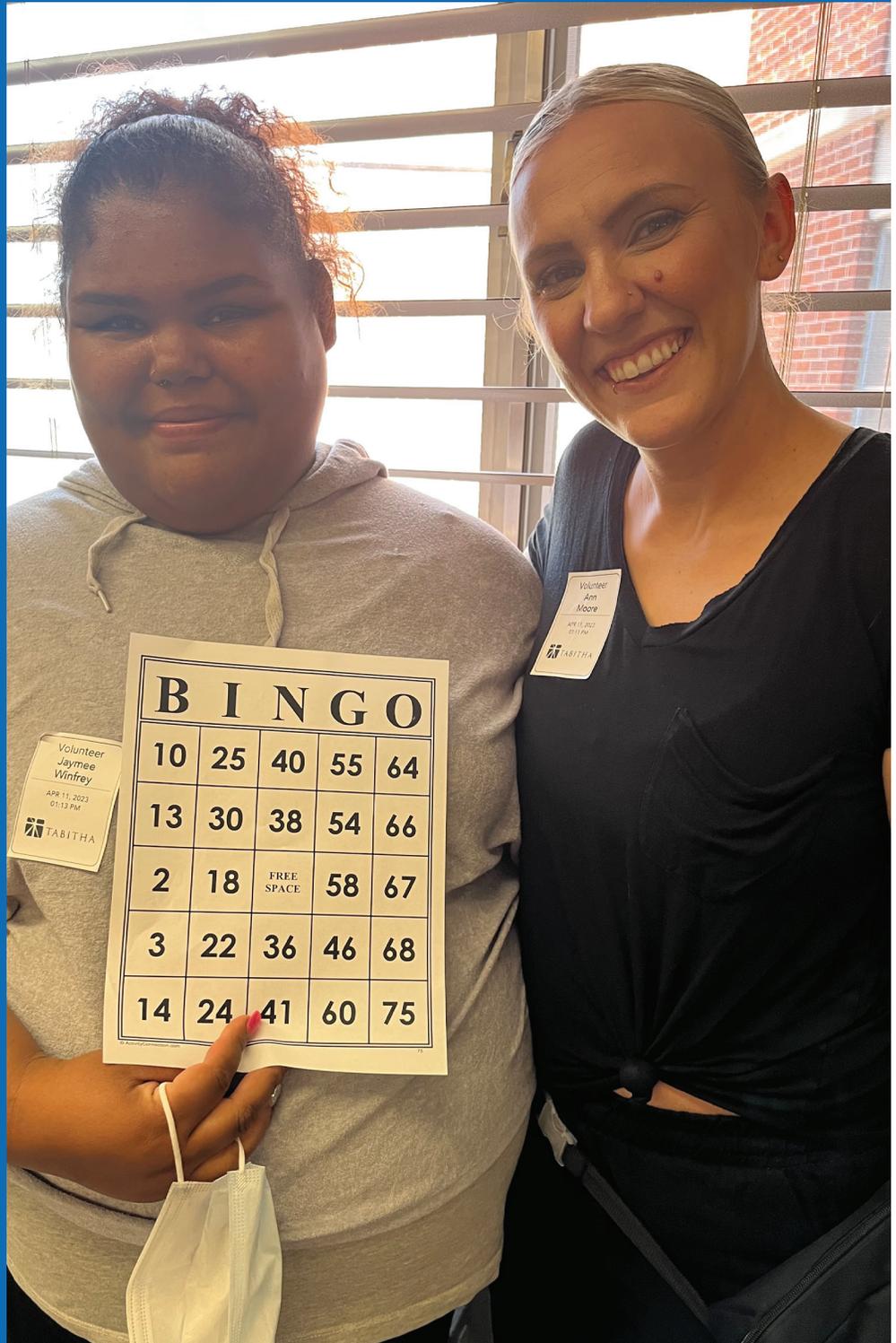




TABITHA

VOLUNTEER Handbook



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B I N G O				
10	25	40	55	64
13	30	38	54	66
2	18	FREE SPACE	58	67
3	22	36	46	68
14	24	41	60	75



