



**PERMISSION OF PARENT OR GUARDIAN FOR YOUTH OBSERVATION WITH
HPRC AT ANY OF ITS PRIVATE PRACTICES OR CONTRACT SERVICES**

APPLICANT'S AND PARENT'S STATEMENT (Please read carefully before signing)

I hereby certify that all information given on this observation request form is true and correct to the best of my knowledge, without consequential or significant omissions of any kind whatsoever. I further understand that any falsification of information given in this application or any consequential or significant omissions there from will be considered sufficient cause for either refusal to be selected or immediate discharge from the organization.

I hereby give my permission for my son/daughter _____
Name

to join HPRC's observation program. I also understand that HPRC is not to be held responsible in case of an accident.

Applicant Signature Date

Signature of Parent/Guardian Relationship Date
(Required if applicant is less than 18 years old)



CONFIDENTIALITY STATEMENT

As an employee of HPRC or a student intern, you may develop, use, or maintain patient, personnel, health, financial (to include payroll), and/or administrative records. Information from these records in any form, to include paper records, oral communications, recordings and electronic displays, is strictly confidential. Access to this information is permitted only on a need to know basis.

Employees, students, and any other user of information from records will respect and preserve the privacy and confidentiality of that information. Violations include, but are not limited to:

- Accessing information that is not within the scope of your job duties
- Misusing, disclosing without proper authorization, or altering patient, personnel, health financial, or administrative records
- Improperly disclosing (at the sole discretion of HPRC) to another person your password for accessing electronic or computer information or records
- Improperly disclosing (at the sole discretion of HPRC) another person's password for accessing electronic or computer information or records
- Leaving a computer unattended while signed on and logged into a patient, personnel, health, financial, or administrative record (unless a password protected screen saver is engaged)
- Attempting to access records for which you do not have a need to know

Violation of the provisions of this statement will constitute grounds for appropriate disciplinary action, up to and including termination or immediate dismissal from the student internship.

I have read and agree to comply with the terms of this statement.

Name (printed) _____

Signature _____ Date _____



STUDENT INTERN RELEASE FORM

As a student with HPRC, I understand my clinical instructors may be called upon to provide reference information to prospective employers. I expressly authorize, without reservation, HPRC, its employees or agents, to release relevant information about my clinical affiliation and my performance to those I have designated. I consent to the release of this information orally or in writing and hereby release HPRC from any and all liability associated with the release of said information.

Printed Name _____

Signature _____ Date _____



FACILITIES AND CONTACT LIST FOR SCHEDULING OBSERVATION IN PHYSICAL THERAPY, OCCUPATIONAL THERAPY & SPEECH THERAPY

This information is provided to you upon completion of the HPRC Observation Request form and signing the Confidentiality Statement contained therein.

PEDIATRIC REHABILITATION (PEDS)

705 17th Street, Suite 407, Columbus, GA 31906

Contact: Marie King, Office Manager

Phone 706-321-0930

Catherine Stubbs, PT, Director

(Physical, occupational, and speech therapy, serves children with a variety of diagnoses)

EASTER SEALS PEDIATRIC THERAPY

2515 Double Churches Road, Columbus, GA 31909

Contact: Kelsey Labroski, Office Manager

Phone 706-660-5495

Kathleen Gallops, OTR/L, Director

(Physical, occupational, and speech therapy, serves children with a variety of diagnoses)

(Physical therapy, outpatient orthopaedic clinic)

HPRC - AUBURN

2140 East University Drive, Suite J, Auburn, Alabama 36830

Phone 334-321-0601

Contact: Rachel Edwards, Office Manager

Karen Lynn, PT, Director

(Physical therapy, outpatient orthopaedic clinic)

HPRC AT HORIZONS DIAGNOSTICS

106 Enterprise Court, Suite C

Phone 706-221-6448

Contact: Renee Tokach, Office Manager

Sam Coley, PT, Director

(Physical therapy, outpatient orthopaedic clinic)

REMINDER: You may have up to three visits to observe at each facility. Observers who are approved to continue observation for a 4th visit must **provide proof of current PPD and Hepatitis B inoculations prior to observation.** **DRESS CODE:** You will be in a professional healthcare environment. **Please dress accordingly - business casual (no jeans, shorts, T-shirts, flip flops, etc.)**

CONFIDENTIALITY

You understand and agree that, as an observer/volunteer with Human Performance and Rehabilitation Centers, Inc. (HPRC) at any of HPRC's private practices or contract services, you must hold patient/medical information in confidence. Information should not be discussed with any individuals including co-observers, co-workers, other volunteers, other students, or family.

You also understand that any violation of patient confidentiality may result in termination from the observer program.