

4. Volunteers must pass the DPS Computerized Criminal History Check, and must remain free of felony and serious misdemeanor convictions.
5. Volunteers will agree to abide by and sign the Brown County MRC Code of Conduct and Liability Policy (Appendix A).
6. Volunteers will agree to abide by and sign the Health Insurance Accountability and Portability Act (HIPAA) Policy (Appendix B).
7. Participate in all required training sessions.
8. Notify the Brown County MRC Director, in writing, when terminating volunteer status.
9. Be available on short term notice.

I understand:

- That any information I have provide in this application may be disclosed to and used by the Brown County MRC and the Brownwood/Brown County Health Department for planning purposes and volunteer assignment ONLY.
- Due to the variable nature of work and the potential duties of volunteers, a background check will be conducted on volunteer applicants.
- I understand that a felony conviction for D.W.I., drug-related, sexual, or family violence offenses will disqualify me for participation as a Brown County MRC volunteer and that I may be disqualified for other reasons at the discretion of the Brown County MRC Director and/or Brownwood/Brown County Administrator.
- All information regarding the Brown County MRC is considered confidential, and I will not release names, locations of warehouses, or any other sensitive information.
- That, in the case of MRC deployment, I may be contacted at any time, day or night.

I have read and understand the above listed requirements, responsibilities, and information. I attest to the accuracy of the information I have provided on this application. I hereby authorize the City of Brownwood/Brown County to receive and disclose my information to the Brown County MRC Director/Coordinator and the Health Administrator for the purposes and reasons stated above.

<hr style="border: 0.5px solid black;"/> <p>MRC Volunteer Printed Name</p>
<hr style="border: 0.5px solid black;"/> <p>MRC Volunteer Signature</p>
<hr style="border: 0.5px solid black;"/> <p>Date</p>

<hr style="border: 0.5px solid black;"/> <p>MRC Director/Coordinator Printed Name</p>
<hr style="border: 0.5px solid black;"/> <p>MRC Director/Coordinator Signature</p>
<hr style="border: 0.5px solid black;"/> <p>Date</p>

RELEASE AND WAIVER AGREEMENT

I, _____, a volunteer for the City of Brownwood, do hereby, for myself, heirs, executors and administrators, release and discharge the City of Brownwood and all its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, actions, or causes of actions, on account of my death or on account of any injury to myself which may occur from any cause, including, without limitation, any negligent act of the City, the City's officers, agents and employees, whether such negligent act was the sole proximate cause of the injury or damage or a proximate cause jointly and concurrently with myself, arising out of my participation in the City of Brownwood's volunteer work activities.

I further understand and acknowledge that the City's decision to allow my participation as a volunteer for the City of Brownwood is made in reliance on this release and waiver agreement.

Signature of Volunteer

Today's date

Printed Name of Volunteer

Last 4 digits of Social Sec #

Address

City & State

Date of Birth

D/L State / Expiration Date

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____ acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us / Crime Records / Review of Personal Criminal History](http://www.txdps.state.tx.us/ Crime Records / Review of Personal Criminal History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

City of Brownwood

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Emp. ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial

Retain in your files



IMMUNIZATION REGISTRY (ImmTrac2) ADULT CONSENT FORM



(Please print clearly)

Grid for Last Name

Last Name

Grid for First Name

First Name

Grid for Date of Birth

Date of Birth

Grid for Address

Address

Grid for Middle Name

Middle Name

Gender: Male Female

Grid for Apartment #

Apartment #

Grid for Telephone

Telephone

Grid for City

City

Grid for State

State

Grid for Zip Code

Zip Code

Grid for County

County

Grid for Mother's First Name

Mother's First Name

Grid for Mother's Maiden Name

Mother's Maiden Name

ImmTrac2, the Texas immunization registry, is a free service of the Texas Department of State Health Services (DSHS). The immunization registry is a secure and confidential service that consolidates immunization records for public health purposes (e.g., giving all doctors treating a patient a central place to see that patient's immunization records). With your consent, your immunization information will be included in ImmTrac2. For a family member younger than 18 years of age, a parent, legal guardian, or managing conservator may grant consent for participation for that minor by completing the ImmTrac2 Minor Consent Form (# C-7). The ImmTrac2 Minor Consent Form (# C-7) can be downloaded by visiting www.ImmTrac.com.

The Texas Department of State Health Services encourages your voluntary participation in the Texas immunization registry.

Consent for Registration and Release of Immunization Records to Authorized Persons / Entities

I understand that, by granting the consent below, I am authorizing release of my immunization information to DSHS and I further understand that DSHS will include this information in the state's central immunization registry, ImmTrac2. Once in ImmTrac2, my immunization information may be accessed by:

- a Texas physician, or other health care provider legally authorized to administer vaccines, for treatment of the individual as a patient;
a Texas school in which the individual is enrolled;
a Texas public health district or local health department, for public health purposes within their areas of jurisdiction;
a state agency having legal custody of the individual;
a payor, currently authorized by the Texas Department of Insurance to operate in Texas for immunization records relating to the specific individual covered under the payor's policy.

I understand that I may withdraw this consent at any time.

By my signature below, I GRANT consent for registration. I wish to INCLUDE my information in the Texas immunization registry.

Individual (or individual's legally authorized representative):

Printed Name

Date

Signature

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Questions? (800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • www.ImmTrac.com

Texas Department of State Health Services • ImmTrac Group – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

PROVIDERS REGISTERED WITH ImmTrac2: Please enter client information in ImmTrac2 and affirm that consent has been granted. DO NOT fax to ImmTrac2. Retain this form in your client's record.

