

**Amed Medical Foundation, Amed Family Clinic  
Volunteer Agreement**

I understand and agree that submitting this application form does not automatically register me as an Amed Medical Foundation (AMF) /Amed Family Clinic (AFC) Volunteer, and that there may be certain qualifications I must meet, including the acceptance of established policies and procedures before I may begin volunteering. I agree to provide annual HIPPA training certificate and updated immunization records.

Volunteer experience might be provided at AFC facility located 4536 Nolensville Pike Suite F, Nashville, TN 37211 or other community location designed by the AMF team.

Your services are donated to Amed Medical Foundation and Amed Family Clinic (Amed Medical Group, PLLC) without contemplation of compensation or future employment and are given for humanitarian reasons. I realize I am never required to perform any services as a volunteer which I am uncomfortable doing or for which I have not been properly trained.

You shall not sell or attempt to sell good or services, request contributions, or to solicit persons to sign or distribute political petitions on AFC property.

You shall submit to examinations, which may include background screening, chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service. I hereby authorize my doctor(s) to furnish Amed Family Clinic (Amed Medical Group, PLLC) information concerning my health. I also authorize the person(s) making tests or x-ray films to report the results to AFC.

You agree not to directly or indirectly seek, receive or accept any payment, reimbursement or other compensation whatsoever for your service as a volunteer or for any other health care goods or services provided at AFC. This means, among other things, that you will not accept payments from a patient, third party payer or any other source.

I authorize Amed Medical Foundation and Amed Family Clinic (Amed Medical Group, PLLC). to use any photographs, images, or videos of me for a variety of purposes in any type of print, video, or digital media, including internet sites, without restriction. I agree that these images may be used without further notifying me. I understand that I will not be paid or rewarded for providing this authorization.

**Confidentiality**

If accepted as a volunteer at Amed Medical Foundation and Amed Family Clinic, I pledge to hold in strict confidence all personal and official matters which come to my attention. It is my responsibility to respect and preserve the privacy of the patient as well as any details involved. I certify that all information provided is true and correct to the best of my knowledge and there is no expectation of monetary compensation for donating my services.

I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient. Additionally, I will not attempt to photograph or solicit an autograph from a high profile patient or visitor.

**Liability**

In order to induce Amed Medical Foundation and Amed Family Clinic (Amed Medical Group, PLLC) to accept your enrollment as a volunteer, you hereby absolutely and unconditionally waive, discharge and release Amed Medical Foundation and Amed Family Clinic (Amed Medical Group, PLLC) , and all of their respective officers, representatives and employees, from any and all manner of claims, actions, causes of action, suits, obligations, debts, demands, agreements, promises, liabilities, controversies, costs and expenses (including attorney's fees), in law or in equity, whether foreseen or unforeseen, matured or unmatured, known or unknown, accrued or not accrued, past, present or future, which you may have by reason of any cause or matter whatsoever related to the Amed Medical Foundation and Amed Family Clinic (Amed Medical Group, PLLC) or your service as a volunteer.

IN WITNESS WHEREOF, I agree to this Agreement as of the day and year first written below

\_\_\_\_\_  
Volunteer name

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date