



## Volunteering/Job Shadow Release Form & Confidentiality Agreement

Please Print

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_

### Volunteer Dress Code and Behavior

It is our desire that your time at our facility is educational and enjoyable. As a volunteer you will be representing Physical Therapy Central through interactions with patients, employees, guests and visitors and are expected to present yourself in a professional manner. We expect all volunteers to wear appropriate clothing such as khakis or jeans without patches or holes, non-revealing shirts, shirts without large logos or inappropriate writing, and no shorts or skirts above the knees. Shirts that show mid drift are not acceptable. For your protection, we also do not allow staff or volunteers to wear open toed shoes. Profanity or inappropriate conversations is also inconsistent with Physical Therapy Central code of conduct. We provide a break room for you to leave your personal belongings during your scheduled time. We ask that you turn your cell phone or electronic devices off and put them away.

### Medical Information & Release

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication(s)/Allergies/Conditions: \_\_\_\_\_

I, the undersigned (or parent/guardian), understand the nature of Physical Therapy Central volunteer program and the activities involved, and state that the individual named on this form is in adequate health to perform, participate or observe the activities carried out in this program. I do ensure and guarantee to hold harmless Physical Therapy Central, its staff, agents and representatives from any responsibility for liability whatsoever resulting from the individual's actions, activities or injury.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date

**Confidentiality Agreement**

I, the undersigned, acknowledge that as a result of my association with Physical Therapy Central, may have access to information of business of the practice and of its patients including patient Protected Health Information (referred to herein as (Confidential Information”). I understand that it is my legal and ethical responsibility as an authorized user to preserve and protect the privacy, confidentiality and security of all Confidential Information relating to Physical Therapy Central, its patients, activities and affiliates, in accordance with the applicable laws and company policy.

I agree that I will access, use or disclose Confidential Information only in the performance of my duties, when required or permitted by law, and disclose information only to persons who have the right to receive that information. When using or disclosing confidential information, I will use or disclose only the minimum information necessary.

I agree that I will hold confidential such Confidential Information and will not disclose any such Confidential Information to third parties during and after my time with Physical Therapy Central. Furthermore, I understand that the use and disclosure of patient Protected Health Information is governed by the rules and regulations established under HIPAA (the Health Insurance Portability and Accountability Act of 1996) and the Health Information Technology for Economic and Clinical Health Act (HITECH). I understand that under these and other state and federal laws and regulations governing a patient’s right to privacy, the unlawful or unauthorized access to, or use or disclosure of , patients’ confidential information may subject me to disciplinary action up to and including immediate termination from my relationship with Physical Therapy Central, civil fines for which I will be personally responsible; and criminal sanctions.

I understand and agree to protect and safeguard from any oral or written disclosure all Confidential Information of which I become aware.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date