



Orientation Form

STEP 1: Provide Your Contact Information

In what way(s) are you primarily helping Tepeyac and/or Divine Mercy Care (DMC)?

Please note that should your type(s) of help change, your forms and signatures here remain valid.

- Gala Night-Of Volunteer
- Gala/Event Committee Member
- Volunteer – Mainly Tepeyac
- Volunteer – Mainly DMC
- Volunteer – DMC and Tepeyac
- Board Member
- Student Rotation
- Volunteer Intern – Mainly Tepeyac
- Volunteer Intern – Mainly DMC
- Volunteer Intern – DMC and Tepeyac
- Other: _____

Name: _____

Address: _____

Email: _____

Phone Number: _____

How Did You Hear About Us?: _____

Skills, Interests, Focus: _____

Emergency Contact: _____

Current College or University and Professional Goals (if orienting for a student rotation) or Occupation:

Other Notes: _____

Divine Mercy Care's principal program is Tepeyac Family Center, LLC.
A financial statement is available from the Virginia Department of Agriculture and Consumer Services upon request.
Donations are tax deductible to the fullest extent allowed by law. Tax identification number: 34-1985248.

Tepeyac OB/GYN. 4001 Fair Ridge Drive, Suite 304, Fairfax, VA 22030
Phone: (703) 273-9440 Email: info@tepeyacobgyn.com Website: www.tepeyacobgyn.com
Divine Mercy Care. 4001 Fair Ridge Drive, Suite 305, Fairfax, VA 22033
Phone: (703) 934-5552 Email: info@divinemerccare.org Website: www.divinemerccare.org

STEP 2: Acknowledgement of Policies and Principles

I understand the following policies and principles:

- I am donating my services free of charge.
- I agree to keep a detailed or good-faith estimate of my donated hours for our organization records.
- I agree while here doing work for Tepeyac or DMC to abide by the policy to not recommend abortion or contraception or sterilization, and instead promote chastity, fertility awareness family planning, adoption, parenting etc. when appropriate. I understand that Tepeyac and DMC are founded on Christian principles which unite love and truth and strive to embody the teaching of Theology of the Body taught by St. John Paul II.
- If in a patient setting, I understand that praying with patients is encouraged if both patient and provider are willing. I will exercise my best judgement and I will always follow the directives of Tepeyac's supervisors regarding medical cases and will consult with them when necessary.
- I will follow the direction of my supervisors.
- I will maintain the highest standards of confidentiality regarding patient and donor information and anything else confidential.

Your Signature: _____

STEP 3: Review the PowerPoint HIPAA Training and Sign (not required for Gala Committee Members or Gala Night-Of Volunteers)

Employee and Volunteer Health Insurance Portability and Accountability Act (HIPAA) Documentation: The Health Insurance Portability and Accountability Act (HIPAA) is the federal law that establishes standards for the privacy and security of patient confidential information, including patient names, addresses, and birthdates. This law requires HIPAA training for all personnel at Tepeyac OB/GYN, LLC (Tepeyac/TOG) and Divine Mercy Care (DMC), including volunteers, Board members, and medical students. Federal regulations also require filed documentation that each employee, volunteer and others received and read the training information. By signing and returning this form, I confirm that I have received and read the HIPAA training privacy document.

Your Name: _____

Your Signature: _____

HIPAA Officer Name (who oversaw your training): _____

Date: _____