Table of Contents

Tabitha’s Purpose	2
Live2Care at Tabitha	3
Tabitha’s Core Values	4
Why is Tabitha <i>Nebraska’s Answer?</i>	5
Volunteer Relationship.....	6
Safety Issues.....	7
Conduct.....	8
Policies.....	8
Older Adult Abuse Identification and Prevention	10
Resident Bill of Rights	16
Grievance Process	21
Client Confidentiality, HIPAA and PHI.....	22
Dementia Training.....	25
Volunteer Handbook Signature Form	26
Marketing, Fundraising and General Authorization Form.....	27



Tabitha's Purpose

ABOUT US

Nonprofit Tabitha is Nebraska's Answer for industry-leading, award-winning *Care* for older adults. Supporting families across Nebraska since 1886, Tabitha offers a full range of services, from results-driven rehabilitation, accessible at-home health care, innovative living communities, resourceful serious illness support and compassionate hospice services.

OUR PURPOSE

Tabitha empowers people to *live joyfully, age gratefully*.

WHERE WE'RE LOCATED

Tabitha serves many counties throughout Nebraska.

Our main campus, Tabitha Nursing & Rehabilitation Center, is in the heart of Lincoln, Nebraska, with community campuses: Tabitha at Williamsburg in Lincoln's Williamsburg neighborhood; Tabitha in Crete and Tabitha: The Gardens in Crete; and Tabitha at Prairie Commons in Grand Island.

Tabitha also has regional offices in Grand Island and York, and a home office in Omaha for Tabitha Home Health Care and Hospice | A Collaboration with Immanuel.



TABITHA

LIVE CARE

Love your job
Invite optimism
Vision success
Embrace the mission

Core values
Accountability
Relationships matter
Exceed expectations



TABITHA

Culture Matters



Tabitha's

CORE VALUES

As a member of the Tabitha Team, we . . .

CARE

...extend unwavering Christian compassion

CONNECT

...build relationships rooted in love, because love matters

CUSTOMER CENTRIC

...identify, clarify and anticipate needs to exceed expectations

COLLABORATE

...create an atmosphere of teamwork

CULTIVATE

...nurture an environment of innovation and growth

COURAGE

...demonstrate confidence, boldness and determination

COMMIT

...devote our time, talent and treasures

CELEBRATE

...recognize and encourage all accomplishments big and small





Why is Tabitha Nebraska's Answer?

Tabitha provides the most complete *Continuum of Care* for older adults in Nebraska.

Focusing on enhancing the dignity, independence and well-being of older adults, Tabitha's continuum ranges from personalized at-home assistance and exceptional rehabilitation to advanced health care services and compassionate hospice support.





Volunteer Relationship

Thank you for the personal investment you make in Tabitha and its PURPOSE. We strive to provide support, supervision and recognition to our Volunteers.

AS A VOLUNTEER, YOU HAVE THE RIGHT TO:

1. Be assigned appropriate tasks according to ability, skill, interests, availability and training
2. Receive training and supervision for the tasks accepted
3. Receive a job description for your assignment, when appropriate
4. Be treated as a fellow TEAMember who contributes to Tabitha's goals through your volunteer work, and thus, be given appropriate expressions of appreciation and recognition
5. Make suggestions about the Tabitha Volunteer program or your assignment, and be acknowledged by Tabitha staff when doing so
6. If necessary, be trusted with confidential information to help carry out assignments
7. Be treated with a spirit of friendliness and cooperation so that Tabitha will continue to be known as a "world-class experience" to Residents, Clients and families
8. A safe and inviting work environment that is free of harassment and discrimination

TABITHA EXPECTS VOLUNTEERS TO:

1. Know your duties and stay on task
2. Cooperate with TEAMembers and Volunteers while maintaining a team attitude
3. Sign in and out each time you arrive for a work assignment
4. Be on time for scheduled volunteer hours
5. Honor your commitment and come when scheduled
6. Treat all Clients, TEAMembers and Volunteers with respect



NEED A DIFFERENT ASSIGNMENT?

Contact Tabitha's Volunteer department for reassignment or to explore other volunteer opportunities.

Safety Issues

TORNADO WATCHES AND WARNINGS

WATCH indicates that the weather conditions may lead to the creation of a tornado.

WARNING indicates that a tornado has been spotted. Report to your area supervisor for instruction. Go to an area of safety away from windows. (i.e. the Johnsen Conference Room in the lower level of Tabitha Nursing & Rehabilitation Center)

FIRE ALARMS

When the fire alarms sound, head to the closest outdoor exit for your safety. If the door is hot, use a different door and ask TEAMembers for directions. Move safely away from the building.

