



# Volunteer Handbook

*Updated 11/04/24*

## **Our Mission**

The mission of Macon Volunteer Clinic (MVC) is to improve health and wellness by providing primary medical, dental, and eye care services, as well as, medication assistance to uninsured, working adults residing in Macon-Bibb, Twiggs, Wilkinson, or Peach Counties at no cost to the patients.

## **Our Vision**

MVC exists to insure that all the working citizens of Central Georgia have access to quality healthcare services and the resources they need to live healthy productive lives.

## **Our Values**

- We provide a medical home and compassionate service for the people who need us.
- We are diligent in serving the needs of our patients, and resourceful, creative, and perseverant in finding the means to do so.
- We are called to serve the community in a manner that is both altruistic and accountable. We honor the goodwill placed in us with transparency in all we do.
- Our staff and volunteers are passionate, motivated and efficient in all that we do.

## **Clinic Information**

Macon Volunteer Clinic  
376 Rogers Avenue  
Macon, Georgia 31204  
(478)755-1110  
Fax (478)743-9645

## **Volunteer Coordinator contact information**

Sydni Gilbert  
Volunteer and Communications Specialist  
sgilbert@maconvolunteerclinic.org  
Phone: 478-755-1110 ext. 123

## **Clinic Hours:**

Mondays 4pm – 7pm  
Tuesdays 4pm – 7pm  
Wednesdays 9am to 12pm  
Thursdays 9am - 12pm  
Friday 9am - 12pm

## **Administration Hours:**

Monday – Thursday 8:30 – 4pm  
Friday 8:30 – 12noon

## **Who we are/whom we serve**

Macon Volunteer Clinic provides free primary medical and dental care, as well as medication assistance to uninsured working adult residents of Bibb , Twiggs, Wilkinson, and Peach County, GA. Under the supervision of the Medical Director, licensed medical and dental volunteers provide health services – at no cost – to eligible patients at our Clinic on the corner of Ingleside and Rogers Avenue.

## **Services provided at MVC include:**

- Primary Medical Care
- Dental Exams, X-rays, Cleanings, Restorative Services, and Extractions
- Non-narcotic Prescription Medication Assistance
- Diabetes education and testing supplies (glucometers, testing strips, and lancets)
- Nutrition Counseling
- Mental Health Counseling
- Gyn Services - Women's Health
- Referrals to Free Specialist Care as Appropriate
- Onsite Eye Exams and Glasses

## **Services Provided outside of MVC include:**

- Cancer Screenings (such as Mammograms, PAP Smears and Colonoscopies)
- Laboratory Analyses
- X-rays
- Diagnostic Services

## **Patient Confidentiality:**

### **Policy:**

MVC assures that all healthcare providers and support staff adhere to established ethical principles and codes of professional practice including patient confidentiality, privacy, and informed consent.

### **Procedures:**

1. All staff and volunteers must sign a Confidentiality Agreement at the beginning of their appointment.
2. Medical information is released in accordance with regulations set forth in the Health Insurance Portability and Accountability Act (HIPAA). The Authorization for Release of Information consent form should be signed by the patient (or responsible person) before any medical records are released.
3. No specific or general information concerning complaints, diagnosis, dates of visits or lack of visits to MVC is to be provided to any party, including spouses/significant others, friends or parents without the expressed written consent of the patient.
4. Confidentiality can be broken if the patient is considered to pose a risk to him/herself or others and in cases where emergency care must be rendered and the patient is incapable of giving consent (i.e. loss of consciousness). In the case of such an event, the Medical Director shall be consulted immediately and the Executive Director notified of the situation.
5. Information that the patient has given written consent to release information should be provided to the designated person(s) in writing. Documentation of consent should be retained in the medical record.
6. Verbalization of patient's information is not shared with those not participating in the patient's care.
7. Privacy is established for patients when examining, interviewing, or sharing information by closing the exam room or office door.
8. All clinic employees and volunteers shall sign out of the electronic medical record when not in the room with the patient.
9. If it is necessary to obtain information in the form of medical records from a previous medical provider or hospital in order to provide appropriate care, the patient (or their guardian) will be asked to sign a medical records information form so that the records can be requested.
10. Violations of patient confidentiality by any employee of MVC is considered a serious infraction and will result in disciplinary action under MVC policies up to and including termination.

