Returning Aides

Please be sure to complete the following items when you sign up for your shift(s). Thank you!

☐ Fill out your contact information
   Name __________________________________________
   Phone Number ____________________________
   Email Address ____________________________
   Year in school __________
   Current Semester+Year you are volunteering for: Fall  Winter  Spring  Summer / 20___
   Day of week and time of Shift(s) signed up for ____________________________

☐ Sign up for an open shift in Sports & Orthopedic (S&O) or Neurologic & Older Adult Clinic (NOA)

☐ Locate your name tag and obtain a new time card

☐ Complete HIPAA violations activity on page 2

☐ Review packet on dress code and attendance policy. THIS IS YOURS TO KEEP, PLEASE REFER TO IT AS NEEDED!

I, ____________________________ agree to adhere to the explained policy and procedures regarding confidentiality, dress code and performance in the clinic and understand that failure to follow the outlined regulations may result in termination of my role as an aide in the UDPT clinic.

______________________________  ______________________________
Signature  Date

______________________________  ______________________________
Clinician/Staff Member Signature  Date

Updated Aug 2017
***BRING ANSWERS TO YOUR FIRST DAY***

Printed Name: ______________________________________

Signature: ______________________________________

Date: ______ Semester: ________________________

Write down your answers to the HIPPA Quiz:

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

**There are 11 HIPAA violations in the pictures below. Please circle one and indicate the corresponding number. (descriptions are in the powerpoint)**