

MA Responds Volunteer Terms of Service

In times of emergency the need for volunteers to assist in providing aid to victims and families becomes critical. MA Responds is an integrated program that pre-registers medical and non-medical volunteers who have chosen to volunteer with participating locally organized Medical Reserve Corps (MRC) units, the Massachusetts System for Advance Registration of Volunteer Health Professionals (MSAR), and other volunteer groups. Please read the MA Responds Policy and Procedures Manual for further information about the MA Responds Program.

By using or registering on the MA Responds Site you agree to these terms and conditions ('Terms of Service') and the site Privacy Policy. You agree to accept notices electronically. Each time you use the site, you reaffirm your acceptance of the then-current Terms of Service. If you do not wish to be bound by these Terms of Service, you may discontinue using the site. You cannot use, access data or credentials, sign up, or register on the site until you have accepted these Terms of Service. If you do not agree to these Terms of Service, do not use this site. You may not use the site for any illegal or unauthorized purpose.

By checking the boxes and signing this document, I hereby certify that all statements made in my application are true and I agree and understand:

- By registering on the site and using the site, I represent and warrant that I am eligible to register as a member of one of the participating organizations.
- Any misstatement of material facts may cause forfeiture of my eligibility and removal from enrollment as a volunteer in the MA Responds system. I understand that there may be penalties associated with knowingly providing false or misleading information.
- Submitted information is my responsibility. MA Responds does not accept any responsibility for the information submitted by me or my sponsoring organizations.
- Submitting an application does not guarantee my selection for placement as a volunteer.
- By registering with or using the MA Responds website, I consent to the collection and use of my Registration Information and the transfer of this information to the Commonwealth of Massachusetts and authorized third parties for processing and storage. I authorize the Massachusetts Department of Public Health (DPH) and/or affiliated MA Responds programs to consult with any representative(s) of the medical/professional or administrative staff of any health care organizations with which I have or have had employment, practice, association or privileges, and any other organizations (including without limitation state licensing boards and the National Practitioner Data Bank) and individuals who have information bearing on my credentials, competence, professional performance, clinical skills,

judgment, character, and ethical qualifications, and to inspect such records which shall be material to the evaluation of my professional qualifications and competence to carry out the duties of a MA Responds volunteer, as well as to my moral and ethical qualifications.

Any health care organizations with which I have or have had employment, practice, association or privileges, and any other organizations (including without limitation state licensing boards and the National Practitioner Data Bank) and individuals who have information bearing on my credentials, competence, professional performance, clinical skills, judgment, character, and ethical qualifications are authorized by me to provide and/or release information (both written and oral) to MA Responds bearing on my credentials, competence, professional performance, clinical skills, judgment, character, and ethical qualifications. Such information includes but is not limited to information regarding any and all malpractice actions, pending or final disciplinary actions, alterations in privileges, and any information with respect to whether I am able to perform the essential functions of a MA Responds volunteer with or without a reasonable accommodation, according to accepted standards of professional practice and without posing a direct threat to patients or staff (including without limitation information regarding any impairment due to the use of drugs or alcohol).

My medical malpractice liability insurance carrier is authorized by me to release information regarding any claims or actions for damages pending or closed, whether or not there has been a final disposition.

I must notify MA Responds at MAResponds@state.ma.us as soon as I become aware that any health care organization, hospital, or any licensing, certifying, or regulatory authority has taken disciplinary action of any kind against me, or that there is a material change to any of the information I submitted either directly or through my employer or any other entity as part of the MA Responds application.

That a national sex offender records search will be conducted about me, using publicly available information.

I will submit a separate form authorizing a Massachusetts Criminal Offender Records Information (CORI) check.

I retain the right to refuse to serve as a MA Responds volunteer under any circumstance and for any reason and I can withdraw my application or discontinue my enrollment as a volunteer at any time by emailing the MA Responds program at MAResponds@state.ma.us.

The username and passwords associated with my profile and registration information must remain confidential. I will notify MA Responds at MAResponds@state.ma.us as soon as possible when I learn about or suspect any unauthorized use of my username or password.

