



*A medication safety net for uninsured patients in Mobile, Baldwin Washington and Escambia Counties*

## **Volunteer Application Packet**

Dear Prospective Volunteer: Thank you for expressing an interest in volunteering at Ozanam Charitable Pharmacy. We take great pride in how successfully our organization is run, but we could not be as productive and effective as we are without the assistance from our amazing **VOLUNTEERS!**

Please direct completed applications to **The Ozanam Charitable Pharmacy, 2424 Gordon Smith Dr., Mobile, Alabama 36617**. You may mail your application or drop it off at our front desk. We are glad that you are considering volunteering your time at The Ozanam Charitable Pharmacy— we assure you that your dedication is greatly appreciated by our staff and patients. You will surely gain an experience unparalleled while working alongside our remarkable staff and other volunteers in our beautiful facilities. We appreciate your interest and look forward to welcoming you to The Ozanam team!

If you need additional information please feel free to contact us at (251) 432-4111 or email us at sarcher@ozanampharmacy.org. You can also visit our web site at www.ozanampharmacy.org and like us on Facebook.

Respectfully,

  
Shearie Archer  
Executive Director

*\* Please keep this front page for your reference. \**



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## Volunteer Application and Agreement Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Name of Parent or Guardian if under 18 years: \_\_\_\_\_

\*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ (H); \_\_\_\_\_ (O)

\_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_  
(Name) (Tel. No.; Indicate Home, Work or Cell) (Relationship)

Do you have any friends/family members who are employed or volunteer here? \_\_\_\_ Yes \_\_\_\_ No When are you available to volunteer? (specify hours of availability) Monday - Thursday (9am -2:30pm) Fridays (9am -1pm)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Types of volunteer work you think you'd be most comfortable with:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Filing Records \_\_\_ Filling medications

\_\_\_ Helping with organizing a special event \_\_\_ Patient relations

List Your Past Volunteer Experiences:

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

Have you been convicted of a crime? No \_\_\_ Yes \_\_\_ If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

REFERENCES: List two people, not related to you, who have knowledge of your qualifications.



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Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Tele. No.: \_\_\_\_\_

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Tele. No.: \_\_\_\_\_

I need the following accommodation(s) to work as a volunteer:

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As a volunteer for Ozanam Charitable Pharmacy, I agree to abide by all applicable rules and regulations of the agency and the Alabama State Board of Pharmacy. I understand that I will receive no monetary benefits in return for my volunteer service and that Ozanam Charitable Pharmacy, Inc. may terminate this agreement at any time without prior notice for any reason. I hereby authorize Enable to check my references.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the on site manager and on site orientation to perform my volunteer role.

I hereby Release and Waive liability Ozanam Charitable Pharmacy, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for Ozanam Charitable Pharmacy, Inc.. Further, I agree that Ozanam Charitable Pharmacy., is not liable for any damage to my property or my dependent's property resulting from volunteer work for Ozanam Charitable Pharmacy. I agree that this release is as broad and inclusive as permitted by the laws of the State of Alabama.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Ozanam**  
CHARITABLE PHARMACY

## Confidentiality Agreement

**Ozanam Charitable Pharmacy, Inc.**

### CONFIDENTIAL DISCLOSURE AGREEMENT

THIS AGREEMENT dated \_\_\_\_\_, 20\_\_\_\_, by and between **Ozanam Charitable Pharmacy, Inc.**, a **Alabama** Corporation Ozanam Charitable Pharmacy, Inc and \_\_\_\_\_.