Please note that magnets will release doors and they will close for safety reasons. You may still go through the doors to exit the building.

EQUIPMENT

Help prevent injuries — if you have not been trained to operate, do not use or play with equipment.

INFECTION CONTROL

- Wash your hands with soap and water for 20 seconds when you arrive and leave Tabitha
- Wash your hands for 20 seconds—or use antibacterial gel—when you enter a Resident's room and/or after you have touched a Resident's belongings
- Do not report to the volunteer department if you are sick
 - Call/email your supervisor to notify them of your sickness
- Cough and sneeze into your sleeve



- Do not enter a Resident's room if there is infection control signage displayed on the door

Conduct

Tabitha is an at-will agency and has the right to terminate a Volunteer without cause, but will always consider the cause leading to the termination. Although it is not possible to list all the forms of behavior or conduct that are considered unacceptable in the workplace, the following are examples of infractions or conduct that may result in the limitation or termination of the volunteer relationship:

- Theft
- Use of drugs/alcohol
- Violence, abuse or mistreatment of Clients, Volunteers or Tabitha TEAMembers
- Releasing confidential information; violating HIPAA policy
- Failure to comply with teams' requests
- Failure to comply with policies and procedures
- Violation of safety and health rules
- Sexual or other unlawful harassment or discrimination

Policies

DRESS CODE

Some departments have more specific dress code requirements than others. This information will be discussed with you at the time you are assigned.

- ***Dress neatly.*** You may wear nice shorts (no shorter than 5" above the knee), skirts or nice jeans or slacks. No holes or frayed edges on jeans or shorts
- ***Wear comfortable shoes that look neat and clean.*** Tennis shoes are recommended. Do not wear flip flops
- ***Shirts need to have a sleeve*** (cap-sleeve is fine). Avoid t-shirts with offensive wording or pictures (suggestive slogans, swear words, etc.). Crop tops are not permitted
- ***Always wear your nametag*** when volunteering
- ***Practice basic hygiene*** and control body odor



LANGUAGE

Unacceptable language includes any words or expressions that are suggestive in nature or are considered swear words. Use of such language is not acceptable and will not be tolerated.

CELL PHONES

Keep them in your bag or pocket. Do not take photographs or videos of residents.

TOBACCO AND ALCOHOL

Tabitha is a non-smoking, tobacco-free campus. Volunteers are not allowed to consume alcoholic beverages while on duty.

DISCRIMINATION AND HARASSMENT

Tabitha has a no-tolerance policy regarding any form of discrimination or harassment (verbal, emotional, physical, etc.) based on age, gender, race, ethnicity, religion, sexual orientation or any other characteristic.

NO-CALL, NO-SHOW POLICY

If you are sick or unable to come in at your assigned time, please call or email the volunteer department or your supervisor as soon as possible.

If you call and are unable to volunteer more than twice in a row, your duties and department may be reassigned to lessen the impact of your absence.

If you have two no-call, no-shows, Tabitha will terminate the relationship.



Older Adult Abuse Identification and Prevention

PURPOSE

To prevent abuse, neglect and exploitation of Residents and misappropriation of Resident property. To ensure accurate and timely investigation, report incidents involving alleged or suspected abuse, neglect and exploitation.

POLICY

Tabitha will investigate and report all incidents of alleged or suspected abuse, neglect or exploitation, as is regulatory requirement and facility policy/procedure.

Tabitha will not tolerate abuse, neglect or exploitation.

Tabitha will proactively train TEAMembers and inform family members how to prevent, recognize and report potential and/or suspected abuse.

DEFINITIONS

Abuse is defined as any knowing, intentional, or negligent act or omission on the part of a caregiver or any other person, which results in physical harm, unreasonable confinement, punishment, sexual abuse, exploitation, or denial of essential services to a vulnerable individual.

Physical Abuse

Damage to bodily tissue caused by non-therapeutic conduct, including—but not limited to—fractures, bruises, lacerations, internal injuries, dislocations, hitting, slapping, pinching and kicking. Physical abuse includes controlling behavior through corporal punishment.

Mental Abuse

Verbal threats of punishment, deprivation or physical action on the part of another. This places the Client in fear of retaliation, harm, exploitation, sexual abuse, denial of essential service or humiliation. Mental abuse also includes—but is not limited to—



abuse that is facilitated or caused by staff taking or using photographs or recordings in any manner that would demean or humiliate a Client(s).

Verbal Abuse

The use of oral, written or gestured language that willfully includes disparaging and derogatory terms to/or within hearing distance of Clients or their families, regardless of their age, ability to comprehend or disability.

Sexual Abuse

Non-consensual sexual contact of any type with a Client. This includes—but is not limited to—sexual harassment, sexual coercion or sexual assault.

Exploitation

Taking advantage of a Client for personal gain using manipulation, intimidation, threats or coercion.

Neglect

Failure of the facility, its staff or service providers to provide goods and services to a Client that are necessary to avoid physical harm, pain, mental anguish or emotional distress.

Misappropriation of Resident Property

Deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a Client's belongings or money without the Client's consent.

ABUSE PREVENTION PROCEDURES

Screening

Potential TEAMembers/Volunteers will be screened for history of abuse, neglect or mistreating Clients or other evidence of criminal activities that would render them inappropriate to work with older adults.

This will be done by:

1. Checking with previous/current employers



2. Making reasonable efforts to uncover information about any past criminal prosecution, including criminal history checks with the local police department and/or Nebraska State Patrol
 - a. If a felony conviction is discovered, the living community will notify the appropriate registry or examining board
3. Checking appropriate abuse registries:
 - a. Adult Abuse Registry, phone: 800.722.1715
 - b. Nebraska Sex Offender Registry, P.O. Box 94907, Lincoln, NE 68509-4907
4. Checking Nurse Aide Registry
 - a. Phone: 402.471.0316, fax: 402.742.1151
5. Checking licensing boards for professional license staff (for nursing, physicians, social workers or administrators)
 - a. Phone: 402.471.2115
6. Agency screening
 - a. Contracted staffing agencies that provide direct care staff will provide a copy of their policies and procedures pertaining to criminal background checks, Nurse Aide Registry checks, Adult Protective Services Registry checks and Sex Offender Registry checks. Such written evidence will become addenda to the agency's agreement. The agency will also provide a copy of all personnel licenses prior to providing services to the living community and will maintain the timely submission of copies of licenses upon their renewal.

Training

The living community will provide all TEAMembers and Volunteers with orientation and ongoing training on:

1. Appropriate interventions to deal with aggressive and/or catastrophic reaction of Clients
2. Reporting this knowledge of allegations without fear of reprisal
3. Recognizing signs of burnout, frustration and stress that could lead to abuse
4. What constitutes abuse, neglect, exploitation and misappropriation of Clients' property



Prevention – The Living Community will:

1. Encourage Residents, families, Volunteers and TEAMembers to report concerns, incidents and grievances without fear of retribution
2. Provide copies of Tabitha Health Care Service Abuse Prevention Program at the time of orientation, admission, upon request, as needed and at least annually to TEAMembers, Volunteers, family members and Residents.
 - a. This tool will provide information on how to recognize abuse, what must be reported, how to prevent abuse and outside resources for abuse of older adults and domestic abuse
3. Identify, correct and intervene in situations where abuse, neglect and/or misappropriation of Clients' property are more likely to occur
4. Not tolerate any form of abuse
5. Terminate any TEAMember/Volunteer perpetrating an act of abuse
6. Report all suspected acts of abuse as outlined below

Identifying and Reporting Abuse

1. A Tabitha TEAMember or Volunteer will report all incidents of alleged violations involving mistreatment, neglect, exploitation or abuse, including injuries to unknown source and misappropriation of Client/Resident property
 - a. Report immediately to the administrator of the facility and to other officials in accordance with state law through established procedures.
2. The supervisor will take the following action:
 - a. Assess the report to determine risk to the safety and well-being of the Client. In cases where there is suspected or known sexual assault/abuse, or in incidents where there is serious physical injury or incidents of theft, law enforcement will be notified immediately. Evidence will not be handled until law enforcement has arrived
 - b. Eliminate any immediate risk, including rendering assistance and/or putting TEAMember(s)/Volunteer(s) on leave
 - c. Coordinate a thorough physical assessment of the Client as warranted by the incident, including a photo of the injury
 - d. Notify the administrator as soon as possible following receipt of the report
 - e. If the administrator is unavailable, utilize the following chain of command: Director of Nursing or designee



