



This Agreement shall apply to all practitioner volunteers involved with any aspect of the functioning, operations, or committee activities of the Holistic Health Community:

- ⊙ To comply with professional standards: All licensed healthcare practitioners shall practice within their scope of practice as outlined in applicable New York State licensing regulations. Any practitioner not bound by licensure shall be ordained, and shall practice according to applicable national standards set forth by any professional organizations relevant to their area of practice or expertise.
- ⊙ Each practitioner is responsible to have on file with the Holistic Health Community a *current* license or certification and ordination. If any practitioner loses a health care license or is not a member in good standing within their field or does not have a license to touch within the state of New York, that practitioner must immediately withdraw any affiliation with the Holistic Health Community.
- ⊙ To comply with privacy regulations: Client confidentiality shall be maintained at all times. No client information shall be discussed in any public area. Any practitioner not directly involved in any given client's care shall not access patient medical records; the only exception is when records are reviewed confidentially among the volunteer practitioners on the client's behalf in accordance with the Informed Consent and Release.
- ⊙ The primary purpose of Community Holistic Healthcare Days and other healthcare events sponsored by the HHC, is to provide a community service; practitioners are not there with the primary purpose of building their practices. An area is designated for professional cards, brochures and other information.
- ⊙ For legal agent reasons: No practitioner or volunteer shall promote his or her expertise in the community in conjunction with his or her participation in the work of the Holistic Health Community unless the circumstances of such promotion have been approved by the Board of Directors of the Holistic Health Community.
- ⊙ All volunteers shall conduct themselves in a professional and ethical manner at all times and in any aspect of the Holistic Health Community operations or committee activities. All actions, verbal or written interactions and other behavior shall be such that the integrity of the Holistic Health Community is maintained at all times and that such actions and behaviors do not impede the process of the Holistic Health Community toward achieving its goals and mission. Concerns about operations, activities and/or volunteers shall not be discussed outside appropriate committee activities. Professionalism shall also be applied to the dress code for all volunteers at Holistic Health Community events.
- ⊙ The Board of Directors of the Holistic Health Community is responsible for reviewing concerns expressed by any volunteer or client, for conflict resolution and for problem solving and shall work to maintain the confidentiality and the dignity of any individual involved. This process shall include an impartial and objective review of all aspects of the concern involved.
- ⊙ No criminal behavior (such as theft or diagnosing without a license); no practicing without a license or certification and ordination; and no discriminatory or prejudicial behavior, actions or speech shall be tolerated at any time. Any such activity shall be cause for immediate suspension of the volunteer involved with follow-up and final recommendations to follow as appropriate.



**Agreement between the Holistic Health Community Inc.
and Practitioners offering services at HHC events**

I, _____, with a practice located

at _____

am a practitioner of _____

and from time to time at my discretion, I volunteer my time at Community Holistic Healthcare Days in Stone Ridge, New York, at Virtual Community Holistic Healthcare Weeks offered by phone and zoom, or at Holistic Healthcare Events that are a part of the HHC Outreach Program, organized by the Holistic Health Community. I have received a copy of the **Agreement between the Holistic Health Community Inc. and Practitioners offering services at HHC events**, and as a volunteer, and by my signature below, I have read, understood and agreed to follow it. I understand that any clients I see at the Community Holistic Healthcare Days or the Virtual Holistic Healthcare Weeks by phone or zoom, or the HHC Outreach Program events are my private clients and that I am responsible for maintaining any appropriate records related to my services for these clients and for all other responsibilities that come with such a relationship. I understand that I may decline to see or treat a client, choose the manner of treatment, decide on the length of appointments and other matters, since this volunteer service is part of my practice.

Signature and Title (if appropriate)

Date

Please Print Name