BURGER PHYSICAL THERAPY

CLINICALS, VOLUNTEERS & INTERN PACKET

From: **Burger Physical Therapy**
1301 East Bidwell Street
Folsom, California 95630

phone: 800.900.8491
email: jobs@BurgerRehab.com

Subject: Clinical Volunteers or Interns

Attached you will find a packet of information relating to your time with Burger Rehabilitation as a Volunteer Student/ Observer.

You need to complete the forms and return all forms with the exception of the Volunteer Student/Observer Hours Log.

Please return the completed and required forms by emailing to jobs@BurgerRehab.com. (See page 8.)

YOU MUST ALSO SUBMIT:

- Your immunization record which shows an MMR vaccine or blood test showing immunity to rubella and rubeola,
- A negative result from a TB test taken within the past year,
- A copy of your driver's license,
- Proof of automobile insurance with your name on it, and
- Proof of health insurance with your name on it.

Once you have submitted this information, you will be contacted by a Burger representative to confirm your start date, times, place, etc.

For Clinical Placements it is your responsibility to take a hours log to the clinical placement site, if you require written verification of hours completed. Complete a form on a daily basis, and ensure a supervisor has signed the form.

Your signature on the forms in this packet signify your understanding of and agreement to comply with all stated requirements, policies and procedures.

Please review and comply with the Dress Code for Students and Volunteers. If you have any questions or concerns, please contact us.

Thank you for your interest, and have a great experience!

BURGER PHYSICAL THERAPY

VOLUNTEER STUDENT/OBSERVER **INFORMATION SHEET**

NAME: _____

STREET: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

IN CASE OF EMERGENCY:

CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

ADDRESS: _____

CURRENT SCHOOL/COLLEGE: _____

THERAPY SCHOOL
YOU ARE/WILL BE ATTENDING: _____

INTENDED THERAPY FIELD
OF STUDY (select one):

PT	◉
PTA	○
OT	○
OTA	○
ST	○

PROJECTED
GRADUATION DATE: _____

REQUESTED ENVIRONMENT:

- ☐ ACUTE HOSPITAL
- ☐ SKILLED NURSING
- ☐ OUTPATIENT ADULT (ORTHO/NEURO)
- ☐ OUTPATIENT PEDIATRICS

PREFERRED DAYS: ☐ M ☐ TU ☐ W ☐ TH ☐ F

PREFERRED START DATE: _____

PREFERRED END DATE: _____

PREFERRED
GEOGRAPHIC AREA: _____

BURGER PHYSICAL THERAPY

RED FLAGS RULE & CONFIDENTIALITY (HIPAA) OF PROTECTED INFORMATION TRAINING

A. WHAT IS PROTECTED INFORMATION?

- Any identifying OR health information of an individual. You must view all individual identifying and medical information IN ANY FORM as protected.

B. WHAT IS THE RED FLAGS RULE?

The rule that has long applied to financial institutions is now extended to apply to health care providers who extend credit — "credit" defined as allowing time for payment of bills (since we send bills to insurance, they interpret that as extending credit — and we also allow patients to pay on time). Red Flags Rule is to make us protect info so as to prevent ID theft.

- Components of Red flags include potential issues identified, detected and reported in order to prevent and respond to possible identity theft.

C. WHAT ARE OTHER LAWS COVERING INFORMATION?

- HIPAA, Fair & Accurate Transaction Act, California Constitution, California Medical Information Act, California Civil Code, California Labor Code and more (HITECH, etc.).

D. WHAT IS A BREACH?

- Unauthorized access to protected information, OR
- Unauthorized viewing of protected information, OR
- Unauthorized use or disclosure of protected information

The bottom line is that you can only view or use the MINIMUM NECESSARY amount of personal or medical information you're authorized to use in order to do your job.

