



Volunteer/Observation Handbook

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Welcome to BenchMark

inspiring and empowering people to reach their full potential

BenchMark Rehabilitation Partners is an outpatient rehabilitation company whose purpose is to provide high-quality health care services for the communities we serve. We offer individually customized, goal-based rehabilitation programs for each of our patients, so they can achieve measurable evidence of their desired results to relieve pain, promote healing and restore optimal function. Our progressive treatment plans are designed to aid patients in adapting to permanent changes of lifestyle as we provide you with a safe and effective learning environment in a fun, friendly and professional atmosphere.

This Volunteer/Observation Handbook was designed to assist you in having a more beneficial learning experience at our facilities. We are pleased to have you with us to volunteer/observe, and the guidelines presented within this handbook will allow you to be part of our team.

Our Rehab Partners



Mission, Vision & Values

Mission

To inspire and empower people to reach their full potential.

Vision

By consistently exceeding expectations, we passionately strive to be the outpatient rehabilitation provider, employer and partner of choice.

Values

The guiding principles that we continuously strive to exhibit:

ACCOUNTABILITY: We are personally and collectively responsible for delivering on our commitments.

COLLABORATION: We leverage our collective genius.

COMPASSION: We act with kindness, empathy and caring for all those we serve.

ADAPTABILITY: We proactively pursue continuous improvement.

INVESTMENT: We have a commitment to the growth and success of our most valuable resources—our people and our communities.

EXCELLENCE: In whatever we do, we do it with a dedication to be the best.

TEAMWORK: We will respect each member of our team and support one another in achieving our goals and mission.

INTEGRITY: We uphold the highest standards of honesty and fairness in all that we do.

BALANCE: We strive to operate an amazing clinical company with a focus on a sound fiscal responsibility to invest in our future.

SERVICE: We strive to deliver an experience that exceeds our customers' highest expectations.

HIPAA Confidentiality Agreement

PATIENT CARE

Our mission is to provide quality health care to all of our patients. We treat all patients with respect and dignity and provide care that is both necessary and appropriate. We make no distinction in the care we provide based on the patient's race, color, religion, gender, or national origin. Patients and their representatives will be accorded appropriate confidentiality, privacy, security, protective services, and opportunity for resolution of complaints. Patients are treated in a manner that preserves their dignity, autonomy, self-esteem, civil rights, and involvement in their own care. Compassion and care are part of our commitment to the communities we serve. We strive to provide health education and health promotion as part of our efforts to improve the quality of life of our patients and our communities. With our commitment to patient care also comes our responsibility to recognize and report those practices or instances when care could be, or has been jeopardized. Reports should be made to your supervisor or the Compliance Office.

PATIENT INFORMATION

We collect information about the patient's medical condition and history to provide the best care possible. We realize the sensitive nature of this information and are committed to maintaining its confidentiality. We do not release or discuss patient-specific information with others unless it is necessary to serve the patient or is required by law.

BenchMark Rehab associates must never disclose confidential information that violates the privacy rights of our patients. No BenchMark Rehab associate or other healthcare partner has a right to any patient information other than that necessary to perform his/her job. Patients can expect that their privacy will be protected and that patient-specific information will be released only to persons authorized by laws or by the patient's written consent. In an emergency, when requested by an institution or physician when treating the patient, the patient's consent is not required, but the name of the institution and the person requesting the information must be verified.

Signature

Printed Name

Date

Please fax completed form to our Compliance Department at 423-238-8988 or email to compliance@bmrp.com

Professional Attire

Women—

- Full-length dress slacks
- Short or long-sleeved blouse, collared shirt, or business-appropriate top
- Comfortable dress shoes
- Dresses and skirts should be appropriate length for bending and stooping

Men—

- Full-length dress slacks
- Button-down shirts, long-sleeve collared dress shirt
- Dress polo-style shirts with collar, or dress sweater
- Shirts to be tucked in at all times
- Necktie to be worn when presenting to physician

All—

- Shoes: closed-toed loafers, boots, slides, mules, clogs, flats, pumps (open-toed pumps permitted with prior approval from clinic director)
- Hair: All lengths and styles should be well groomed and kept to a professional style and length (men's facial hair should be trimmed)

Prohibited Items—

- Provocative or sloppy clothing
- Visible undergarments
- Excessive jewelry, visible facial piercings
- Visible tattoos
- Tennis/athletic shoes, flip-flops
- Denim— pants, jackets
- Casual tops with oversized decals, logos or print
- Chinos/cargos (khaki-colored dress pants should be worn instead)
- Backless, strapless, tank tops, cropped shirts, shirts with spaghetti straps, or low-cut shirts

Rules of Conduct

Volunteers / Observers CAN participate in—

- Observation when permission is granted by the patient
- Non-patient related activities including laundry, cleaning tables, cleaning equipment, office activities approved by the Office Coordinator

Volunteers / Observers CANNOT participate in—

- Direct patient care including exercise instruction, modalities, etc.

