



Lucas Therapies, PC

Providers of Physical & Occupational Therapy

Volunteer Information

Personal Information

Name: _____

Contact #: _____

Email Address: _____

Please list any chronic health issues and/or medications we should know about while you are with us (i.e. Diabetes, seizure disorders, allergies, etc.): _____

In the event of an emergency, the following people should be contacted:

#1

Name: _____

Phone # 1: _____ Phone #2: _____

Relationship: _____

#2

Name: _____

Phone #1: _____ Phone #2: _____

Relationship: _____

Dress Code Policy

All volunteers are required to present to work with business casual attire. Please use good judgment with clothing choices as you will be required to move around on tables and floors, and you may be demonstrating exercises throughout the day. Clean/nice tennis shoes are allowed. Keep in mind that you are representing yourself, our company, and the school/program you are coming from while you are with us.

NOT ALLOWED:

- Denim
- Open-toe shoes, sandals, or flip flops
- Old/dirty sneakers
- Shorts/skirts
- Low-cut tops

Cell Phones

Cell phone calls and texts are to be kept to a minimum during work hours. Please put all devices on vibrate mode while in the clinic.

Confidentiality

It is the responsibility of each person employed by or affiliated with Lucas Therapies, PC to maintain the confidentiality of information pertaining to the company or its' patients. All health information for our patients must be safeguarded per the Health Insurance Portability and Accountability Act (HIPAA). Anyone disclosing confidential business or patient information will be subject to disciplinary action (including possible discharge or legal action), even if they do not benefit from the disclosed information.

PLEASE COMPLETE THE ONLINE HIPAA TRAINING



Please sign and return to supervisor

I have received information and training in HIPAA and will conform to all policies and procedures established by Lucas Therapies, PC and will safeguard protected health information accordingly.

Sign: _____

Print Name: _____

Date: _____

I acknowledge that I received and read the Volunteer Packet, and understand all information herein. I understand that adherence to these policies/procedures is a condition of Volunteers with the company and that nonadherence constitutes insubordination on my part and will be subject to possible discharge.

Sign: _____

Print Name: _____

Date: _____