WHEREAS, **Ozanam Charitable Pharmacy, Inc.** and Recipient, for their mutual benefit and pursuant to a working relationship which has been or may be established, anticipate that **may** disclose or deliver to a working relationship which has been or may be established, anticipate that m **Ozanam Charitable Pharmacy, Inc.** ay disclose or deliver to Recipient documents, components, parts, information, drawings, data, sketches, plans programs, specifications, techniques, processes, software, inventions and other materials, both written and oral, of a secret, confidential or proprietary nature, including without limitation any and all information relating to marketing, finance, forecasts, invention, research, design or development of information system and any supportive or incidental subsystems, and any and all subject matter claimed in or disclosed by any patent application prepared or filed by or behalf of by **Ozanam Charitable Pharmacy, Inc.** , in any jurisdiction, and any amendments or supplements thereto (collectively, "Proprietary Information"); and

WHEREAS, **Ozanam Charitable Pharmacy, Inc.** desires to assure that the confidentiality of any Proprietary Information is maintained;

NOW, THEREFORE, in consideration of the foregoing premises, and the mutual covenants contained herein, **Ozanam Charitable Pharmacy, Inc.** and Recipient hereby agree as follows:





1. For a period of sixty (60) months from the date hereof, Recipient shall hold in trust and confidence, and not disclose to others or use for Recipient's own benefit or for the benefit of another, any Proprietary Information which is disclosed to Recipient by **Ozanam Charitable Pharmacy, Inc.** at any time between the date hereof and twelve (12) months thereafter. Recipient shall disclose Proprietary Information received under this Agreement to person within its organization only if such persons (i) have a need to know and (ii) are bound in writing to protect the confidentiality of such Proprietary Information. This paragraph 1 shall survive and continue after any expiration or termination of this Agreement and shall bind Recipient, its employees, agents, representatives, successors, heirs and assigns.
2. The undertakings and obligations of Recipient under this Agreement shall not apply to any Proprietary Information which: (a) is described in an issued patent anywhere in the world, is disclosed in a printed publication available to the public, or is otherwise in the public domain through no action or fault of Recipient; (b) is generally disclosed to third parties by **Ozanam Charitable Pharmacy, Inc.** without restriction on such third parties, or is approved for release by written authorization of **Ozanam Charitable Pharmacy, Inc.**; (c) if not designated "confidential" at the time of first disclosure hereunder, or is not later designated in writing by **Ozanam Charitable Pharmacy, Inc.** within thirty (30) days from disclosure to Recipient to be of a secret, confidential or proprietary nature; or (d) is shown to **Ozanam Charitable Pharmacy, Inc.** by Recipient, within ten (10) days from disclosure, by underlying documentation to have been known by Recipient before receipt from **Ozanam Charitable Pharmacy, Inc.** and/or to have been developed by Recipient completely independent of any disclosure by **Ozanam Charitable Pharmacy, Inc.**
3. Title to all property received by Recipient from **Ozanam Charitable Pharmacy, Inc.**, including all Proprietary Information, shall remain at all times the sole property of **Ozanam Charitable Pharmacy, Inc.**, and this Agreement shall not be construed to grant to Recipient any patents, licenses or similar rights to such property and Proprietary Information disclosed to Recipient hereunder.
4. Recipient shall, upon request of **Ozanam Charitable Pharmacy, Inc.**, return to **Ozanam Charitable Pharmacy, Inc.** all documents, drawings and other tangible materials, including all Proprietary Information and all manifestation thereof, delivered to Recipient, and all copies and reproductions thereof.



5. The parties further agree to the following terms and conditions:

i. Any breach by Recipient of any of Recipient's obligations under this Agreement will result in irreparable injury to **Ozanam Charitable Pharmacy, Inc.** for which damages and other legal remedies will be inadequate. In seeking enforcement of any of these obligations, **Ozanam Charitable Pharmacy, Inc.** will be entitled (in addition to other remedies) to preliminary and permanent injunctive and other equitable relief to prevent, discontinue and/or restrain the breach of this Agreement.

ii. If any provision of this Agreement is invalid or unenforceable, then such provision shall be construed and limited to the extent necessary, or severed if necessary, in order to eliminate such invalidity or unenforceability, and the other provisions of this Agreement shall not be affected thereby.