Before observation of a patient or of a patient's chart is possible, verbal permission must be obtained from each individual patient with the lead therapist or therapist assistant initiating the request.



Host & Volunteer/Observer Expectations

HOST EXPECTATIONS

Host's expectation for the volunteer/observer:

When do you as a host prefer to give feedback to your volunteer/observer?

What type of personality do you have? (i.e. serious, quiet, outgoing, etc):

VOLUNTEER / OBSERVER EXPECTATIONS

Volunteer/observer's expectations for the host clinic:

When do you as a volunteer/observer prefer feedback from your host?

What type of personality do you have? (i.e. serious, quiet, outgoing, etc):

Host & Volunteer/Observer Goals

HOST GOALS

Goal 1: _____

Met / Not Met: _____

Goal 2: _____

Met / Not Met: _____

Goal 3: _____

Met / Not Met: _____

Goal 4: _____

Met / Not Met: _____

VOLUNTEER / OBSERVER GOALS

Goal 1: _____

Met / Not Met: _____

Goal 2: _____

Met / Not Met: _____

Goal 3: _____

Met / Not Met: _____

Goal 4: _____

Met / Not Met: _____

Record Your Hours

Date:

Time In:

Time Out:

Host's Signature

_____	_____	_____	_____
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Career Resources

American Physical Therapy Association Website: www.apta.org

The American Physical Therapy Association (APTA) is an individual membership professional organization representing more than 77,000 member physical therapists (PTs), physical therapist assistants (PTAs) and students of physical therapy. APTA seeks to improve the health and quality of life of individuals in society by advancing physical therapist practice, education, and research, and by increasing the awareness and understanding of physical therapy's role in the nation's health care system.

The official website of the APTA offers resources and information for physical therapists, those interested in learning about the field and career opportunities and information for the general public:

- About Physical Therapy/Physical Therapist Assistant careers: www.apta.org/Careers
- Career Development: www.apta.org/CareerDevelopment
- Information for Prospective Students: www.apta.org/Prospective Students
- Information for the Public: www.moveforwardpt.com

American Occupational Therapy Association Website: www.aota.org

In its simplest terms, occupational therapists and occupational therapy assistants help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations). Common occupational therapy interventions include helping children with disabilities to participate fully in school and social situations, helping people recovering from injury to regain skills, and providing supports for older adults experiencing physical and cognitive changes.

- Ask About OT or OTA Education—for further information about studying to become an occupational therapist or occupational therapist assistant, send inquiries to educate@aota.org.
- Ask an OT or OTA Student—to ask questions of an OT or OTA student, send inquiries to AskAStudent@aota.org. Allow up to 1 week for a response.



Release of Claims for Accidental Injury

I, _____, hereby certify that I am cognizant of all inherent dangers of volunteering/observation in physical therapy. I understand that it is not the sole purpose of BenchMark Rehab Partners, to teach safety rules, nor is it the function of the business or its agents to serve as the guardians of my safety, or guarantors of my responsibilities or liabilities. And, in that regard, I understand and guarantee that while I am participating in volunteer/observation activities, I am responsible for any incident that might occur, and absolve BenchMark Rehab Partners from any liability, therefore.

I also understand and agree that neither BenchMark Physical Therapy Rehab Partners or its officers, directors, members, agents, or employees, may be held liable in any way for any occurrence in connection with said activities which may result in injury, death, or damages to myself or family.

In consideration of being allowed to volunteer/observe for the above company, I hereby personally assume all risks in the above-described activities, and I further release the above-mentioned persons and entities relative to any injury or damage which may befall me while I am so engaged, including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless the names corporation and persons from any claim by me, or my family, or any other party, arising out of my participation in this activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that my guardian has executed this Release along with me, and in that capacity; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act and deed, and without fraud, force or undue influence.

I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. I assume my own responsibility of physical fitness and capability to perform under normal requirements of this activity.

In witness whereof, I have executed this affirmation and release on:

Date: _____ Witness: _____

Volunteer/Observer: _____

Signature: _____

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Please fax completed form to our Compliance Department at 423-238-8988
or email to compliance@bmrp.com

FOR MORE INFORMATION, CONTACT:

Melissa Baggenstoss, Student Program Coordinator

P: 816.529.9557 | E: StudentPrograms@BMRP.com

www.BMRP.com

