



MEMORANDUM OF UNDERSTANDING (MOU)

Clinic Team Leadership Role

This Memorandum of Understanding (“MOU”) outlines the expectations, responsibilities, and accountability standards for individuals assuming leadership or administrative roles within the Hilltop Free Clinic initiative operated under MY Project USA.

1. Parties

This MOU is entered into between:

Organization: MY Project USA

Program: Hilltop Free Clinic

and

Individual Name: _____

Role/Title: _____

Affiliated Institution (if applicable): _____ **Term of Service:** _____

2. Purpose

The purpose of this MOU is to:

- Clearly define role responsibilities and authority
- Establish communication, confidentiality, and conduct expectations
- Promote professionalism, accountability, and mutual respect
- Protect organizational integrity, patient privacy, and volunteer experience
- Ensure alignment with MY Project USA’s mission, values, and governance structure

3. Role Scope & Responsibilities

The individual agrees to perform the duties associated with their designated role as defined in:

- The official role description
- Applicable Clinic SOPs
- MY Project USA policies and procedures

Responsibilities include, but are not limited to:

- Fulfilling assigned operational and leadership duties in good faith
- Acting within the scope of authority defined by MY Project USA
- Supporting clinic operations in a professional and collaborative manner
- Upholding patient safety, privacy, and compliance requirements

4. Communication & Reporting

The individual agrees to:

- Use designated organizational communication channels (official email, shared drives, approved platforms)
- Follow established communication protocols and reporting lines
- Respect Board- and leadership-directed communication boundaries
- Avoid misrepresentation of organizational decisions, authority, or intent
- Raise concerns through appropriate internal channels rather than informal or public forums



5. Professional Conduct & Organizational Values

The individual agrees to:

- Model professionalism, respect, and courtesy in all interactions
- Maintain a respectful environment for staff, volunteers, patients, and partners
- Avoid conduct that undermines leadership authority, team cohesion, or organizational culture
- Refrain from threatening, coercive, or ultimatum-based communication
- Conduct themselves in a manner consistent with MY Project USA's values of dignity, empathy, and collaboration

6. Confidentiality & Privacy

The individual agrees to:

- Maintain strict confidentiality regarding patient information, volunteer records, internal communications, and organizational matters
- Comply with HIPAA, privacy laws, and all clinic privacy policies
- Not disclose confidential information without proper authorization
- Safeguard access credentials, documents, and data

7. Media, Representation & Public Statements

The individual agrees to:

- Follow all MY Project USA and clinic policies regarding media, photography, video, and public communications
- Not represent themselves as speaking on behalf of MY Project USA or the clinic without authorization
- Obtain required approvals before engaging in interviews, public statements, or promotional activities

8. Accountability & Performance

The individual understands that:

- Leadership roles are positions of trust and responsibility
- Failure to comply with this MOU, role expectations, or organizational policies may result in:
 - Corrective action
 - Role modification
 - Suspension or removal from the role

MY Project USA reserves the right to review performance and role alignment at any time.

9. Term, Modification & Termination

- This MOU is effective for the stated term unless terminated earlier.
- MY Project USA may modify this MOU with written notice.
- Either party may terminate this agreement with written notice, subject to transition and continuity requirements.

10. Acknowledgment & Agreement

By signing below, the individual acknowledges that they have read, understand, and agree to the terms of this Memorandum of Understanding and commit to fulfilling their role in accordance with MY Project USA policies and values.

Name (Printed): _____ **Date:** _____

Individual Signature: _____

For MY Project USA:

Authorized Representative: _____ **Title:** _____

Individual Signature: _____ **Date:** _____



Code of Conduct Addendum

Hilltop Free Clinic – MY Project USA

This Code of Conduct Addendum applies to all clinic leadership, student leaders, volunteers serving in leadership roles, and administrative representatives operating under MY Project USA.

1. Professional Standards

All individuals agree to:

- Conduct themselves with professionalism, respect, and courtesy at all times
- Treat all staff, volunteers, patients, partners, and leadership with dignity
- Maintain a collaborative, solution-oriented approach to disagreements
- Respect organizational hierarchy and governance structures

2. Respectful Communication

Individuals must:

- Use respectful language in all verbal, written, and digital communications
- Avoid dismissive, demeaning, intimidating, or exclusionary behavior
- Refrain from public criticism, sarcasm, or personal attacks
- Assume positive intent while maintaining accountability

3. Authority & Representation

Individuals must:

- Respect the authority of MY Project USA leadership and the Board
- Not misrepresent decisions, intentions, or statements made by leadership
- Not imply authority beyond their assigned role
- Avoid issuing ultimatums, threats, or conditional participation statements

4. Shared Spaces & Public Settings

In shared organizational spaces, individuals are expected to:

- Acknowledge leadership presence professionally
- Model appropriate conduct in front of volunteers, students, and community members
- Avoid behavior that creates tension, exclusion, or confusion regarding authority
- Uphold MY Project USA's values in visible and informal settings

5. Compliance & Accountability

Failure to comply with this Code of Conduct may result in:

- Verbal or written warning
- Corrective action plan
- Suspension or removal from leadership role

Acknowledgment

I acknowledge that I have read, understand, and agree to abide by this Code of Conduct.

Signature: _____

Name: _____

Date: _____



Student Leadership Acknowledgment

For Academic Institutions & Training Programs

This acknowledgment applies to all student leaders, including medical students affiliated with OUHCOM or other academic institutions.

Purpose

This document clarifies expectations for students serving in leadership roles within Hilltop Free Clinic under MY Project USA, recognizing the dual responsibility to both academic institutions and the organization.

Student Leadership Commitments

By signing below, the student leader acknowledges that they:

- Are serving in a **voluntary leadership role** under MY Project USA
- Understand that this role requires professionalism equivalent to a workplace environment
- Agree to follow all MY Project USA policies, SOPs, and governance structures
- Will not represent academic institutions without authorization
- Will uphold patient privacy, organizational confidentiality, and ethical standards

Academic Standing & Conduct

The student understands that:

- Leadership conduct may reflect on their academic and professional standing
- Violations of organizational policy may result in removal from the role
- Serious misconduct may be reported to the appropriate academic body if required

Acknowledgment

I acknowledge that I have read and understand the expectations of serving in a leadership role within Hilltop Free Clinic under MY Project USA and agree to uphold these standards.

Student Name: _____

Academic Program / Institution: _____

Role Title: _____

Signature: _____

Date: _____