- f. Notify the Client's family, as warranted by the situation
 - g. Notify the physician, as appropriate
 - h. Complete a quality assessment report (incident report)
 - i. Direct the immediate acquisition of formal, written, signed and dated documentation immediately by:
 - i. The individual bringing the allegations forward
 - ii. Any eyewitnesses to the incident
 - iii. The alleged abuser(s), if possible
 - iv. The alleged victim(s), if possible
 - v. The investigating supervisor's report, including physical assessment, if warranted
3. The administrator and/or their designee(s) will take the following action:
- a. Notify local law enforcement of any bodily injury within two hours if there is a suspicion of a crime
 - b. Notify Adult Protective Services of the allegation of abuse and initiation of investigation via telephone within two hours of receipt of report
 - c. Convene an investigation team to conduct interviews and gather information necessary to make a determination of abuse
 - d. Facilitate a determination by the investigation team
 - e. Report determination and action to all appropriate parties
 - f. File a written report of the incident of alleged or suspected abuse or neglect, and request an extension, within five business days of receipt of report, to the Nebraska Department of Health and Human Services, Division of Investigations, and, if appropriate, law enforcement. The report should include the following information to the extent possible:
 - i. Alleged abused or neglected person's name, social security number, address, telephone number, date of birth, sex, mental/physical condition, ability to be interviewed and reaction to incident, if able to obtain
 - ii. Description of the problem: when and where did the abuse/neglect occur; what is the frequency of the problem; if there are bruises, where are they located and what color are they; if there is an injury, when was the person injured and how did it occur; is the injury visible; and has the person received medical attention. If someone has threatened harm, when did it happen;



- what exactly did the alleged abuser say; and did anyone else witness the injury, verbal abuse, neglect, etc.
- iii. Alleged perpetrators name(s), home address(es), date(s) of birth, social security number(s), home telephone number(s) and relationship(s) to the alleged abused/neglected adult
 - iv. Other individuals who might have information: names, addresses and home phone numbers of family, friends, doctor, staff or others
 - v. Copies of written statements and pertinent nurses' notes for the alleged victim(s)
 - vi. What action has been taken by the organization, including a follow up to ensure Clients/TEAMembers are free from retaliation
 - vii. Reporting person's name, address, home telephone number and relationship to the alleged abused/neglected person.
- g. Any person making a report of alleged abuse/neglect of a vulnerable Client is protected and immune from criminal or civil liability, except for malicious or intentional false statements
- i. The name of the reporter is kept confidential according to state statutes

Investigating Injuries of Unknown or Suspicious Origin

When an injury of unknown or suspicious origin is discovered, a Quality Assurance Report/Incident Report (QAR) must be initiated by the responsible professional.

Injuries that are indicators of physical abuse may include—but are not limited to—the following:

- Burns
- Bruises
 - Bilateral on arms
 - Bilateral on soft parts of body, not over bony prominence (knees or elbows)
 - Clustered on trunk
 - On top of head
 - Old and new bruises present at the same time
 - Resembling an object or human hand



- Not consistent with the explanation given for the cause
- Any injury of unknown source
- Fractures of unknown origin
- Fearful or catastrophic reaction of a Client to the presence of a caregiver

Resident Bill of Rights

When you enter a living community, you take with you all the rights given by law. You have the same rights within Tabitha living communities as any citizen of Nebraska and the United States.

For Residents who have been adjudicated incompetent, all rights may be exercised by the person appointed by the court to do so.

All Residents have the same rights. However, as in every area of life, there will be times when everyone must give and take. Client concerns may be received in person, via telephone, or in writing by letter or satisfaction survey.

THE RESIDENT HAS THE RIGHT TO:

- A dignified existence, self-determination and communication with and access to persons and services both inside and outside the living community
- Be treated with respect and dignity, and be cared for in a manner and in an environment that promotes maintenance or enhancement of his/her quality of life, while also recognizing his/her individuality
- Exercise his or her rights as a Resident of the living community, and as a citizen or resident of the United States
- Be free of interference, coercion, discrimination and reprisal from the living community in exercising his/her rights, and to be supported by the living community in the exercise of his/her rights, as required
- In the case of a Resident who has not been adjudged incompetent by the state court, in accordance with state law, the Resident has the right to designate a representative



- Any legal surrogate so designated may exercise the Resident's rights to the extent provided by state law. The same-sex spouse of a Resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated
 - Have his/her representative exercise the Resident's rights to the extent those rights are delegated to the representative
 - Resident retains the right to exercise those rights not delegated to a representative, including the right to revoke a delegation of rights, except as limited by state law
- In the case of a Resident adjudged incompetent under state law, the rights of the Resident devolve to and are exercised by the Resident's representative appointed under state law to act on the Resident's behalf to the extent judged necessary by a court
 - In the case of a representative whose decision-making authority is limited by state law or court appointment, the Resident retains the right to make those decisions outside the representative's authority. The Resident's wishes and preferences must be considered in the exercise of rights by the representative. To the extent practicable, the Resident must be provided with opportunities to participate in the care planning process

PLANNING AND IMPLEMENTING CARE RIGHTS

- Be informed of, and participate in his/her treatment, including the right to be fully informed in language that he/she can understand of his/her total health status, including—but not limited to—his/her medical condition
- Participate in the development and implementation of his/her care plan
- Participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings, and the right to request revisions to the care plan
- Participate in establishing the expected goals and outcomes of care: the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the care plan
- Be informed, in advance, of changes to the care plan
- Receive the services and/or items included in the care plan



- See the care plan, including the right to sign after significant changes to the care plan
- Be informed, in advance, of the care to be furnished and the type of caregiver or professional that will furnish care
- Be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives, or treatment options, and to choose the alternative or option he/she prefers
- Request, refuse, and/or discontinue treatment, to participate in or refuse experimental research and to formulate an advance directive
- Self-administer medications, if the interdisciplinary team determines that this practice is clinically appropriate
- Medical treatment or services unless deemed medically unnecessary or inappropriate

ATTENDING PHYSICIAN CHOICE RIGHTS

- Choose his/her attending physician so long as said physician is licensed to practice.

RESPECT AND DIGNITY RIGHTS

- Be treated with respect and dignity
- Be free from any physical or chemical restraints imposed for purposes of discipline or convenience that are not required to treat the Resident's medical symptoms
- Retain and use personal possessions, including furnishings, and clothing, as space permits, unless doing so would infringe upon the rights, health or safety of other Residents
- Reside and receive services in the living community with reasonable accommodation of Resident needs and preferences, except when doing so would endanger the health or safety of the Resident or other Residents
- Share a room with his/her spouse when married Residents live in the same living community and both spouses consent to the arrangement



- Share a room with his/her roommate of choice when practicable, when both Residents live in the same living community and both Residents consent to the arrangement
- Receive written notice, including the reason for the change, before the Resident's room or roommate in the living community is changed
- Refuse to transfer to another room in the living community, if the purpose of the transfer is to relocate a Resident from one distinct part of the living community to another distinct part of the living community or solely for the convenience of staff

SELF-DETERMINATION RIGHTS

- A Resident has the right to self-determination through choice
- Choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his/her interests, assessments and care plan
- Make choices about aspects of his/her life in the living community that are significant to the Resident
- Receive visitors of his/her choosing at the time of his/her choosing, subject to the Resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another Resident
- Interact with members of the community and participate in community activities both inside and outside the community
- Organize and participate in Resident groups in the living community
- Participate in family groups
- Have family member(s) or other Resident representative(s) meet in the living community with the families or Resident representative(s) of other Residents in the living community
- Participate in other activities, including social, religious and community activities that do not interfere with the rights of other Residents in the living community
- Choose to or refuse to perform services for the living community. The Resident may perform services for the living community, if he/she chooses
- Manage his/her financial affairs, including the right to know, in advance, what charges a living community may impose against a Resident's personal funds



INFORMATION AND COMMUNICATION RIGHTS

- Be informed of his/her rights and of all rules and regulations governing Resident conduct and responsibilities during his/her stay in the living community
- Access personal and medical records pertaining to self
- Receive required notices orally (meaning spoken) and in writing (including braille) in a format and a language he/she understands, except certain medical records, survey-type materials and other materials allowed by law
- Have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the community where calls can be made without being overheard, including the right to retain and use a cellular phone at the Resident's own expense
- Send and receive mail, and to receive letters, packages and other materials delivered to the living community for the Resident through a means other than a postal service, including the right to privacy of such communications and access to stationery, postage and writing implements at his/her own expense
- Reasonable access to and privacy in his/her use of electronic communications, such as email and video communications
- Ability to research on the Internet, if access is available to the facility. At the Resident's expense, if any additional expense is incurred by the living community to provide such access to the Resident. The use must comply with state and federal law
- Examine the results of the most recent survey of the facility conducted by federal or state surveyors, as well as any plan of correction in effect with respect to the living community
- Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies

PRIVACY AND CONFIDENTIALITY RIGHTS

- Personal privacy including accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and Resident groups, but this does not require the living community to provide a private room for each Resident
- Secure and confidential personal and medical records



- Resident may refuse the release of personal and medical records, except as provided by applicable federal or state laws

SAFE ENVIRONMENT RIGHTS

- Resident has the right to a safe, clean, comfortable and home-like environment, including—but not limited to—receiving treatment and support for safe daily living

GRIEVANCE RIGHTS

- Resident may voice grievances to the living community, other agency or entity that hears grievances without discrimination or reprisal, and without fear of discrimination or reprisal
- The living community must make prompt efforts to resolve grievances

FREEDOM FROM ABUSE, NEGLECT AND EXPLOITATION

- Be free from abuse, neglect, misappropriation of Resident property and exploitation, as defined by law

Grievance Process

Tabitha Living Communities will thoroughly investigate all Client concerns and provide resolution to the extent possible. Residents are free to voice concerns to the community or other agencies without fear of coercion, discrimination, reprisal or retaliation. The living community will make prompt efforts to resolve grievances.

1. Client concerns may be received in person, via telephone, or in writing by letter or satisfaction survey
2. If you would like to file a grievance, Tabitha TEAMembers will listen to your concerns and assist with problem-solving to come to a resolution
3. If you do not feel your concern is resolved, grievance officer TEAMembers can assist you in completing a Client concern form
 - a. The grievance officer will be notified of your concern



- b. The grievance officer will notify the Director of Nursing, Administrator and the appropriate department manager, if their department is involved in your concern
- c. A thorough investigation of your concern will take place to determine root cause, and a plan of action will be implemented
4. Resolution to your concern will be within five business days
5. You have the right to ask for written resolution to your concerns

Your grievance officer is:

Kara Warnke

Director, Social Services

402.484.9689

Kara.Warnke@Tabitha.org

Client Confidentiality, HIPAA and PHI

Tabitha recognizes the importance of protecting confidential information. Keep Resident information in the strictest confidence.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

A federal law imposed on all health care organizations, including hospitals, physician offices, home health agencies, nursing homes and other providers, as well as health plans and clearinghouses regarding PHI.

HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH)

A federal law that created a mandated change to privacy and security laws to strengthen HIPAA. Applies to covered entities and business associates. HITECH created the possibility of nationwide electronic health records and increased penalties for privacy and security violations.

PROTECTED HEALTH INFORMATION (PHI)



PHI is any information about a Resident written on paper, saved on a computer or spoken. This includes:

- Name
- Address
- Phone number
- Medical record
- Social security number
- Age
- The fact that a person is a Tabitha Client

Volunteers should only have access to and look at the information NECESSARY to perform their job. Never leave papers with PHI unattended.

RESPECTING PRIVACY

Unless it directly pertains to your Volunteer duties, please do not:

- Talk about Clients' conditions
- Take pictures of Clients
- Look up information on Clients, friends or relatives in any systems
- Confirm or deny any information you may hear "on the street"

HIPAA AND CELL PHONE USAGE

Using a Tabitha cell phone, Tabitha TEAMembers are able to text other Tabitha-issued cell phones to communicate using room numbers only.

For departments that do not have room numbers as a resource, please reach out to the Executive Director of Information Technology (IT) to discuss alternative options available.

No PHI should be texted from personal cell phones. Do not take photographs or videos of residents.

No PHI should be texted to non-Tabitha employees, including physicians.

HIPAA AND EMAIL USAGE



Emails sent internally, from a Tabitha email to another Tabitha email, can contain PHI in the subject line until processes are available to make this action unnecessary.

Emails sent externally that contain PHI must not have any PHI included in the subject line and needs to be encrypted using the Encrypt button within Microsoft Outlook, or by using the “Secure” or “Encrypt” keyword.

If a Client or authorized family member requests communication from a Tabitha TEAMember via text or unencrypted email, Tabitha is required to accommodate that request. However, the Client or family member must first read and sign a “Disclosure of Information” waiver.

These waivers are available on Tabitha’s T.E.Ns website under HIPAA Forms.

Bottom line: do not share with others what you hear, see or read related to Residents.

PRIVACY OFFICER

If a breach occurs or is suspected, contact the privacy officer immediately:

Brian Shanks
Ext. 3545, 402.486.8545 or 402.417.5721
PrivacyOfficer@Tabitha.org
Privacy Line: 402.484.9996
Integrity Hotline: 1.877.282.2484



Dementia Training

For Volunteers who have direct, independent contact with a Tabitha Resident, dementia training is required and must be completed before they begin volunteering.

It can be completed on your own, or Tabitha computers are available for your use.

Dementia training includes a 40-minute video followed by a brief multiple-choice quiz. A minimum score of 80 percent is required in order to pass.

Please follow the directions below:

1. Go to <http://training.alz.org/>
2. Click on the “Log In/Register” button
3. Under "New User," click on the “Create Account” button
4. Enter your email address and click the “Continue” button
5. Complete the required fields with your information
6. In the last section, create a password and click the “Submit” button
 - a. Be sure to remember your password for future use
7. This will bring you to the Training and Education Center. Scroll down to find the list of trainings
8. Under "Trainings," find “*Understanding Alzheimer’s and Dementia*”
9. Click on the "Enroll Now" button
10. Under “Presentation,” find the presentation video and click the “Launch” button
 - a. If you do not see content, click on the “Presentation” heading and information should drop down
11. Watch the 40-minute video
12. After the video, go to <https://www.surveymonkey.com/r/TabVol>
13. Complete the five-question quiz
14. Type your full name in the last box and click the “Done” button



Volunteer Handbook Signature Form

I have been educated regarding abuse and neglect, and understand my responsibilities in reporting any allegation of abuse and neglect.

I have been educated regarding the grievance process and know who the grievance officers are for Tabitha.

I acknowledge that I have received education regarding Resident rights.

I have been educated regarding HIPAA, PHI and confidentiality.

I agree to complete the 40-minute dementia training and test prior to my start date.

I acknowledge I have received and reviewed the Volunteer Handbook and agree to adhere to all of the policies and procedures while serving at Tabitha.

Volunteer Name (Print): _____

Volunteer Signature: _____

Date: _____

MARKETING, FUNDRAISING & GENERAL AUTHORIZATION



I understand that Tabitha has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Tabitha to release some of my personal information to certain individuals or agencies.

I, _____, authorize Tabitha to gather and share
PRINTED FIRST & LAST NAME
the following specific information and agree to the below terms.

Tabitha may use all photos they've taken that include my image and my story that they've gathered regarding the care I've received through one of Tabitha's service lines. I understand that Tabitha will share my image and story with the public through any of Tabitha marketing or foundation promotional campaigns including but not limited to print, TV, out of home, collateral, or social media facets. I understand that Tabitha is disclosing the information with the goal of sharing my story with the general public.

I understand that releasing information about me could give another agency or person information about my use of Tabitha services and would confirm that I have been receiving services from Tabitha.

Tabitha will do its best to portray my likeness and story in the best possible way. I understand that my likeness will be released publicly and thus will no longer be protected by federal privacy regulations. Tabitha may not be able to control what happens to my information once it has been released. The information used or disclosed may be re-disclosed by the person or persons receiving it, and would then no longer be protected by federal privacy regulations.

I understand that this release is valid from the date of the signature and will remain in effect indefinitely unless I or my power of attorney indicate otherwise through a written statement. If this release is revoked, Tabitha will not or cannot retrieve previously published materials featuring your likeness, but will remove the likeness on future publications.

I understand that signing this release is completely voluntary. Once signed it becomes valid. I may withdraw my consent to this release at any time, in writing to Tabitha Marketing at 4720 Randolph St., Lincoln, NE, 68510. A copy of this release is available on request.

Legal relationship: _____ **Date:** _____ CONSENT

Signature: _____ DECLINE

Witness Signature: _____ **Date:** _____

CHECK THOSE THAT APPLY:

TEAMember Client/Resident Guest/Family/Other Volunteer

TABITHA TEAMEMBERS & CLIENTS ONLY:

Living Community, Service or Department Name: _____

CHECK ONE AREA:

Lincoln Area NE City Area York Area GI/Kearney Area) Omaha Area

Scan resident and client forms to Point Click Care. Submit all other signed forms to Marketing

