who use University research facilities, and for those who receive gift, grant, or contract funds through the University. Such an agreement may be in the form of an acknowledgment of obligation to assign. Exemptions from such agreements to assign may be authorized in those circumstances when the mission of the University is better served by such action, provided that overriding obligations to other parties are met and such exemptions are not inconsistent with other University policies.

B. Those individuals who have so agreed to assign inventions and patents shall promptly report and fully disclose the conception and/or reduction to practice of potentially patentable inventions to the Office of Technology Transfer or authorized licensing office. They shall execute such declarations, assignments, or other documents as may be necessary in the course of invention evaluation, patent prosecution, or protection of patent or analogous property rights, to assure that title in such inventions shall be held by the University or by such other parties designated by the University as may be appropriate under the circumstances. Such circumstances would include, but not be limited to, those situations when there are overriding patent obligations of the University arising from gifts, grants, contracts, or other agreements with outside organizations.

In the absence of overriding obligations to outside sponsors of research, the University may release patent rights to the inventor in those circumstances when:

1. the University elects not to file a patent application and the inventor is prepared to do so, or
2. the equity of the situation clearly indicates such release should be given, provided in either case that no further research or development to develop that invention will be conducted involving University support or facilities, and provided further that a shop right is granted to the University.

C. Subject to restrictions arising from overriding obligations of the University pursuant to gifts, grants, contracts, or other agreements with outside organizations, the University agrees, following said assignment of inventions and patent rights, to pay annually to the named inventor(s), or to the inventor(s)' heirs, successors, or assigns, 35% of the net royalties and fees per invention received by the University. An additional 15% of net royalties and fees per invention shall be allocated for research-related purposes on the inventor's campus or Laboratory. Net royalties are defined as gross royalties and fees, less the costs of patenting, protecting, and preserving patent and related property rights, maintaining patents, the licensing of patent and related property rights, and such other costs, taxes, or reimbursements as may be necessary or required by law.

Inventor shares paid to University employees pursuant to this paragraph

represent an employee benefit. When there are two or more inventors, each inventor shall share equally in the inventor's share of royalties, unless all inventors previously have agreed in writing to a different distribution of such share.

Distribution of the inventor's share of royalties shall be made annually in November from the amount received during the previous fiscal year ending June 30th, except as provided for in Section II.D. below. In the event of any litigation, actual or imminent, or any other action to protect patent rights, the University may withhold distribution and impound royalties until resolution of the matter.

D. The DOE Laboratories may establish separate royalty distribution formulas, subject to approval by the President. Distribution of the inventor's share of DOE Laboratory royalties shall be made annually in February from the amount received during the previous fiscal year ending September 30th. All other elements of this policy shall continue to apply.

E. Equity received by the University in licensing transactions, whether in the form of stock or any other instrument conveying ownership interest in a corporation, shall be distributed in accordance with the Policy on Accepting Equity When Licensing University Technology.

F. In the disposition of any net income accruing to the University from patents, first consideration shall be given to the support of research.

## III. PATENT RESPONSIBILITIES AND ADMINISTRATION

A. Pursuant to Regents' Standing Order 100.4(mm), the President has responsibility for all matters relating to patents in which the University of California is in any way concerned. This policy is an exercise of that responsibility, and the President may make changes to any part of this policy from time to time, including the percentage of net royalties paid to inventors.

B. The President is advised on such matters by the Technology Transfer Advisory Committee (TTAC), which is chaired by the Senior Vice President—Business and Finance. The membership of TTAC includes the Provost and Senior Vice President—Academic Affairs, the Director of the Office of Technology Transfer, and representatives from the campuses, DOE Laboratories, Academic Senate, the Division of Agriculture and Natural Resources and the Office of the General Counsel. TTAC is responsible for:

1. Reviewing and proposing University policy on intellectual property matters including patents, copyrights, trademarks, and tangible research products;
2. Reviewing the administration of intellectual property operations to ensure consistent application of policy and effective progress toward program objectives; and
3. Advising the President on related matters as requested.

C. The Senior Vice President—Business and Finance is responsible for implementation of this Policy, including the following:

1. Evaluating inventions and discoveries for patentability, as well as scientific merit and practical application, and requesting the filing and prosecution of patent applications.
2. Evaluating the patent or analogous property rights or equities held by the University in an invention, and negotiating agreements with cooperating organizations, if any, with respect to such rights or equities.
3. Negotiating licenses and license option agreements with other parties concerning patent and or analogous property rights held by the University.
4. Directing and arranging for the collection and appropriate distribution of royalties and fees.
5. Assisting University officers in negotiating agreements with cooperating organizations concerning prospective rights to patentable inventions or discoveries made as a result of research carried out under gifts, grants, contracts, or other agreements to be funded in whole or in part by such cooperating organizations, and negotiating with Federal agencies regarding the disposition of patent rights.
6. Approving exceptions from the agreement to assign inventions and patents to the University as required by Section II.A. above.
7. Approving exemptions to University policy on intellectual property matters including patents, copyrights, trademarks, and tangible research products.



