

Hawaii H.O.M.E. Project Student/Resident Volunteer Letter of Agreement

I, _____, agree to participate in the Hawaii H.O.M.E. Project and share in the provision of clinical medical services with other students and residents, and other health care providers who have similarly agreed to provide care for medically underserved Hawaii residents.

I understand that I am voluntarily providing services and that these services are provided without compensation.

I will provide the same quality of care and give the same respect to the Hawaii H.O.M.E. Project patients as I would to any other patient I care for.

I understand that I am only to participate in services in which I feel comfortable and adequately trained to perform.

I agree to adhere to all confidentiality and HIPAA policies as outlined in the Volunteer Policies and Procedures Manual.

I agree to participate in data collection through the submission of simple patient encounter forms. I also agree to participate in the completion of reasonable forms and surveys to document the impact of this program and to document and acknowledge the amount of student and physician services provided.

I understand that this agreement is valid for the period of one year from the date signed.

I acknowledge that I have received a copy of the Hawaii H.O.M.E. Project policy and procedures manual and agree to adhere to said policies.

This Letter of Agreement may be terminated by either party for any reason by giving 30 days written notice to the Hawaii H.O.M.E. Project.

1. Signature: _____

2. Date: _____/_____/_____

3. Printed Name: _____

Mail completed application (with Volunteer Application) to:

Jill Omori, MD
Hawaii H.O.M.E. Project
651 Ilalo Street
MEB-OME
Honolulu, HI 96813