## **Clinic Expectations of Volunteers**

We are a volunteer organization which serves members of the community. We believe the services we provide – basic healthcare services – are a fundamental human right. Therefore, it is important that we treat all patients with professionalism and respect. How you present yourself reflects to the community the services and image of the clinic.

Just as importantly, treating fellow volunteers and staff with respect will determine the quality of your volunteer experience. Typically volunteers have already completed a full day of work prior to showing up for their shift at the clinic, so patience and understanding are essential.

It is our hope that your volunteer experience is as rewarding for you as your service is a benefit to those seeking care. If you have a question or a concern, the clinic asks that you discuss the issue with the Volunteer Coordinator.

## **Dress Code**

**Purpose:** To establish a dress code and appearance policy for Macon Volunteer Clinic (MVC) employees and volunteers. This policy outlines the minimum acceptable standard for dress and appearance. MVC retains the right to amend this policy to employees and volunteers with appropriate notice as may be required.

**Rationale:** MVC employees and volunteers are representatives of the organization and are responsible for creating a positive experience for our patients, families, visitors, clinical staff, and fellow workers. The described standards of dress and appearance are defined to provide consistent and acceptable presentation, both internal and external.

**Persons Affected:** This policy applies to all persons performing work for MVC (including regular employees, physicians, temporary or contract employees, students and volunteers). For purposes of this policy, these persons will be collectively referred to as "employees".

**Policy:** While the following guidelines provide information about specific items of clothing and aspects of appearance which are acceptable or unacceptable (as outlined below), the ultimate consideration is whether a professional appearance is maintained. Therefore, an employee may violate this policy by not exhibiting a professional appearance, even though s/he is wearing acceptable items of dress.

### **Dress**

Compliance with these guidelines is expected at all times, including situations where personal attire may be covered by a lab coat.

#### **Appropriate Dress:**

- Suits
- Dress pants
- Casual dress pants (i.e., Dockers, chinos, khakis, etc.)
- Dress capris or cropped pants
- Skirts
- Casual dresses
- Dress shirts/blouses and collared sports shirts
- Sweaters/vests
- Sport coats/blazers
- Leggings worn as hosiery
- Closed toe shoes
- Clothing should be clean, neat, in good condition and fit properly. Torn, faded, stained or frayed articles of clothing are not acceptable
- Shoes should be clean and in good repair
- Only direct patient care staff may wear scrubs.

#### **Inappropriate Dress:**

- Caps, head coverings. Head coverings may only be worn when associated with professional or religious affiliation or as they relate to state/or federal legislation. Baseball caps are not acceptable.
- Shorts (including Bermuda shorts), mini-skirts, culottes, gauchos above the knee
- Stretch pants or leggings worn as pants
- Blouses, shirts, sweaters, skirts or pants which do not cover the shoulders, back or stomach while standing or sitting
- Flannel shirts

## **Inappropriate Dress Continued:**

- T-shirts
- Exercise clothes (sweatshirts, sweatpants, jogging suits, etc.)
- Sheer, spandex, low cut/slung garments
- Clothing which is torn, faded, stained, frayed or gives an unkempt appearance
- Bib overalls
- Any jean or jean-styled pant (with exception of Friday, unless clinical staff)
- Denim or cargo-style capris or cropped pants
- Pants worn below hip level ("sagging")
- Flip-flops or open toed shoes (administrative volunteers may wear professional open toed shoes)

\*Supervisors reserve the right to determine appropriateness of volunteer wardrobe at any time.

## **Appearance**

Hair should be clean, combed and professional in appearance. In patient contact situations, long hair must be controlled (pulled back) to prevent contact with the patient, equipment or supplies.

Tattoos with slogans, sayings or offensive wording should be covered (e.g., long sleeve shirt, gloves, etc.). The Executive Director and Volunteer Coordinator

have the discretion to require that an employee cover any tattoo(s) or combination of tattoos that could be considered offensive.

## **Cleanliness**

Neat and clean dress demonstrates pride in the job and is a courtesy to those around you. Attention to the principles of hygiene while working is necessary. Each individual employee is responsible for maintaining personal hygiene needs and cleanliness.

- Proper hand washing techniques are important for personal safety and control of infection.
- Nails should be neatly trimmed and clean.
- Employees and volunteers are encouraged to avoid heavily scented lotions and/or perfumes.

## **Enforcement**

This policy will be addressed in pre-hire interviews, job descriptions, during annual performance appraisals, and on an ongoing basis as needed. The Executive Director and Volunteer Coordinator are responsible for employee orientation and enforcement of this policy.

## **Exceptions**

Requests for exceptions for medical (e.g., foot surgery requiring a special shoe), religious reasons, or other reasons must be reviewed with the Executive Director and any deviation from policy, not already identified elsewhere in this policy, must have Executive Director approval.

## **Modifications**

This Policy is subject to change without notice.

## **Scheduling**

Volunteer schedules are completed and sent out the week before by Friday at noon. It is helpful if you can let the Volunteer Coordinator know about available/unavailable dates as soon as you know them.

If you cannot make your shift or if there is an emergency, please contact the Volunteer Coordinator as soon as possible. A 24 – 48 hour notice is preferred but we understand this may not always be possible.

In the event that you are unable to make a volunteer shift, it is the volunteer's responsibility to seek the active call list to search for a replacement.

## **Recording of Volunteer Hours**

All hours should be recorded into VicTouch. Access to this program is kept on the laptop by the administrative desk in the clinic. Each volunteer will be issued a badge to be worn while volunteering at MVC. A numeric PIN number is located on the back of your badge to be used to log your time at MVC. During your orientation period, you will be shown how to record your hours. If you forget to log your hours, please let the Volunteer Coordinator know ASAP.

## **Parking**

We ask that volunteers not park in front of the Clinic during Clinic hours. You may park on the side of the building on Rogers Place or along the street. Please lock your car and keep valuables out of sight.



## **Social Media Policy**

Volunteers shall not engage in any blogging or social networking, regardless of whether during work or on personal time, which may harm or tarnish the image, reputation, and/or goodwill of Macon Volunteer Clinic or any of its employees, volunteers, vendors, customers, clients, suppliers, or partners. Additionally, volunteers are prohibited from making any discriminatory, defamatory or harassing comments or otherwise engaging in conduct when participating in social networking, both internal and external to the organization, which might harm or tarnish the image, reputation, and/or goodwill of Macon Volunteer Clinic or any of its employees, volunteers, vendors, customer, clients, suppliers, or partners.

## **Health and Safety Guidelines**

Your personal safety is important. Report any personal injury that occurs at the clinic, no matter how minor, to the Volunteer Coordinator.

If you are ill, please do not attend your volunteer shift. Please give as much advanced notice to the Coordinator as possible.

If you are sick or begin presenting with COVID-19 related symptoms or have been exposed to anyone who has been diagnosed with Coronavirus, please alert us immediately.

### **PPE Requirements-**

1. All MVC staff and active volunteers are encouraged to obtain COVID-19 vaccine and subsequent boosters.
2. Unvaccinated staff and volunteers will be encouraged to wear a mask when serving patients during periods of high prevalence of disease as ordered by the Medical Director

### **Influenza vaccine-**

1. All MVC staff and active volunteers are encouraged to obtain seasonal influenza vaccine.

### **Macon Volunteer Clinic Dispensary:**

MVC has a dispensary that includes a variety of antibiotics and other medications that a patient may need for a short term.

We also have medications that may be available for a short time, such as Cymbalta, Nexium, and Eliquis. These meds are available only when a donation is received. Please check with the Patient Assistance Coordinator in the dispensary to find what we have at the time.

## **Macon Volunteer Clinic Dispensary:**

Some medications are available for a year at a time from the manufacturer, based on a patient's income. We assist our patients in applying for these medications, and all refills come to the clinic. Please make dispensary manager aware of changes to doses or frequencies to ensure the patient receives the correct dosage at each refill. Medications available from the Patient Assistance Programs vary, but the following is a list of some medications that can be obtained:

### **Antibiotics**

Amoxicillin 500 mg  
Azithromycin (Zithromax) 250mg  
Augmentin 875mg/125mg  
Bactrim 800mg/160mg  
Ceftriaxone (Rocephin) 500 mg  
Cephalexin (Keflex) 500 mg  
Ciprofloxacin (Cipro) 500 mg  
Clindamycin Hydrochloride 150 mg  
Doxycycline 100 mg  
Levofloxacin (Levaquin) 500 mg  
Macrobid 100 mg  
Metronidazole (Flagyl) 500 mg

### **Anti-Depressant**

Duloxetine 20mg, 30mg, 60mg  
Fluoxetine 20mg, 40mg

### **Anti-Emetics**

Promethazine (Phenergan) 25 mg  
Ondansetron (Zofran) 4mg

### **Antifungal**

Fluconazole (Diflucan) 150 mg  
Nystatin Cream  
Terconazole Cream 0.8%

### **Blood Pressure/Cardiovascular**

Amlodipine 5 mg, 10 mg  
Atenolol 25 mg, 50 mg  
Bystolic 20mg  
Clonidine 0.1mg  
Hydrochlorothiazide 12.5 mg, 25 mg  
Nitroglycerin Sublingual 0.4 mg  
Lisinopril 20 mg, 30 mg, 40 mg  
Losartan 25mg, 50mg, 100mg  
Metoprolol 50 mg  
Eliquis 2.5mg, 5mg

### **Corticosteroid**

Methylprednisolone (Medrol dose  
21 tablet pak) 4 mg  
Prednisone 5 mg, 10 mg  
Triamcinolone Ointment 0.025% 80g  
Triamcinolone Cream 0.025% 15g  
Triamcinolone Cream 0.1% 15g

### **Diabetic**

Glipizide ER 5mg, XR 10mg  
Metformin 500 mg, 1000 mg

### **Muscle Relaxant**

Cyclobenzaprine (Flexeril) 5mg, 10  
mg

### **NSAIDs/Analgesic**

Acetaminophen 650 mg  
Aspirin 81 mg, 325 mg  
Ibuprofen 600 mg, 800 mg  
Celecoxib 200 mg, 400 mg  
Duexis 800mg/26.6 mg  
Naproxen 500 mg

### **Respiratory**

Montelukast 10mg  
Ventolin HFA 90mcg  
Atrovent 17 mcg

### **Smoking Cessation**

Varenicline 0.5mg

### **Thyroid**

Levothyroxine 25mg, 50mg

### **Xanthine Oxidase Inhibitors**

Allopurinol 100mg, 300mg

### **Hyperlipidemia**

Fenofibrate 160 mg  
Pravastatin 80 mg  
Niacin 250mg

If your patient needs a new medication, please ask the dispensary if available. We are more than ready to assist your patient.

Questions concerning medications prescriptions in a particular case should be directed toward the clinical supervisor to ensure appropriate medications are being prescribed to our patients.

\*Please note that the availability of certain medications is subject to change at any time. Please direct all medication questions to the clinical supervisor on staff.

### **Medication Pick Up:**

1. Patient will show ID to pick up medications or state date of birth that matches the EMR. Family member or friend may pick up medication if they are able to state approval from the patient and the patients correct date of birth.
2. Patient will sign “check out” sticker to acknowledge receipt of medication.
3. “Check out” sticker will be placed on paper in the notebook in front lobby.

### **Laboratory Services**

Laboratory tests performed on-site are those approved under the CLIA Waived Laboratory Certificate (PPM).

- Appropriately trained clinic personnel will perform services.
- Laboratory services available on site-include:
  - Urinalysis, by dipstick
  - Blood glucose by finger stick
  - HBA1C by finger stick
  - Vaginal fluid wet mount
  - Examination of stool specimens for occult blood
  - Pregnancy testing (urine)
  - Primary culturing for transmittal to reference lab
  - Group A strep - Rapid Test
  - COVID test
  - Microalbuminuria
- Laboratory Services collected on-site with off-site analysis:
  - Pap Smear
  - STD Screen
  - Punch Biopsy
  - Endometrial Biopsy
  - Cervical Biopsy
  - Urine Culture
  - Culture & Sensitivity

Laboratory tests that are not available at MVC will be collected at the LabCorp on Vineville by order of the provider. The patient will take the order to the lab for collection.

Some laboratory tests that are not available at MVC are on the LabCorp excluded list and, therefore, incur a significant charge to the Clinic. The clinician should determine the necessity of ordering tests on the excluded list and ensure the test is value added to the treatment plan.

## **Lab Specimen Labeling and Identification**

### **Policy:**

It is the policy of MVC to label all patient specimens with accurate and complete identifying and collection information.

### **Procedure:**

1. The specimen is to be labeled:
  - a. Immediately before the specimen has been obtained.
  - b. Information from the patient will be entered into the LabCorp computer.
  - c. A computer-generated label is applied to the specimen.
  - d. Specimen is placed in the appropriate bag with a computer-generated requisition.
2. The label is to be checked for accuracy at the point of collection by the person who obtained the specimen: verifying patient name against name on the requisition.

## **Safe Laboratory Environment**

### **Policy:**

Personnel performing laboratory procedures are at risk for exposure to infectious agents. Personnel recognize their responsibility to implement policies and procedures that minimize the risk of infection and provide a safe, sanitary environment in the lab area.

### **Procedure:**

1. Hand washing should be done with an effective anti-bacterial soap or gel prior to drawing blood and after performing any test or handling specimens. The use of gloves is not a substitute for hand washing.
2. No food or beverage shall be placed in areas where laboratory work is taking place.
3. All specimens shall be regarded as a source of possible infection. Therefore, disposable gloves shall be worn when handling specimens and discarded after use. Hand washing shall follow.
4. The microscope should be cleaned with an alcohol wipe and lens paper following use.

## **Mandatory Abuse Reporting:**

MVC employees and volunteers are "mandatory reporters" with respect to reported or suspected abuse or the need for protective services. Abuse includes, but is not limited to, willful infliction of physical pain, physical injury, sexual abuse, exploitation, mental anguish, unreasonable confinement, and willful deprivation of essential sustenance, services or care.

Pursuant to the Official Code of Georgia Annotated ("O.C.G.A.") mandatory reporting is required for reported or suspected abuse or the need for protective services for:

- a) Children (under age 18) O.C.G.A. Title 19, Chapter 7, Article 5
- b) Disabled Adults (age 18 & over) O.C.G.A. Title 30, Chapter 5
- c) Seniors O.C.G.A. Title 30, Chapter 5

If a child or adult tells you of an incident of abuse or you suspect abuse, do not ask the child questions. Clearly document the facts and circumstances of the reported abuse or suspected abuse. The record documenting the abuse should be created as soon as possible, and should include the exact date, time and location of the incident, the exact words of the child, and a detailed description of the physical evidence. Report the suspected abuse to the Executive Director, who will then report the suspected abuse to the proper authorities.

## **Adult/Elder Abuse:**

Clinic personnel are mandated reporters of suspected adult/elder abuse.

Abuse may include:

- Physical, mental, emotional, and/or verbal abuse
- Sexual abuse
- Financial exploitation
- Neglect
- Self-neglect

If you suspect elder abuse, report it to the MVC Executive Director and Medical Director. Cases of abuse are reported to Adult Protective Services (APS). Adult Protective Services investigates reports of abuse, neglect or exploitation of adults 65 and older or 18 and older with a disability, who do not reside in long-term care facilities.

### **Reporting by phone:**

Call Georgia's Aging and Disability Network at 1-866-552-4464, Mon-Fri from 8 am to 5 pm. When you submit the report, ask for the case number.

### **Reporting online:**

Fill out the APS Web Intake form at

<https://aging.georgia.gov/report-elder-abuse/adult-protective-services-aps>. You should receive a follow-up call within 48 hours. If you don't, call during business hours to follow-up on your report.

To report suspected about in a long-term care facility, contact the Georgia Department of Community Health, Healthcare Facility Regulation at 1-800-878-6442.

## **Child Abuse**

Clinic personnel are mandated reporters of suspected child abuse.

Abuse may include:

- Physical abuse
- Neglect
- Sexual abuse or exploitation
- Child labor trafficking
- Emotional abuse
- Prenatal abuse

If you suspect elder abuse, report it to the MVC Executive Director and Medical Director. Cases of abuse are reported to the Division of Family & Children Services (DFCS). DFCS investigates reports of abuse, neglect or exploitation of children under 18 years of age.

### **Reporting by phone:**

Call DFCS' centralized intake is available 24/7 by calling: 1-855-GACHILD (1-855-422-4453)

### **Reporting online:**

Fill out the DCFS Web Intake form at <https://oca.georgia.gov/child-abuse-and-neglect-reporting>

### **If you believe someone is in imminent danger, call 911.**

### **Clinic Documentation:**

Reporting of reportable diseases and abuse must be documented in the patient's chart.

## **Notifiable Disease**

Report notifiable diseases to the Georgia Department of Public Health and document notification in the patient's chart with date/time/method of notification. Reportable diseases include but are NOT limited to:

- HIV, syphilis, hepatitis A/B/C, gonorrhea, chlamydia
- Formerly common childhood diseases for which there are vaccines (i.e. measles, mumps, rubella, varicella)
- Lyme disease

Notification requirements for various diseases vary from immediate to 6 months.

Please reference for specific reporting mechanisms:

- <https://dph.georgia.gov/disease-reporting>

### **To Report Immediately**

- Call or fax to the Reporting Contacts at the North Central Health District (NCHD) office
- Call 1-866-PUB-HLTH (1-866-782-4584)

### **To Report Within 7 Days**

- Report cases electronically through the State Electronic Notifiable Disease Surveillance System (SENDSS). Register or log-in to submit through SendSS.

### **Problems Reporting**

- HIV/AIDS
  - Call 1-800-827-9769
- All other Notifiable Diseases
  - Call your Reporting Contacts at a County Health Department or District Health Office

Call the Department of Public Health at 404-657-2588



## VOLUNTEER AGREEMENT

1. I shall follow all applicable HIPAA guidelines to ensure patient privacy. I will keep confidential all information that I obtain regarding patients, staff and volunteers.
2. I shall submit to any immunizations that may be a necessary part of my volunteer service.
3. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
4. I agree to work with the Volunteer Coordinator to resolve any problems or issues that may arise.
5. I shall make my best effort to fulfill my commitment to MVC by completing all assignments that I accept.
6. I shall at all times uphold the philosophy and standards of MVC.
7. I understand the Volunteer Coordinator reserves the right to terminate my volunteer status as a result of:
  - a. Failure to comply with clinic policies, rules and regulations.
  - b. Absences without prior notification.
  - c. Unsatisfactory attitude, work or appearance.
  - d. Any other circumstances, which in the judgment of the MVC staff would make my continued service as a volunteer contrary to the best interests of MVC.

I have read each of the above conditions and agree to be bound by them. I certify that the information I have given is complete, true and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstance in completing this application.

**Signature** \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**MACON VOLUNTEER CLINIC**

**Notice of Privacy Policies and Staff Agreement to Maintain Confidentiality**

**I. Duties of Staff and Volunteers to Maintain Confidentiality and Safeguard Patient Privacy.**

In the course of service at the Macon Volunteer Clinic (“MVC”), volunteers and staff members will be provided with access to and otherwise become aware of information which is private and confidential, including, but not limited to, protected health information (“PHI”) as defined in HIPAA of MVC’s patients, confidential information of MVC volunteers and staff (“Confidential Information”). MVC volunteers and staff members agree that, during the course of their relationship with MVC, and following the termination of their relationship with MVC, volunteers and staff members shall maintain and shall not disclose Confidential Information. Furthermore, volunteers and staff members shall not permit or allow unauthorized access to Confidential Information by anyone. MVC volunteers and staff shall endeavor to use any and all reasonable means to prevent the unauthorized disclosure of Confidential Information.

**II. Staff and Volunteer Agreement regarding Confidential Information.**

I have read and understand MVC’s policies regarding the privacy and protection of individually identifiable health information/PHI, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that I have received training in MVC’s policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

I agree that I will not at any time -- either during my association with MVC or after my association ends – improperly use, improperly access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with MVC. I understand that this obligation extends to any PHI that I may acquire during the course of my association with MVC, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply MVC’s policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI may result in disciplinary action, up to and including the termination of my association with MVC and the possible imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will survive the end of my association with MVC, regardless of the reason for such termination or end.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_





**PHOTO RELEASE FORM**

Please check one option below, sign, and fill in the information at the bottom of the page for this form to be placed into your file.

I hereby grant permission to Macon Volunteer Clinic to use photographs and/or video of me taken in the course of my work/service at Macon Volunteer Clinic in publications, news releases, online, and in other communications related to the mission of Macon Volunteer Clinic.

I do not grant permission to Macon Volunteer Clinic for purposes delineated here.

By providing your signature below you are stating - I understand I may revoke this permission at any time by requesting this in writing to Macon Volunteer Clinic, with my signature and date on the written request.

\_\_\_\_\_  
(Signature)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Date \_\_\_\_\_

**Thank you!**