- Participation in MA Responds does NOT confer malpractice liability insurance or Workers' Compensation coverage on me. I should consult with my employer or insurance carrier to determine whether I will have any coverage when I am volunteering with MA Responds.
- There are NO employment protections or rights through the MA Responds Program.
- Failure of me or DPH to insist upon compliance with any of these Terms of Service at any time shall not waive compliance with such Terms of Service at any other time. No waiver by me or DPH of any default or breach by the other shall constitute a waiver of any subsequent default or breach.
- Any actions arising out of my access to the MA Responds website or activities as a MA Responds volunteer shall be governed by the laws of Massachusetts and shall be brought and maintained in a state or federal court in Massachusetts which shall have exclusive jurisdiction thereof.
- I release from liability any and all individuals and organizations that, in good faith and without malice, provide information to DPH for the purpose of evaluating this application. I also release from liability DPH, their respective medical/professional staffs and their respective agents and representatives for their acts performed in good faith and without malice in connection with the evaluation of my professional skills, competence, character, credentials and qualifications and the exchange of information with respect to my professional skills, competence, character, credentials and qualifications.
- I will use the MA Responds site for lawful purposes only. I will not post on or transmit through community areas (e.g., message boards, e-mail, calendars) or other means, any material that (1) violates or infringes in any way upon the rights of others, (2) is unlawful, threatening, abusive, defamatory, invasive of privacy or publicity rights, vulgar, obscene, profane, indecent, or otherwise objectionable, (3) encourages conduct that would constitute a criminal offense, (4) gives rise to civil liability, (5) violates any policies posted in any community areas or (6) otherwise violates any law. I also will not undertake any conduct that restricts or inhibits any other user from using or accessing the data on the site. Further, I agree not to collect or distribute information about the site users unless prior written permission is obtained from DPH. I agree not to reproduce, duplicate, copy, sell, resell, or exploit for any commercial purposes any portion of the site, or access to the site. All trademarks appearing on the site and on any site products are the property of their respective owners.
- With the widespread use of cell phone cameras and other digital media devices, the MA Responds program cannot entirely prevent third parties from photographing or videotaping volunteers at public events. I understand that if I have concerns, it is my responsibility to prevent my image from being recorded or used.

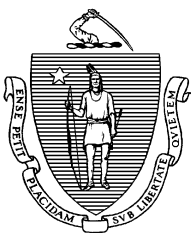
Confidentiality of Medical Information / HIPAA Agreement

Consistent with applicable state and federal laws, the Principles of Ethics of both the American Medical and Hospital Associations, and established MA Responds policies and procedures, individuals who may come in contact with patients, information, and records, whether medical, financial, or any other, whether in electronic, written, or oral form, must agree to protect confidential information.

- I understand that the unauthorized access, use, copying, disclosure, or dissemination of any confidential information or records whether stored in hard copy, film, or electronic form is strictly prohibited. I will not share or release any username or passwords.
- I acknowledge my legal and ethical obligation to maintain the confidentiality of all personal data pertaining to the MA Responds program, my volunteer program, its volunteers, and its patients/clients.
- I understand that accessing confidential information about other individuals or allowing access by unauthorized individuals, whether intentional or not, or any other breach is grounds for my immediate and permanent dismissal as a volunteer and will be investigated and possibly reported to applicable federal and state authorities.
- I agree to safeguard all confidential information as required by the Health Insurance Portability and Accountability Act (HIPAA). I understand that I may visit the HIPAA website at www.hhs.gov/ocr/hipaa for further information.
- I will contact MA Responds immediately at MAResponds@state.ma.us if I believe any confidential information may have been compromised.

I understand that I must continue to adhere to these Terms of Service even after I leave the MA Responds Program.

Volunteer's Signature _____



The Commonwealth of Massachusetts
 Department of Public Health
 Office of Preparedness and Emergency Management
 250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
 Governor

MARYLOU SUDDERS
 Secretary

KARYN E. POLITO
 Lieutenant Governor

MONICA BHAREL, MD, MPH
 Commissioner



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
 ACKNOWLEDGEMENT FORM**

MA Responds is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS (Department of Criminal Justice Information Services). I hereby acknowledge and provide permission to MA Responds staff to submit a CORI check with my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing MA Responds staff with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: MA Responds may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, MA Responds staff must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE _____

DATE _____

VOLUNTEER UNIT _____

Once received by MA Responds this Acknowledgement Form will be used to run a CORI and will then be kept secure in a locked file cabinet at the MDPH Office of Preparedness and Emergency Management for a minimum of one year.

MAIL FORM TO:
 Massachusetts Department of Public Health
 Office of Preparedness and Emergency Management
 250 Washington Street, 1ST Floor Boston, MA 02108
 ATTN: MA Responds

SUBJECT INFORMATION (PLEASE PRINT): (an asterisk (*) denotes a required field)

***Last Name** ***First Name** Middle Name Suffix

Maiden Name (or other name(s) by which you have been known, if applicable)

***Date of Birth** ***Place of Birth**

***Last Six Digits of Your Social Security Number** _____ - _____ *(required for CORI)*

Sex: _____ Height: ___ ft. ___ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

(For requestor's use only)

The above information was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee