



Student / Volunteer Associate Agreement and Waiver of Liability

Volunteer Name: _____

Volunteer Address: _____

Volunteer Phone #(s): _____

Email Address: _____

Days and Hours Available to Volunteer: _____

Reason for volunteering (circle once): Observation hours for PT/PTA/OT/SLP
Clinical Internship for Undergrad Requirement for high school class/project
Other: _____

If observation hours for PT/PTA/OT/SPL school, which school: _____

Emergency Contact(s) / Relationship and Phone #: _____

I understand that I am not an employee of Perfect 10.0 Physical Therapy, PLC, but that I must abide by the following company policies and procedures as a student / volunteer associate:



Confidential Information

Perfect 10.0 Physical Therapy associates may have access to confidential information concerning patients, associates or Perfect 10.0 Physical Therapy PLC business. This information is considered confidential and should only be released to authorized personnel. Associates having access to confidential information concerning patients' private or health-related information must not discuss, divulge, or utilize, in any way, the name, addresses, or any other information considered personal or confidential concerning any patient. Associates having access to and training in methods of conducting business that may be considered private and confidential must not directly or indirectly disclose or furnish to any other person or company: a) the methods of conducting business, b) or any confidential information concerning business practices acquired by associates during associates' time with Perfect 10.0 Physical Therapy, PLC.

Personal Appearance and Dress

An associate's personal appearance, which includes dress, grooming and hygiene, must reflect the high standards of Perfect 10.0 Physical Therapy, PLC and the practice's profession. Therefore, the following guidelines define acceptable standards of dress and appearance for all associates assigned to or working at Perfect 10.0 Physical Therapy, PLC. It is not possible for the guidelines to address every conceivable question of dress and grooming. The most effective control comes from the use of good judgment to meet our obligations to patient care and the public. Some departments may have needs for uniform and appearance guidelines, depending upon work assignments and involvement in patient care activities. Any exception to the policy must be approved by Human Resources. This dress code is to be adhered to at all times.

General Guidelines

All associates are expected to be neat, clean, well groomed, and professional in appearance when reporting for work.



Clinic Staff Guidelines

- All patient care areas are required to wear the following: polo or oxford type shirts with khakis, slacks or skirts (blue, black, tan, or brown color) that are clean and professional in appearance when reporting for duty.
- When patient care areas are not required to wear uniforms, they must adhere to all professional appearance guidelines.
- All clinic associates must wear closed-toe shoes at all times for health and safety reasons.

Unacceptable clothing for work includes:

- Apparel that is faded, wrinkled, in need of repair, soiled, torn, tight, revealing or promotes any organization other than Perfect 10.0 Physical Therapy is not considered professional or in accordance with this dress code policy
- T-shirts, tank tops, halter tops, bare midriffs (defined as any top which shows any portion of the torso from the neck to the hips when sitting, leaning forward, backward, or with the arms lifted above the head), tops or blouses showing cleavage, sleeveless dresses or tops without jackets (if worn with a sleeveless dress or top, jackets are to remain on at all times)
- Jewelry which presents a safety hazard, i.e., long, dangly earrings, long chains or multiple bangle bracelets. Jewelry must be simple.
- Visible tattoos and body piercing (except pierced ears)
- Footwear that prevents associates from safely and effectively performing their job
- Overalls, coveralls, jumpsuits, shorts or denim attire of any type, color or resemblance
- Sweatshirts, sweat suits and other sports wear
- Skirts or dresses with hem lines exceeding two inches above the top of the kneecap
- Capri pants, casual cargo style (only professional dress and suit like styles/fabrics are permitted)
- Leggings, stirrups, spandex or other form-fitting pants

- Hats or caps
- Thong-type sandals, flip flops, or beach-type shoes

Guidelines for Personal Hygiene and Grooming

Skin, hair, and body are to be clean and free from offensive odors. Perfumes, lotions, makeup and other scented products may be worn in moderation.

