

**CORA HEALTH SERVICES, INC.:**  
**STUDENT/VOLUNTEER HANDBOOK**



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# WELCOME TO CORA REHABILITATION, INC.

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At CORA, our mission is to provide rehabilitation services in a professional and caring manner and to return our patients to their jobs and lifestyles as soon as possible.

CORA delivers a broad range of clinical services with respect and consideration for the needs of our patients. To assure the best outcome, we use proven clinical practices, cost effective treatment protocols and communicate with our patients, their physicians and case managers.

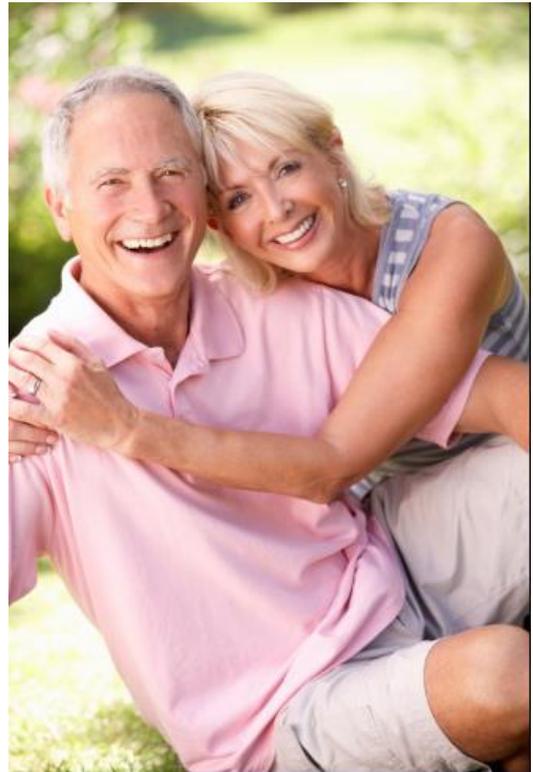
We have earned a reputation of excellence because we hire the best therapists and deliver exceptional results through proven clinical practices and cutting-edge techniques.

Our team is passionate about helping patients achieve their recovery goals. We recruit the most qualified clinicians in the country, with advanced degrees and certifications. Then, we empower them with cutting edge facilities and a full spectrum of clinical programs.

Every CORA clinician is trained to create individualized treatment plans based on the specific needs of the patient and motivate them towards achievable goals. CORA patients have consistently reported a 98% satisfaction rate with our clinicians and they return to work and their lifestyles more quickly.

Our clinicians provide progress reports to patients, physicians and case managers on a regular basis. Referral sources and patients appreciate our personal approach to care and regular feedback on patient progress because it promotes better outcomes and makes it easier for the referral sources to manage their cases. Simply put, our therapists are the best around and the support staff is second to none.

Everything we do as a company begins with our clinicians, so we thank them for their professionalism, skill and dedication to helping our patients say, "I'm Back!"



# MISSION, CORE VALUES AND BUSINESS PRINCIPLES

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## MISSION

Our mission is to provide rehabilitation services in a professional and caring manner and to return our patients to their jobs and lifestyles as soon as possible.

We deliver a broad range of clinical services with respect and consideration for the needs of our patients. And to assure the best outcomes we use proven clinical practices, cost effective treatment protocols and communicate regularly with our patients, their physicians and case managers.

We have earned a reputation of excellence because we recruit the best therapists and deliver exceptional results through proven clinical practices and cutting-edge techniques.

## CORE VALUES

- ❖ Conduct your business affairs ethically, honestly and professionally. Be always mindful that your conduct will reflect on CORA's reputation. CORA's guiding principle is to be in strict compliance with all laws and regulations and to avoid even the appearance of impropriety.
- ❖ Be accountable for your actions. Admit mistakes and consider them as a learning experience - not a failure. Use mistakes as an opportunity to improve your behavior and your decision-making.
- ❖ Share responsibility. You are primarily accountable for what you manage but you should not be afraid to seek advice and counsel from others. Try to utilize the collective wisdom and decision-making capabilities of the organization by talking with others. It is not considered a sign of weakness at CORA to ask for help; rather it is considered a sign of maturity.
- ❖ Communicate openly and freely with all levels of the organization. CORA's management team operates as a close-knit team, sharing information regularly. Report progress and the issues that you face in doing your job to your manager on a regular basis. Be forthcoming with information whether it is good news, bad news or neutral news. Provide information on a timely basis. It is not appropriate to delay delivering information or to withhold it.

- ❖ Retain your people by valuing, nurturing, and training or developing them. An existing, trained employee is of more value than a new untrained employee. Treat existing employees with respect, and retain them by telling them what they do right, reward and train them.
- ❖ Develop a family attitude - CORA is a family of people working toward a common goal. Stay close to your people; know not only their problems but also who they are. Develop a trust organization that goes deeper than your immediate subordinates by developing trust with the "extended" family. By doing so, we will all feel free to communicate openly and honestly with one another and we will understand how to accommodate each other for the greater good of us all.