iii. In any dispute over whether information or matter is Proprietary Information hereunder, it shall be the burden of Recipient to show both that such contested information or matter is not Proprietary Information within the meaning of this Agreement, and that it does not constitute a trade secret under the Uniform Trade Secrets Act or successor or similar law in effect in Alabama.

iv. No delay or omission by either party in exercising any rights under this Agreement will operate as a waiver of that or any other right. A waiver or consent given by either party on any one occasion is effective only in that instance and will not be construed as a bar to or waiver of any right on any other occasion.

v. This Agreement shall be binding upon and will inure to the benefit of the parties hereto and their respective successors and assigns.

vi. This Agreement is governed by and will be construed in accordance with the laws of the State of (Alabama), and the courts of (Alabama) shall be the exclusive forum.

vii. This Agreement is in addition to any prior written agreement between **Ozanam Charitable Pharmacy, Inc.** and Recipient relating to the subject matter of this agreement; in the event of any disparity or conflict between the provision of such agreements, the provision which is more protective of Proprietary Information shall control. This Agreement may not be modified, in whole or in part, except by an agreement in writing signed by **Ozanam Charitable Pharmacy, Inc.** and Recipient.



IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

**Ozanam Charitable Pharmacy, Inc.**

By: \_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title







## The HIPAA Quiz #2

	True	False
1. A business associate agreement is required with organizations or persons where inadvertent contact with protected health information may result. Like in the case of janitorial services?		
2. The HIPAA Privacy Rule permits a covered entity to disclose protected health information about a decedent to family members or other persons involved in the care of the decedent?		
3. A practice is not required to disclose protected health information to law enforcement officials without the patient's consent when the practice receives a court order or subpoena.		
4. A practice is required to respond to a request for PHI to law enforcement about a victim of a crime if the victim is unable to respond and the PHI is not intended to be used against the victim.		
5. A patient may have a friend or family member pick up a prescription on their behalf.		
6. Under the HIPAA Omnibus Rule, practices are no longer able to use sign-in sheets or call out patient's names.		
7. Practices can dispose protected health information in a dumpster accessible by the public so long as they hire a business associate and obtain an executed business associate agreement.		
8. Under HIPAA, practices are required to keep patient's medical records for a period of at least 10 years.		
9. HIPAA's Privacy and Security Rules are governed under each states jurisdiction. For non-compliance violations, fines can reach up to \$1.5 million per year.		
10. The HIPAA Security Rule standards and specifications apply to written, not oral communications. However, HIPAA's Privacy Rule applies to both written and oral communications.		
11. The HIPAA Privacy Rule permits a doctor to discuss a patient's health status, treatment, or payment arrangements with the patient's family and friends?		
12. It is ok to use e-mail to discuss health issues and treatment plans with patients.		
13. Healthcare providers may not engage in confidential conversations with patients or other providers if there is a chance the conversation can be overheard.		
14. A physician does not need a patient's written authorization to send a copy of the patient's medical record to a specialist or other health care provider who will treat the patient.		
15. A physician does not need a patient's written authorization to send a copy of the patient's medical record to a specialist or other health care provider who will treat the patient.		
16. If the patient does not object, you can share or discuss their health information with family members, friends, or others involved in the treatment or payment of their care.		





		True	False
17.	Health care providers who conduct certain financial and administrative transactions electronically must comply with HIPAA Security and Privacy Rules.		
18.	Healthcare providers may communicate family history information to the patient and to other family members of the patient.		
19.	When a practice changes its Notice of Privacy Practices, it must mail a copy to all patients within 30 days of the change date.		
20.	Because of the recent ransomware attacks and cyber hacking incidents, a healthcare provider is no longer allowed to use mobile devices to access ePHI from a cloud back up system or software program.		
21.	Not all software vendors are Business Associates of covered entities.		
22.	The HIPAA Privacy Rule permits a physician to share PHI for treatment purposes by fax, e-mail, or over the phone.		
23.	A healthcare power of attorney provides rights to make decisions on behalf of the patient, however it does not give rights to the patient's medical records.		
24.	A practice is required to monitor and is liable for the actions of its Business Associates.		
25.	Appointment reminders are allowed under the HIPAA Privacy Rule without a prior authorization.		
26.	Practices are required to "certify" their compliance with regards to the standards set under HIPAA's Privacy and Security Rules.		
27.	You may assign the same log – on ID or User ID to employees so long as one of the employees is only a part-time worker of less than 20 hours per week.		
28.	A healthcare provider is allowed to discuss health information with an interpreter.		
29.	A doctor does not need the patient's written authorization to send a copy of their medical records to a specialist or other health care provider.		
30.	If a practice is a plaintiff or defendant in a legal proceeding, they may use or disclose protected health information for the litigation.		

1. A business associate agreement is required with organizations or persons where inadvertent contact with protected health information may result. Like in the case of janitorial services? **False**
2. The HIPAA Privacy Rule permits a covered entity to disclose protected health information about a decedent to family members or other persons involved in the care of the decedent? **True**
3. A practice is not required to disclose protected health information to law enforcement officials without the patient's consent when the practice receives a court order or subpoena. **False**
4. A practice is required to respond to a request for PHI to law enforcement about a victim of a crime if the victim is unable to respond and the PHI is not intended to be used against the victim. **True**
5. A patient may have a friend or family member pick up a prescription on their behalf. **True**
6. Under the HIPAA Omnibus Rule, practices are no longer able to use sign-in sheets or call out patient's names. **False**
7. Practices can dispose protected health information in a dumpster accessible by the public so long as they hire a business associate and obtain an executed business associate agreement. **False**
8. Under HIPAA, practices are required to keep patient's medical records for a period of at least 10 years. **False**
9. HIPAA's Privacy and Security Rules are governed under each states jurisdiction. For non-compliance violations, fines can reach up to \$1.5 million per year. **False**
10. The HIPAA Security Rule standards and specifications apply to written, not oral communications. However, HIPAA's Privacy Rule applies to both written and oral communications. **True**
11. The HIPAA Privacy Rule permits a doctor to discuss a patient's health status, treatment, or payment arrangements with the patient's family and friends? **True**
12. It is ok to use e-mail to discuss health issues and treatment plans with patients. **True**
13. Healthcare providers may not engage in confidential conversations with patients or other providers if there is a chance the conversation can be overheard. **False**
14. A physician is a Business Associate of another healthcare provider. As such, there needs to be a business associate agreement in place. **False**
15. A physician does not need a patient's written authorization to send a copy of the patient's medical record to a specialist or other health care provider who will treat the patient. **True**



16. If the patient does not object, you can share or discuss their health information with family members, friends, or others involved in the treatment or payment of their care. **True**
17. Health care providers who conduct certain financial and administrative transactions electronically must comply with HIPAA Security and Privacy Rules. **True**
18. Healthcare providers may communicate family history information to the patient and to other family members of the patient. **False**
19. When a practice changes its Notice of Privacy Practices, it must mail a copy to all patients within 30 days of the change date. **False**
20. Because of the recent ransomware attacks and cyber hacking incidents, a healthcare provider is no longer allowed to use mobile devices to access ePHI from a cloud back up system or software program. **False**
21. Not all software vendors are Business Associates of covered entities. **True**
22. The HIPAA Privacy Rule permits a physician to share PHI for treatment purposes by fax, e-mail, or over the phone. **True**
23. A healthcare power of attorney provides rights to make decisions on behalf of the patient, however it does not give rights to the patient's medical records. **False**
24. A practice is required to monitor and is liable for the actions of its Business Associates. **False**
25. Appointment reminders are allowed under the HIPAA Privacy Rule without a prior authorization. **True**
26. Practices are required to "certify" their compliance with regards to the standards set under HIPAA's Privacy and Security Rules. **False**
27. You may assign the same log – on ID or User ID to employees so long as one of the employees is only a part-time worker of less than 20 hours per week. **False**
28. A healthcare provider is allowed to discuss health information with an interpreter. **True**
29. A doctor does not need the patient's written authorization to send a copy of their medical records to a specialist or other health care provider. **True**
30. If a practice is a plaintiff or defendant in a legal proceeding, they may use or disclose protected health information for the litigation. **True**