For infection control purposes:

- Hair must be neat, clean, and controlled. It must not hang loosely over the patient.
- No flowers (real or artificial) are to be worn on the hair.
- No facial hair
- Artificial nails or nail accessories of any type are not permitted in patient care areas. Fingernails must be kept clean and trimmed. Nail polish should be non-chipped.

Release and Waiver of Liability

As a student / volunteer associate, I understand that I will not be covered under Perfect 10.0 Physical Therapy, PLC Workman's Compensation. I understand that Perfect 10.0 Physical Therapy, PLC does not carry or maintain health, medical, or disability insurance coverage for any student / volunteer associate and are expected and encouraged to carry their own medical or health insurance coverage. As a student / volunteer associate, I will not hold Perfect 10.0 Physical Therapy liable for any injury resulting from the work performed.

By signing below, I understand that I must abide by the company policies and procedures set forth, and that I have read and understand the Release and Waiver of Liability.



Student/Volunteer Associate signature: _____

Date: _____

**STUDENT / VOLUNTEER CONDUCT, CONFIDENTIALITY STATEMENT, AND
ACKNOWLEDGMENT**

As a volunteer for Perfect 10.0 Physical Therapy, PLC, confidential information may be available to me. Information that may be available to me can include a patient's protected health information, risk management, peer review, medical staff credentialing, quality assurance and proprietary information. This information must be kept in strict confidence. This information must not be repeated or discussed with anyone outside of the direct care of the patient.

Any of the above information must not be disclosed to unauthorized sources within or outside of Perfect 10.0 Physical Therapy, PLC.

I further understand that Perfect 10.0 Physical Therapy, PLC has policies and procedures to assure compliance with regulations promulgated under the Health Insurance Portability and Accountability Act. I agree to abide by all such policies and procedures.

I understand that some penalties for breaches of confidentiality are subject to certain provisions of state and federal laws. I understand that violation of any breach of company policies that is related to confidentiality will result in the immediate removal of my volunteer status at Perfect 10.0 Physical Therapy, PLC.

I understand and agree that I have a responsibility to conduct myself in a positive and professional manner at all times, both on and away from the work site.

I understand that I may have access and training in methods of conducting business that may be considered private and confidential. I agree that I will not directly or indirectly disclose or furnish to any other person or company: a) the methods of conducting business, b) or any confidential information concerning business practices acquired by me during my employment.

I understand that **Perfect 10.0 Physical Therapy, PLC** cannot respond to any concerns I may have about my working environment unless I report those concerns to them through the proper chain of command. I also understand that if I have any such concerns, I must report them in writing to the HR Manager or in the absence of the HR Manager, to the Chief Operating Officer. I understand that **Perfect 10.0 Physical Therapy, PLC** is committed to investigate any concern regarding possible discriminatory actions or behaviors of any employee or customer of Perfect 10.0 Physical Therapy. If I choose not to report any such concern in writing to the HR Manager, (or to the Chief Operating Officer in the absence of the HR Manager), **Perfect 10.0 Physical Therapy, PLC** reserves the right to not investigate my concern or complaint.

By signing this statement, I am stating that I have read and understand the confidentiality of information provisions contained in the Notice of Privacy Practices and agree to abide by same. I further agree to immediately report to the Privacy Officer any suspected or actual unauthorized use, disclosure, acquisition or access to protected health information or any loss of a mobile device (PDA), smartphone that contains PHI.

I agree that I will not post or transmit any information related to Perfect 10.0 Physical Therapy, its medical staff, employees, workforce members, contractors, patients, patient families or other confidential information to any social networking site, website, blog, tweet or similar site or function.

This statement will remain on file in the Privacy Office.

Print Name	Date of Birth
Signature	Date signed
E-mail	Phone

Preceptor Name _____ Date Signed _____

Start Date: _____

End Date: _____

Requested Total Hours: _____



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Physical Therapy