**PERSONAL DATA FORM**  
**UPAY544-6 (R9/00) FO-2195**

EMPLOYEE #	NEW EMPLOYEE #	DATE
DEPARTMENT <b>Family Medicine &amp; Public Health</b>		PERSONNEL PROGRAM CODE <input type="checkbox"/> A - ACADEMIC 1 - PROFESSIONAL & SUPPORT STAFF 2 - MANAGEMENT & SR PROFESSIONAL
SUFFIX	PRIOR NAME (NAME CHANGE ONLY)	

CHECK BOX IF NAME CHANGE <input type="checkbox"/>	EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) (19-44)
--	---

TYPE OF ACTION (check appropriate box)

<input checked="" type="checkbox"/> <b>EMPLOYMENT</b> (complete all information-attach to PAF)	<input type="checkbox"/> <b>DATA CHANGE</b> (complete only information to be changed)	<input type="checkbox"/> <b>SEPARATION</b> (complete only if permanent address has changed)
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ADDRESS INFORMATION

PERMANENT ADDRESS: YOUR MAILING ADDRESS			CAMPUS MAILING ADDRESS		
LINE 1-STREET ADDRESS			MAIL CODE		
LINE 2-STREET ADDRESS			CAMPUS PHONE 1	CAMPUS PHONE 2	
CITY	STATE	ZIP CODE	HOME PHONE	SPOUSE'S NAME	
COMPLETE ONLY IF YOUR MAILING ADDRESS IS OUTSIDE THE U.S.			DISCLOSURE OF INFORMATION		
FOREIGN PROVINCE, STATE, COUNTY, DISTRICT, REGION, etc.		FOREIGN POSTAL CODE	CHECK THE FOLLOWING ITEMS YOU WANT DISCLOSED TO OUTSIDE PARTIES WHO REQUEST THIS INFORMATION.		EMPLOYEE ORGANIZATIONS: DO YOU WANT YOUR HOME ADDRESS RELEASED TO EMPLOYEE ORGANIZATIONS?
FOREIGN COUNTRY	FOREIGN CODE	PERMANENT ADDRESS	HOME PHONE NUMBER	SPOUSE'S NAME	YES NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

STUDENT STATUS AND EDUCATION

UC STUDENT STATUS		MARK HIGHEST DEGREE OBTAINED							YEAR AWARDED
1 - Not Registered 2 - Not Reg. Deg. Cand 3 - Undergraduate 4 - Graduate 5 - Not Reg. Deg. Cand / Other Campus 6 - Undergraduate / Other Campus 7 - Grad / Other Campus		Institution: _____ No Acad. CERT. (N)    H.S. OR EQUIV. (H)    TRADE CERT. (T)    ASSOC. (A)    BACH. (B)    MAST. (M)    PROF. (P)    DOCT (O)							_____
UC Student Status	Units this Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR EMPLOYMENT (other than UC or State)

PRIOR OR CONCURRENT UC/STATE EMPLOYMENT (Include ERDA Labs)

EMPLOYED FROM	EMPLOYED TO	EMPLOYER NAME	EMPLOYED FROM	EMPLOYED TO	UC CAMPUS & DEPARTMENT OR NAME OF STATE AGENCY	RETIRE SYS NAME
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

PERSONAL INFORMATION

RELATIVES EMPLOYED AT UC?

SEX	DATE OF BIRTH	PROFESSIONAL LICENSE/CERTIFICATE NUMBER (IF APPROPRIATE)	INDICATE NAME HERE AND RELATIONSHIP AND DEPARTMENT IN REMARKS
MALE (M) <input type="checkbox"/>		EXP. DATE	NO <input type="checkbox"/> YES <input type="checkbox"/>
FEMALE (F) <input type="checkbox"/>			

REMARKS

EMPLOYEE SIGNATURE	PHONE NO.	DATE

SEE REVERSE SIDE FOR PRIVACY NOTIFICATION AND DISCLOSURE OF INFORMATION

## PRIVACY NOTIFICATION

### STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information:

The principal purpose for requesting the information on this form is for payment of earnings, and for miscellaneous payroll and personnel matters, such as, but not limited to withholding of taxes, benefits, administration, and changes in title and pay status. University policy and State and Federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory- -failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the Federal and State governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are: Office of the President and Campus Academic and Staff Personnel Managers or Campus Accounting Officers.