E. MAJOR POINTS OF RED FLAGS, CONFIDENTIALITY, COMPUTER USAGE AND DISCIPLINARY ACTION POLICIES:

1. No changes to patient/employee information unless in writing… compare signatures.
2. Release of Information Rules with authorization.
   a. What constitutes authorization? Patient/employee written consent or as required by law (subpoena, etc….should go through HR)
3. DO NOT release information through email.
4. Release of Company Information: Only President or Dir HR can release to news or government officials.
5. Company Equipment Usage: There is no personal privacy related to Company computer. Students are not allowed to utilize company computers or equipment unless specifically related to the internship and approved by the supervisor.
6. **REPORT ANY CONCERNS REGARDING CONFIDENTIALITY OR BREACH TO THE COMPANY PRIVACY OFFICER: DIRECTOR OF HUMAN RESOURCES (800) 597-5627**.
7. STUDENT RESPONSIBILITIES
   a. Comply with policies and procedures
   b. Be alert to potential identity theft and breaches
   c. REPORT
8. CONSEQUENCES OF BREACH
   a. Substantial fines
   b. Personal liability
   c. Termination of internship and/or prosecution
   d. Jail time

I have read, understand and will comply with the above and the Burger Rehabilitation HIPAA training in this packet.

SIGNATURE _____ PRINT NAME _____ DATE _____

HIPAA stands for **Health Insurance Portability and Accountability Act** of 1996. The initial purpose of HIPAA was to allow an individual to move from one health insurance plan to another when he/she moved from one employer to another or terminated employment altogether. However, with the increased use of computer technology to route information through various channels, additional safeguards to protect health information were put into place under this act.

Put simply, HIPAA is an expanded law that protects the privacy and confidentiality of health information of an individual.

As well as being unethical, it is now ILLEGAL to 1) release health information and/or 2) to NOT PROTECT the release of that information to unauthorized persons.

There are FINES for violations of this law (up to $250,000 depending on the circumstances) and there can be JAIL TIME (up to ten years, again depending on the circumstances).

As Burger Rehabilitation complies with all laws, an individual who violates this law can also face termination of employment.

Every Burger employee/Independent Contractor/Visitor/Observer/Student is responsible for protecting and maintaining the confidentiality of health information regardless of where you are working whether it be in the corporate office, a skilled nursing facility or an outpatient clinic setting. Our Privacy Officer is Elizabeth Johnson, Director of Human Resources at the Folsom Corporate Office and can be reached at 1-800-597-5627.

Health information is protected and is kept confidential by:

a) NEVER disclosing ANY patient information unless you have express authorization to do so. Always err on the side of confidentiality if you are unsure if information can be released.

b) NEVER discussing health information in public or any places where unauthorized personnel may overhear the discussion (open gym areas, hallways, etc.).

c) NEVER discussing/sharing health information with anyone who does not have a specific NEED TO KNOW (e.g. only those therapists who are actually delegated to treat a patient have a need to know) and then only sharing the MINIMUM NECESSARY.

d) NEVER seeking out any patient information unless you specifically have a NEED TO KNOW based on your position and job duties relating to that specific individual (not just because you might be interested). If an individual shares his/her health information with you when you do not have a need to know, KEEP IT CONFIDENTIAL.

e) ENSURING medical charts or other paperwork that contain health information are inaccessible to unauthorized personnel.

f) ENSURING computer screens containing health information are inaccessible to unauthorized personnel.

g) NEVER sending health information via e-mail.

h) ADHERING to all Burger policies/procedures relating to confidentiality, privacy, computer usage, etc.

i) ADHERING to all contracted facility policies/procedures relating to confidentiality, privacy, computer usage, etc.

j) ALWAYS reporting confidential/privacy issues (violations, confidential information left accessible, etc.) to the Company Privacy Officer, the Director of Human Resources or the President of the Company.

k) Never photographing any patient/personnel unless authorized to do so by the Privacy Officer of the Company.

I have read the above and agree to comply with law, Burger confidentiality/privacy policies/procedures and contracted facility confidentiality/privacy policies/procedures.

SIGNATURE _____ PRINT NAME _____ DATE _____

BURGER PHYSICAL THERAPY

AGREEMENT TO MAINTAIN CONFIDENTIALITY

EMPLOYEE / REPRESENTATIVE OR CONTRACTOR AGREEMENT

I understand and agree that in the performance of my duties relative to Burger Rehabilitation Systems, Inc. and/or any/all health care facilities I work in on behalf of Burger Rehabilitation Systems, Inc., I must hold patient, client, employee and/or Burger Rehabilitation Systems, Inc. and health care facility information in confidence. I understand this includes the compromising of computer security and/or confidentiality of records. I understand that any violation of confidentiality may result in disciplinary action up to and including termination from employment and/or termination of contract, and any legal action as permitted by law.