## BUSINESS PRINCIPLES

- ❖ Think critically to make good decisions. Obtaining accurate and relevant information and analyze it objectively. Take time to understand the implications of a proposed action - discuss it with others up and down the line to get ideas. Determine what will be in CORA's best interest. Avoid reacting emotionally to situations or problems. Think issues through and come up with a sound permanent solution to the problem rather than a temporary reaction or short-term fix.
- ❖ Organize your time wisely. Use time management techniques, schedule and organizers.
- ❖ Lead by example. Set the right example in your behavior (work ethic, professionalism, critical thinking, decision making, etc.) for others in the organization.
- ❖ Be realistic in your expectations, forecasts and projections. It is not appropriate to use overstated or unrealistic projections. Be factual and accurate.
- ❖ Improve yourself. All of us must strive continuously to improve our work, our services and products. Continuous improvement, always learning and seeking to learn is what sets CORA people apart.
- ❖ Operate your business efficiently - operate within staffing standards and be frugal with operating costs and expenses.
- ❖ Be market oriented, make targeted sales calls, build your business through proactive sales effort. Look for opportunities. Consider your market carefully. Be aware of your competitor's strengths and weaknesses; use them to your advantage.

- ❖ Treat your customers and employees the way you would want to be treated (Golden Rule); stay in touch with them. Run clean, well maintained clinics with superior products and services.
- ❖ Manage the profit and people business day-to-day and week-to-week. It is easier to correct problems daily or weekly. Use the bi-weekly operating reports rather than waiting for monthly P&L information, which is historical.
- ❖ Hire the right person the first time. This means establish criteria or job specs for every key position (management), debate these with others in the organization, and get consensus approval. Develop expectations for each key position you hire for.
- ❖ The three B's:
  - § Be customer driven - give them what they want, talk to them;
  - § Be sales driven - communicate the value of your services, value proposition; and
  - § Be efficient - your cost must be controlled and reasonable to compete for customers.



# PROFESSIONAL ATTIRE

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All students and volunteers/observers of CORA Health Services, Inc. are expected to present themselves in a neat and clean manner. The following guidelines apply to all students and volunteers:

- ❖ All students and volunteers/observers must wear either a polo shirt or dress shirt. T-shirts and sweatshirts are not allowed.
- ❖ In lieu of a polo or dress shirt, students and volunteers/observers may wear a button down dress shirt or sweater.
- ❖ Dress slacks, khakis or Dockers style pants are to be worn. Shorts, jeans, tight fitting slacks, stretch pants, capris, cutoffs or clothes showing a bare midriff are inappropriate.
- ❖ Socks must be worn at all times.
- ❖ Tennis shoes or low heeled shoes must be worn. Mules, clogs, sandals or shoes with open toes are inappropriate.
- ❖ All clothes must be clean and neatly pressed.
- ❖ Hairstyles must be well kept and in good taste. Employees who render direct patient care need to wear their hair pulled back off the face.
- ❖ Moustaches, beards or sideburns must be neat and well trimmed.
- ❖ Fingernails must be neatly trimmed and clean.
- ❖ Jewelry and make-up should be worn in moderation.
- ❖ Visible tattoos must be covered.
- ❖ Visible body piercings, other than earrings, are inappropriate.



# RULES OF CONDUCT

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## **VOLUNTEERS/OBSERVERS**

Volunteers/Observers CAN participate in

- Observation when permission is granted by the patient
- Non-patient related activities including laundry, cleaning tables and equipment, and office activities as approved by the Clinic Manager

Volunteers/Observers CANNOT participate in

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

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

## **STUDENTS**

During the student clinical education experience, the PT needs to be on-site whenever the student is performing patient care activities.

- This implies that even though the Clinical Instructor (CI) may be a licensed PTA, the PT must still be on-site. If the PT leaves the premises, the student's patient care activities are re-directed to volunteer/observer status.

During the patient care activities, the CI needs to be "immediately physically available" for the student being supervised.



# STUDENT & VOLUNTEER/OBSERVER QUESTIONNAIRE

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Health concerns that clinical faculty should be aware of

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Previous clinical affiliations (places, type of patients seen, other related experiences):

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Previous PT related work experience:

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Areas of clinical interest:

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Student goals for this affiliation:

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PT knowledge/skills:

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Experience with particular patient populations:

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Types of experiences other than direct patient care:

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Preferred methods of learning/type of supervision:

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Preferred type and frequency of feedback:

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Student/Volunteer Signature

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Date

# STUDENT WEEKLY PLANNING FORM

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Date: \_\_\_\_\_

Experience Week Number: \_\_\_\_\_

## STUDENTS REVIEW OF THE WEEK

When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

## Clinical Instructor's REVIEW OF THE WEEK

When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

GOALS FOR THE UPCOMING WEEK OF: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

CI's Signature: \_\_\_\_\_

# VOLUNTEER/OBSERVER WEEKLY PLANNING FORM

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Date: \_\_\_\_\_

Week #: \_\_\_\_\_

Objective of Focus	Summary of Previous Week	Goals for Upcoming Week

(To be completed by volunteer/observer and returned to supervising therapist weekly)



# CAREER RESOURCES

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American Physical Therapy Association..

