

Student & Volunteer/Observer Registry

PERSONAL INFORMATION:

Name: _____

Phone: () _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT:

(1) _____

Relationship _____ Phone (home) _____ Other _____

(2) _____

Relationship _____ Phone (home) _____ Other _____

OBSERVATION INFORMATION:

Clinic: _____

Supervising Therapist: _____

Observation State Date: _____ Observation End Date: _____

School: _____

Anticipated Graduation Date: _____

Volunteer Agreement

The undersigned, being a person who desires to voluntarily work for his/her own advantage without compensation in order to learn a skill or trade associated with outpatient rehabilitation business, desires to provide volunteer services at CORA Rehabilitation Clinics, Inc. ("CORA"). The undersigned acknowledges and agrees as follows:

1. The undersigned is not an employee, will not be compensated by CORA, and the training is solely for the benefit of the undersigned.
2. The undersigned will not displace any regular employees, will work under close observation, and no immediate benefit from the training will accrue to CORA.
3. Some tasks to be performed may result in exposure to blood, body fluids, tissue or cleaning chemicals. The following list includes but is not limited to those tasks wherein the undersigned is likely to be exposed to blood, body fluids, tissues or potential spills or splashes with chemicals: a) Performing any task in the room or area of a patient who is spraying blood or body fluid, e.g., coughing and expectorating secretions; b) Decontamination of surfaces or equipment contaminated with blood or other potentially infectious materials; c) Emptying trash receptacles, d) Cleaning bathrooms and locker areas; e) Cleaning spills; f) Maintenance activities involving the handling of medical waste; g) Repairing equipment that may be soiled with blood, body fluids, or tissues; h) Assisting with patients during emergencies or fire drills; and i) Sorting soiled linen which may contain medical waste and/or sharps.
4. The undersigned will not be involved in any direct patient care at any time and he/she will not have physical contact with a CORA patient unless specifically directed in time of an emergency or fire drill.
5. The undersigned will indemnify and hold harmless CORA from any and all claims, liabilities and causes of action arising out of any negligence, error, omission or intentional acts of the undersigned of CORA. Furthermore, the undersigned fully releases CORA from all rights, claims and actions which the undersigned may have, of any kind or nature whatsoever, arising out of the training period.
6. The undersigned will comply with all CORA policies and procedures governing the confidentiality of patient information and records.
7. The undersigned acknowledges and agrees that CORA may terminate this Volunteer Agreement at any time without notice.

Student's Signature: _____ Print Name: _____

Date: _____

HIPAA Confidentiality Agreement

All patients have a right to privacy and all staff, including students/volunteers/observers, must respect this right and comply with CORA Physical Therapy and the federal law, which insures this right. Any information that can identify a patient is considered Protected Health Information (PHI). PHI, as defined by HIPAA includes, but is not limited to, names, all geographic subdivisions; all elements of dates (except year) directly related to an individual; telephone numbers, fax numbers, electronic mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers, device identifiers and serial numbers, web universal resource locators (URLs), internet protocol (IP) address numbers; biometric identifiers, including finger and voice prints, full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code. Divulging this information, either written or oral, is a violation of federal law and is subject to disciplinary action.

I acknowledge that as a student/volunteer/observer at CORA Physical Therapy I may have access to use or disclose confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after my time at CORA Physical Therapy and commit to the following obligations:

- A. I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties.
- B. I will not misuse confidential information/data or be careless with it. I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information/date except as properly authorized.
- C. I will request, obtain or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties. I will not communicate about a patient with anyone not involved in the patient's care, even if I do not use the patient's name.
- D. I will take reasonable care to properly secure confidential health information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users. I will not disclose my personal password(s) to anyone and will refrain from performing any tasks using another's password.
- E. I will document all disclosures of confidential health information, including those authorized by clients of CORA Physical Therapy and any accidental disclosures, in the appropriate client's file.
- F. I agree to take any questions I may have regarding what constitutes PHI to my supervising therapist for direction.

I understand that my obligations under this Agreement will continue after my affiliation with CORA Physical Therapy terminates. I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action.

Student/Volunteer Signature: _____

Student/Volunteer Printed Name: _____ Date: _____