CODE OF CONDUCT

BROWN COUNTY MEDICAL RESERVE CORPS CODE OF CONDUCT

All volunteers of the Brown County Medical Reserve Corps (MRC) shall meet the following standards of conduct. As a volunteer of the Brown County MRC, I agree to:

Ethical Conduct

- Maintain and abide by the standards of my profession, including licensure, certification and/or training requirements to support my MRC role
- Report changes to professional licensure, including suspension or termination, to the MRC Coordinator
- Act in the capacity of a MRC responder and present myself as a MRC volunteer only with prior authorization/deployment by the MRC Coordinator or the Brownwood/Brown County Health Department
- Avoid inappropriate conduct and behavior, including behavior that is dangerous to others or myself (e.g., acts of violence, verbal or physical abuse, harassment)
- Avoid situations that could be interpreted as a conflict of interest
- Abstain from the use of city and state equipment and resources for personal use
- Refrain from transporting, storing, or consuming alcoholic beverages or illegal substances while performing volunteer duties
- Abstain from responding for duty under the influence of alcohol or illegal substances or under the influence of prescription or non-prescription medication that may influence my abilities
- Refrain from accepting or seeking on behalf of myself or any other person, any financial advantage or gain as a result of my affiliation with the MRC
- Abstain from publicly using my MRC affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue
- Avoid knowingly taking any action or making any statement intended to influence the conduct of the MRC in such a way as to confer any special benefit on any person, corporation, or entity in which I have an interest or affiliation
- Contact the MRC Coordinator as soon as possible if I am not able to participate after registering and being deployed to any event, emergency response, or training
- Abstain from the use of audio or video recording equipment, unless authorized
- Keep contact information current in the Texas Disaster Volunteer Registry (TDVR)

Safety

- Put safety first in all volunteer activities
- Wear my MRC badge when deployed to any MRC-sponsored activity or while on site at the Brownwood/Brown County Health Department
- Dress for the environment and wear closed toe footwear, if activated to respond
- Respect and use all equipment appropriately
- Promote healthy and safe work practices
- Take care of self and others
- Report injuries, illnesses, accidents, safety hazards, and suspicious activity to the appropriate staff member

Respect

- Refrain from using and disclosing any protected information, to which I may have access, to any person not authorized to receive such information
- Avoid commenting with, answering questions, or divulging information to the media
- Respect the cultures, beliefs, opinions, and decisions of others, although I may not always agree
- Treat others with courtesy, sensitivity, tact, consideration, and humility
- Accept the chain of command and respect others regardless of their position

MRC Volunteer Printed Name

MRC Volunteer Signature

Date

MRC Director/Coordinator Printed Name

MRC Director/Coordinator Signature

Date

**BROWN COUNTY MEDICAL RESERVE CORPS HIPAA & LIABILITY POLICY
ACKNOWLEDGMENT**

Health Insurance Portability and Accountability Act (HIPAA) Protects Patient Privacy

As a volunteer performing duties for the Brownwood/Brown County Health Department - Public Health Preparedness, you will have access to the Protected Health Information (PHI) of our clients. The fact that an individual is or was a client of the BBCHD is PHI. Federal and state laws, including HIPAA and our policies and procedures, protect the privacy and security of this PHI.

It is illegal for you to use or disclose PHI outside the scope of your volunteer duties for the BBCHD. This includes oral, written, or electronic uses and disclosures.

The following are guidelines for using public health information:

- You may use PHI as necessary to carry out your duties as a volunteer
- You may share PHI with other health care providers for treatment purposes
- You may NOT photocopy PHI
- You must access only the minimum amount of PHI necessary to care for a patient or to carry out an assignment
- You may NOT record PHI (such as patient names, diagnoses, dates of birth, addresses, phone numbers, etc.) on any assignments you may need to turn into your instructor, reports you may need to turn in to your program, or forms you may need to take with you
- You may only access the PHI of patients for whom you are caring/volunteering when there is a need for the PHI
- Be aware of your surroundings when discussing PHI. For example, because others may overhear you, it is inappropriate to discuss PHI in bathrooms, lunch areas or in any other public place
- When disposing of any documents with PHI, do NOT put them into a waste can. Instead, place discarded documents with PHI into containers marked for shredding/shred in designated location
- If you have questions about the use or disclosure of PHI, contact the Medical Reserve Corps Coordinator

MRC Volunteer Printed Name

MRC Volunteer Signature

Date

MRC Director/Coordinator Printed Name

MRC Director/Coordinator Signature

Date

Brown County MRC

Photo/Video Release Form

I hereby consent to the photography, audio and video taping of myself and/or my minor child and/ or other person for whom I have legal capacity to consent. I further consent to the use of the audio or video recording, my likeness and/or voice by the Medical Reserve Corps (MRC) and its designees, including individual MRC units and the U.S. Department of Health and Human Services (HHS) in perpetuity, for all purposes of education, instruction, or public information, with or without the use of my name in any medium, including publication or broadcast, print, television, radio, the internet or promotional or educational material. I understand that I retain no rights in the material and that it may be reproduced or authorized for use by the MRC, individual MRC units, or HHS and their designees, without further permission. I release the MRC, individual MRC units, HHS and others from any claims arising out of such use.

Full Name: _____

Phone: _____

Signature: _____

Date: _____

MRC Designated Official

Full Name: _____

Date: _____

Signature: _____