1. It is ok to share your password with a co-worker in case immediate access of a device during an emergency is needed?
2. HIPAA violations are punishable by law and those found violating HIPAA are subject to personal liabilities in both civil and criminal court?
3. Blogging or posting on social media sites about the practice's policies and procedures is encouraged to support the practice's dedication to patient privacy and security, so long as it will not damage the reputation of the practice?
4. Postal and courier services, janitors, electricians and other contractors that act as a conduit for PHI, whose work does not involve the use or disclosure of PHI, and who may only have incidental access to PHI are not considered business associates?
5. The Minimum Necessary Rule means that when disclosing PHI, you will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request?
6. If you become aware that a Business Associate has breached the confidentiality of protected health information (PHI) immediately contact the Department of Health and Human Services and report the breach as required under HIPAA's Notification Rule?
7. Patients have the rights to file complaints against the practice. Patient rights are defined in the Notice of Privacy Practices?
8. If you over hear a patient complaining about a fellow employee, you should immediately let the employee know what you heard and provide your recommendation as to a quick and reasonable outcome?
9. To properly destroy records that have satisfied legal, fiscal, administrative and archival requirements, the practice must hire a Business Associate to verify proper destruction has taken place, and document all destruction procedures?
10. The practice is required to retain documents required by the HIPAA Privacy Rule for a period of six (6) years from the creation of the document, or six (6) years from the date the document was last in effect, whichever is later?
11. Volunteers and trainees are not required to be trained on HIPAA requirements if they are not being paid by the practice?
12. It is up to the discretion of the HIPAA Security Officer how often employees need to be trained or if and when they need to sign their acknowledgment of training?
13. A security risk assessment is required annually or as often as necessary to assess the potential risks and weaknesses in the practice's protection of PHI?
14. It is the responsibility of the practice's IT provider to make sure that protected health information is secure and backed up properly?
15. A Sanction Policy defines what employees can and cannot do with respect to the handling of protected health information?
16. If patient does not wish to file a complaint in writing, it is ok for a workforce member to assist a patient in documenting their complaint?

17. If employees are not trained on HIPAA laws and they accidentally violate a policy or procedure, they cannot be disciplined?
18. If a patient writes a user review and it includes his/her information, and the review is clearly false, it's important that the practice immediately post a rebuttal or a correction of the facts?
19. Do not disclose any patient's PHI, including images of the patient, on social media, unless the practice has been granted direct informed consent from the patient?
20. Retaliation on the companies social media sites to an employee or a patient post, is only allowed if the employee's character has been defamed and the post must be clarified?
21. Employees can be legally held responsible for what is written or posted online?
22. Patients have the rights to receive their records so long as the reason for the request is in writing?
23. Under no circumstances can the practice deny access to a patient's medical records?
24. Psychotherapy notes are the property of the practice and are not required to be shared with patients?
25. Certain employees may not be required to have access to patient records. The practice is responsible to physically lock files from these employees?
26. Even though regular email is not secure, practices are allowed to e-mail patients ePHI in an unencrypted format so long as the patient provides authorization to receive their ePHI in an unencrypted format?
27. It's ok to text patients their ePHI so long as you are using a company purchased mobile device?
28. Employee workstations can be monitored only after they have authorized monitoring of their device and provided their unique login and password?
29. Passwords should contain a minimum of eight (8) characters with at least one (1) alphabetical character and one numeric character; changed every six (6) months; and not be the workforce member's name?
30. If an employee uses a personal device for company purposes, he/she must share their password with the HIPAA Security Officer in case emergency access is needed?