EMPLOYEE SIGNATURE _____ PRINT NAME _____ DATE _____

if a contracted service:

AUTHORIZED COMPANY SIGNATURE _____ PRINT NAME _____ DATE _____

COMPANY _____ TITLE _____

If Volunteer Student/Observer:

SIGNATURE _____ PRINT NAME _____ DATE _____

BURGER PHYSICAL THERAPY

STUDENT VOLUNTEER/OBSERVER **COMPLIANCE SHEET**

NAME: _____

Requirements for Student Volunteer/Observer:

Please sign below. Your signature indicates you have read, understand and are in compliance with the requirements listed below and you have been trained and agree to comply with the Red Flags Rule and Confidentiality of Protected Information, and HIPAA requirements.

I, _____,
as a student volunteer/observer, am in compliance with all of the following:

1) have trained in the Red Flags Rule and Confidentiality of Protected Information, including HIPAA regulations and have agreed to comply with them per the signed Burger Red Flags Rule and Confidentiality of Protected Information, and HIPAA Training Documents,
2) am free of contagious disease including Tuberculosis and have submitted proof of such to the Burger HR Department,
3) am able to perform tasks safely,
4) am immune to rubella and rubeola and have submitted proof of such to the Burger HR Department,
5) have a current valid Driver's license,
6) have current auto insurance,
7) have proof of personal health insurance,
8) have received information and agreed to comply with the Company dress code, and
9) have never been convicted of any crime other than minor traffic violations.

Please fax all information (TB test, rubella and rubeola immunity, physician documentation of your ability to perform task) along with this completed and signed document, to the Burger HR Department at (916) 983-5932. All documents must be completed and submitted PRIOR to any observation or volunteer experience.

SIGNATURE	PRINT NAME	DATE

At the completion of your time with Burger, you must submit the documented dates and hours that you observed or volunteered.

BURGER PHYSICAL THERAPY

DRESS CODE
FOR STUDENT VOLUNTEER/OBSERVERS

Burger Therapy Services has a dress code for employees. It is expected that Student Volunteers/Observers will comply with the following dress code. Clothing is expected to be clean, pressed and in good repair. Your supervisor will make the final decision on what is appropriate attire for one's working area.

Recommended attire:

- Cotton twill pants and polo or long-sleeve-collared shirts tucked into pants.
- The addition of a lab coat is appropriate, but is not required for inpatient settings.

A nametag indicating your status as a Student Volunteer/Observer is required at all times and should be worn between your shoulder and elbow in plain sight.

The following should not be worn:

- Denim jeans or skirts
- Tank tops
- Sandals or open-toe shoes
- High heels
- Excessively low necklines
- Short skirts
- Leggings or tight pants
- T-shirts without outer shirts

Long hair should be tied back to avoid direct contact with the clients. Tattoos or body piercings should not be visible.

In the event a Student Volunteer/Observer's attire is determined to be unsuitable, the individual shall be sent home to change and, for repeated violations, may have their volunteer/observer experience terminated.

I, _____,
by my signature below, acknowledge having received the Burger Rehabilitation dress code requirements and agree to comply with the requirements.

SIGNATURE	PRINT NAME	DATE

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RELEASE OF LIABILITY AGREEMENT
STUDENT VOLUNTEER/OBSERVERS

I, _____, a student applying for entrance into a therapy program; or as part of my educational program or in the interest of furthering my knowledge and career, am seeking an educational experience in an inpatient or outpatient or community based health care setting owned or managed by Burger Rehabilitation Systems, Inc. By my signature below, I am acknowledging that my presence in a medical setting carries a risk of injury, illness, disability or death. I am choosing to participate voluntarily in this activity and in so doing, release Burger Rehabilitation Systems, Inc., its affiliates, its officers, its agents and its employees from any and all liability or damages including but not limited to attorneys' fees related to injuries, illnesses including my death that may result from my participation in this training regardless of cause. This agreement shall be binding upon my heirs, decedents, successors, executors, assignees, legal representatives and all family members.

In the event of an emergency, Burger Rehabilitation Systems will make its best effort to contact the person designated below as the participant's emergency contact.

IN CASE OF EMERGENCY:

CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

ADDRESS: _____

SIGNATURE	PRINT NAME	DATE

EMAIL FORM