



PEOPLE'S HEALTH & WELLNESS CLINIC

Serving the Uninsured and Underinsured of Central Vermont

553 North Main Street, Barre, Vermont 05641

Telephone: 802-479-1229

FAX: 802-479-5444

E-mail: PHWC@sover.net

Name: _____
(first) (middle initial) (last)

Address: _____
(Street address, P.O. Box)

(City, State, Zip)

SSN: _____ **Date of Birth:** _____

Contact: () - _____ () - _____
(work) (pager) (FAX)

() - _____
(home) (e-mail)

- Please indicate the best way to contact you.

How would you like to volunteer at the Clinic?

Employment: Please list current employment (and any past employment, if relevant to the work of the clinic): the name of your employer and address. If you are a student, please give your age, name of your school and year of expected graduation.

Other Volunteer Experiences: What type, where and when.

Education: Please list all relevant educational institutions and degrees received.

What are the best days of the week and times of the day for you to volunteer?

References: We request that you provide names of two (2) references (no family members, please).

1- Name: _____

Address: _____

Phone: _____

(___ work ___ home)

Best day & time to call: _____

Relationship to you: _____

2- Name: _____

Address: _____

Phone: _____

(___ work ___ home)

Best day & time to call: _____

Relationship to you: _____

Emergency: In case of emergency contact:

Name: _____ Relationship: _____ Phone: _____

Or best way to contact: _____

All Medical Volunteers must be licensed:

- Please include a copy of your Vermont professional license and DEA card (if applicable)

Signed: _____
(your signature)

Date: _____

Send application and required documentation to:

The People's Health & Wellness Clinic

553 North Main Street

Barre, Vermont 05641

If you have any questions, wish to follow up on the status of your application, or set up a time to visit, please do not hesitate to telephone the clinic at (802) 479-1229. You may also reach us via e-mail:

Director
Nurse Case Manager
Administrative Assistant

Peter Youngbaer
Cathy Gram, RN
Tedra Knauss

tedrak@sover.net

THANK YOU for your interest in the People's Health & Wellness Clinic.

Mission: To provide primary health care and wellness education to the uninsured and underinsured community members of Central Vermont who cannot otherwise afford these services.



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Access to Information Policy

Purpose: *To establish a policy governing access to information regarding, patients, employees and volunteers of the People's Health & Wellness Clinic.*

- Patients of the People's Health & Wellness Clinic have the right to expect that personal and confidential information will not be disclosed.
- **No information about a patient will be released without prior consent**, unless directly connected with the administration of a program or necessary for compliance with federal/state laws or regulations.
- Information that does not reveal the identity of a patient, employee or volunteer may be used for statistical, research, and/or forecasting purposes.
- Employees and/or volunteers must release sufficient information to comply with mandatory reporting requirements for cases involving abuse, neglect or exploitation of children, the elderly, or persons with disabilities and for disease tracking/control purposes.
- Information may be released without consent when Vermont law creates a duty to warn individuals of potential harm to persons or property, in response to court orders, or to investigate or report criminal activity as required by federal or state law or regulation. Only information relevant to the situation will be disclosed.
- Any disclosure of information will be documented and include: the date of disclosure, the purpose and content, the name, address, and affiliation of the person the information was released to. Notification of the person on whom the information is being requested will be done when applicable.

Procedures:

- Prior to releasing information, the People's Health & Wellness Clinic will obtain the patient's informed consent (except in the situations noted above where consent is not required).
- Consent of a minor client will be obtained prior to release of information concerning treatment for which parental consent is not required.
- No volunteer will respond to a request for information without first consulting an employee of the People's Health & Wellness Clinic.
- No employee or volunteer will acknowledge that an individual is or is not a patient of the People's Health & Wellness Clinic without written consent from the patient.
- If a patient has consented or requested in writing that information be released, employees and volunteers must comply.
- Patients of the People's Health & Wellness Clinic are permitted to view and/or obtain copies of their records.

All employees, volunteers or when applicable members of the People's Health & Wellness Clinic Board of Directors and committees will review these policies and procedures and sign below acknowledging their understanding and compliance.

PRINT NAME _____

SIGNATURE _____ DATE _____