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## **Ozanam Charitable Pharmacy Non Discrimination and Harassment Policy**

Ozanam Charitable Pharmacy and its Board of Directors prohibit discrimination on the basis of race, color, religion, sex, national origin, age, or disability, as well as harassment of employees for any of those reasons. The Pharmacy's non-discrimination policy applies to recruiting, hiring, promotions, compensation, benefits, training, facilities, discipline, and all other terms and conditions of employment. In addition, the Pharmacy will not discriminate against anyone on the basis of any of the reasons cited in providing goods or services to any of its prospective clients.

Both employees and volunteers are encouraged to report any violations of this policy to the Executive Director or to the President of the Board of Directors. Upon any such violation being reported to the Executive Director, the Executive Director shall immediately report such reported violation to the Board President. The President, together with the appropriate committee of the Board and the Executive Director, if he/she is not the accused, shall immediately investigate the allegations and take appropriate action. If the allegations prove to be true to the best belief of the Board of Directors, the guilty party or parties shall be subject to disciplinary action, up to and including termination. In the case of a volunteer, that person shall be asked to leave and shall be barred from volunteering at the pharmacy again.

It shall further be the intent of the Ozanam Charitable Pharmacy and its Board of Directors to comply with all federal, state, and local regulations regarding personnel practices, including all immigration laws.

The Ozanam Charitable Pharmacy strives to create and maintain a work environment in which people are treated with dignity, decency and respect. For this reason, the Ozanam Charitable Pharmacy has a zero tolerance policy regarding harassment or discrimination of any kind. All individuals, associated with, or employed by, Ozanam Charitable Pharmacy, are covered by and are expected to comply with this policy. Hereinafter the term "individual" shall mean all persons associated with, or employed by, Ozanam Charitable Pharmacy). Appropriate disciplinary action will be taken against any individual who violates this policy up to and including termination.

The harassment of any individual because of race, color, gender, sexual orientation, religion, national origin, ancestry, age, marital or parental status, disability or other status protected under state or federal law is strictly prohibited and will not be tolerated.

### **Sexual Harassment**

As part of this policy, sexual harassment of any individual is strictly prohibited and will not be tolerated.

Any unwelcome verbal or written comments of a sexual nature (e.g. jokes, innuendos, or slurs), physical conduct (e.g. touching or gesturing), unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature shall be considered sexual harassment which violates this policy and shall subject the offender to appropriate disciplinary action, up to and including termination when:





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1. Submission to such conduct is made either explicitly or implicitly a condition of an individual's employment;
2. Submission to or rejection of such conduct by an individual is used as a factor in any decision affecting the individual's employment, including but not limited to any decision related to advancement, performance assessment, compensation, assignments, schedules, discipline and termination; or
3. Such conduct interferes with an individual's employment or creates an intimidating, hostile, or offensive employment environment.

#### **Other Forms of Harassment**

It is also the policy of Ozanam Charitable Pharmacy that any unwelcome verbal or written comments or physical conduct of a hostile or offensive nature based on a person's race, color, religion, sexual orientation, national origin, ancestry, age, marital or parental status, disability, or other status protected under state or federal law shall also be considered harassment which violates this policy and shall subject the offender to appropriate disciplinary action, up to and including termination, when such conduct interferes with an individual's employment or creates an intimidating, hostile, or offensive work environment.

#### **Procedure for Filing a Complaint of Harassment or Discrimination**

Both employees and volunteers are encouraged to report any violations of this policy to the Executive Director or to the President of the Board of Directors. Upon any such violation being reported to the Executive Director, the Executive Director shall immediately report such reported violation to the Board President. The President, together with the appropriate committee of the Board and the Executive Director, if he/she is not the accused, shall immediately investigate the allegations and take appropriate action. If the allegations prove to be true to the best belief of the Board of Directors, the guilty party or parties shall be subject to disciplinary action, up to and including termination. In the case of a volunteer, that person shall be asked to leave and shall be barred from volunteering at the pharmacy again.