### DISCLOSURE OF INFORMATION

If you DO NOT want your permanent address released to employee organizations (unions), MARK "X" in the "NO" box. **Failure to complete this area on the form will mean that your permanent address may be released to employee organizations upon request from unions.**



# UC San Diego

## HEALTH SCIENCES

### Health Sciences Volunteer Agreement Form

**Position Title:** Dental Chairside Assistant

**Volunteer Name:**

**Supervisor:** Sara Hamzeinejad

**Number of Hours Per Week:** 5

#### Describe all volunteer responsibilities.

Volunteers may perform any of the following:

- Seating patients in the treatment area.
- Passing requested instruments to the dentist during dental procedures.
- Providing assistance in the office with tasks such as appointment scheduling, record keeping.
- Manage patient records and filing.
- Assist the dentist directly at chairside with operative, oral surgery, orthodontic, and a wide range of other procedures.
- Provide oral hygiene instructions, preventive dentistry & dietary counseling.

#### Describe the training and orientation that the volunteer will receive.

Student volunteers orientation provides introduction to Dental Instruments and Supplies, general safety information, and patient management protocols.

I have reviewed and discussed the responsibilities and training for this volunteer appointment.

**Volunteer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# UC San Diego

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## HEALTH SCIENCES

### Volunteer/Supervisor Expectations

**Volunteer:** As the volunteer enters the department, he or she is expected to assume, as much as possible, the role of a regular staff member. The responsibilities include:

1. Adhering to department policies, procedures and rules governing professional staff behavior.
2. Adhering to department policies governing the handling of confidential information.
3. Assuming personal and professional responsibilities for his or her actions and activities.
4. Utilizing a courteous, enthusiastic, open minded, and critical approach to all projects.
5. Being consistent and punctual in the submission of all work assignments.
6. Providing the supervisor with periodic progress reports.

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Volunteer Signature

---

Date

**Supervisor:** It is the responsibility of the supervisor to provide direct on-the-job supervision of the volunteer that includes the following:

1. Orienting the volunteer to the department's structure and operation.
2. Orienting the volunteer to the company's policies and procedures regarding appropriate office hours and leave policies.
3. Introducing the volunteer to staff.
4. Assigning tasks and responsibilities that are consistent with the volunteer's role in the department.
5. Meeting regularly with the volunteer to answer questions and offer constructive feedback.
6. Evaluating and communicating the performance of the volunteer.

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Supervisor Signature

---

Date



## CONFIDENTIALITY AGREEMENT

*Applies to all UCSD Health Sciences "workforce members" including: employees, medical staff and other health care professionals; volunteers; agency, temporary and registry personnel; and house staff, students, and interns (regardless of whether they are UCSD trainees or rotating through UCSD Health Sciences facilities from another institution).*

It is the responsibility of all UCSD Health Sciences workforce members, as defined above, including employees, medical staff, house staff, students and volunteers, to preserve and protect confidential employee, patient and business information.

The State Information Practices Act (California Civil Code sections 1798 et seq.) governs the acquisition and use of data that pertains to individuals. All of these laws establish protections to preserve the confidentiality of various personal and medical information and specify that such information may not be disclosed except as authorized by law or the patient or individual. The Federal Health Insurance Portability Accountability Act (HIPAA) Privacy Law, the Confidentiality of Medical Information Act (California Civil Code § 56 et seq.) and the Lanterman-Petris-Short Act (California Welfare & Institutions Code § 5000 et seq.) govern the release of patient identifiable information by hospitals and other health care providers.

**Confidential Employee and Business Information includes, but is not limited to, the following:**

- Employee home telephone number and address;
- Spouse or other relative names;
- Social Security number or income tax withholding records;
- Information related to evaluation of performance;
- Other such information obtained from the University's records which if disclosed, would constitute an unwarranted invasion of privacy; or
- Disclosure of Confidential business information that would cause harm to UCSD Health Sciences.

**Confidential Patient Care Information includes:** Any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. Examples include, but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Mainframe and department based computerized patient data and alphanumeric radio pager messages;
- Visual observation of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient.

Peer review and risk management activities and information are protected under California Evidence Code section 1157 and the attorney-client privilege.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/ or peer review activities.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all employee records/medical records, proprietary information and other confidential information relating to UCSD Health Sciences and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.
3. I shall only access or disseminate employee/patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of UCSD Health Sciences, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosure of any discussion, deliberations, patient care records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of UCSD Health Sciences affairs.
4. UCSD Health Sciences performs audits and reviews employee/patient records in order to identify inappropriate access.
5. My user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID. Use of my user ID is my responsibility whether by me or anyone else. I will only access the minimum necessary information to satisfy my job role or the need of the request.
6. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
7. I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.
8. I understand that the law specially protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.
9. My obligation to safeguard patient confidentiality continues after my termination of employment with the University of California.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the University of California may, as applicable and as it deems appropriate, pursue disciplinary action up to and including my termination from the University of California.

<b>Print Name:</b>	<b>Signature:</b>
<b>Department:</b> Family Medicine and Public Health	<b>Dated:</b>

Routing: Please complete the form and return it to your hiring department.