It shall further be the intent of the Ozanam Charitable Pharmacy and its Board of Directors to comply with all federal, state, and local regulations regarding personnel practices, including all immigration laws.

The Ozanam Charitable Pharmacy expects all individuals to act responsibly in maintaining a work environment free of harassment and discrimination, and will take all appropriate steps to enforce this policy.

#### **Policy Implementation**

- In addition to having a member of management as the designated staff member to whom complaints of harassment and/or discrimination are to be made, it is important that staff members have an alternate designated staff member(s) to report complaints to in the event the primary contact is identified as the source of harassment.

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- Staff members should sign an acknowledgement and receipt form when they receive a copy of the written Harassment Policy. A sample acknowledgement and receipt form is attached.
- In addition to the written policy, staff should also receive meaningful training on the policy, and their rights and responsibilities under the policy. This will also assist in the defense of any outside legal claims.
- All members of your management staff should be advised that they are accountable for the effective administration of this policy and that they may have personal liability for failure to adhere to the policy.
- Once a complaint is received, a fair and impartial investigation of the complaint should begin immediately. These investigations should be conducted as confidentially as possible, on a need-to-know basis. You should interview in confidence the employee filing the complaint, as well as the individual(s) against whom the complaint has been filed. Any witnesses to the alleged harassment should also be interviewed in confidence if necessary. The investigation and the results should be fully documented in writing.
- Once the investigation has been completed, if the charge is found to have merit, appropriate disciplinary action should be taken against the employee who violated the policy, up to and including immediate termination of employment based on the severity of the infraction. It is important that disciplinary actions be applied in a consistent manner, and that they be sufficient to stop the harassment and to prevent its recurrence.

Should the investigation indicate that an individual has become the victim of harassment by a third party not employed at the same organization but with which they conduct business, management should take appropriate action dealing with the management of the accused offender to resolve the complaint.



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## **Receipt Form**

This is to acknowledge that I have received a copy of the Ozanam Charitable Pharmacy's "Non Discrimination Policy" and "Harassment Policy", and that I have read and understand the policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date





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## **Ozanam Charitable Pharmacy Technician Agreement**

Thank you for being a member of the Ozanam Pharmacy Volunteer Technician Team. By signing this Agreement, you represent that you are such a technician in the State of Alabama and you agree to comply with Federal Law, State Law, and Board of Pharmacy Rules (provided during training).

If any disciplinary action has occurred that affects your ability to perform as a registered technician in good standing, or you have been convicted of a drug related felony, we must be immediately informed by telephone, email or in writing. These changes may affect any future assignments with Ozanam Charitable Pharmacy.

You acknowledge they it is your responsibility to obtain three (3) hours of continuing education with one (1) of the hours being a "LIVE" credit hour.

You acknowledge that you must wear your nametag while on duty.

You acknowledge that you have received, read and agree to comply with Professional Expectations (During Training), as well as Anti-Harassment policies and HIPPA Forms.

This Agreement and the attachments noted herein describe the entire obligation of your role as a Pharmacy Technician.

**Pharmacy Technician** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervising Pharmacist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Executive Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## **Permission to use photograph/video image**

I \_\_\_\_\_, hereby grant to Ozanam Charitable Pharmacy, the irrevocable and unrestricted right to use, reproduce and publish photograph and video images of me on the pharmacy premises/special events during my period of association with the pharmacy. This form grants Ozanam Charitable Pharmacy the right to use said images for informational, promotional and fundraising purposes through any manner or medium (including social media).

This form also grants Ozanam Charitable Pharmacy permission to publish any testimonial stories I have provided to the organization with the understanding they will only use my first name.

I hereby release Ozanam Charitable Pharmacy, its board of directors, employees and volunteers from any and all claims, actions and liability relating to the use of said photograph and video images.

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If under 18, parent/guardian name (print) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_