American Physical Therapy Association: [www.apta.org](http://www.apta.org)

Florida Physical Therapy Association: [www.fpta.org](http://www.fpta.org)

South Carolina Physical Therapy Association: [www.scapta.org](http://www.scapta.org)

Michigan Physical Therapy Association: [www.mpta.com](http://www.mpta.com)



American Occupations Therapy Association: [www.aota.org](http://www.aota.org)

Florida Occupational Therapy Association: [www.flota.org](http://www.flota.org)

South Carolina Occupational Therapy Association: [www.scota.net](http://www.scota.net)

Michigan Occupational Therapy Association: [www.mi-ota.com](http://www.mi-ota.com)



National Athletic Trainer's Association: [www.nata.org](http://www.nata.org)

The Athletic Trainer's Association of Florida: [www.ataf.org](http://www.ataf.org)

South Carolina Athletic Trainer's Association: [www.southcarolinatrainers.com](http://www.southcarolinatrainers.com)

Michigan Athletic Trainer's Association: [www.matsonline.org](http://www.matsonline.org)

# STUDENT & VOLUNTEER/OBSERVER REGISTRY

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## PERSONAL INFORMATION:

Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## EMERGENCY CONTACT:

(1) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (home) \_\_\_\_\_ Other \_\_\_\_\_

(2) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (home) \_\_\_\_\_ Other \_\_\_\_\_

## OBSERVATION INFORMATION:

Clinic: \_\_\_\_\_

Supervising Therapist: \_\_\_\_\_

Observation State Date: \_\_\_\_\_ Observation End Date: \_\_\_\_\_

School: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

# VOLUNTEER AGREEMENT

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The undersigned, being a person who desires to voluntarily work for his/her own advantage without compensation in order to learn a skill or trade associated with outpatient rehabilitation business, desires to provide volunteer services at CORA Rehabilitation Clinics, Inc. ("CORA"). The undersigned acknowledges and agrees as follows:

1. The undersigned is not an employee, will not be compensated by CORA, and the training is solely for the benefit of the undersigned.
2. The undersigned will not displace any regular employees, will work under close observation and no immediate benefit from the training will accrue to CORA.
3. Some tasks to be performed may result in exposure to blood, body fluids, tissue or cleaning chemicals. The following list includes but is not limited to those tasks wherein the undersigned is likely to be exposed to blood, body fluids, tissues or potential spills or splashes with chemicals:
  - a) Performing any task in the room or area of a patient who is spraying blood or body fluid, e.g., coughing and expectorating secretions,
  - b) Decontamination of surfaces or equipment contaminated with blood or other potentially infectious materials,
  - c) Emptying trash receptacles,
  - d) Cleaning bathrooms and locker areas,
  - e) Cleaning spills,
  - f) Maintenance activities involving the handling of medical waste,
  - g) Repairing equipment that may be soiled with blood, body fluids, or tissues,
  - h) Assisting with patients during emergencies or fire drills; and
  - i) Sorting soiled linen with may contain medical waste and/or sharps.
4. The undersigned will not be involved in any direct patient care at any time and that he/she will not have physical contact with a CORA patient unless specifically directed in time of an emergency or fire drill.
5. The undersigned will indemnify and hold harmless CORA from any and all claims, liabilities and causes of action arising out of any negligence, error, omission or intentional acts of the undersigned of CORA. Furthermore, the undersigned fully releases CORA from all rights, claims and actions which the undersigned may have, of any kind or nature whatsoever, arising out of the training period.
6. The undersigned will comply with all CORA policies and procedures governing the confidentiality of patient information and records.
7. The undersigned acknowledges and agrees that CORA may terminate this Volunteer Agreement at any time without notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# HIPAA Confidentiality Agreement

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All patients have a right to privacy and all staff, including students/volunteers/observers, must respect this right and comply with CORA Health Services, Inc. and the federal law, which insures this right. Any information that can identify a patient is considered Protected Health Information (PHI). PHI, as defined by HIPAA includes, but is not limited to, names, all geographic subdivisions; all elements of dates (except year) for dates directly related to an individual, telephone numbers, fax numbers, electronic mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers, device identifiers and serial numbers, web universal resource locators (URLs), internet protocol (IP) address numbers, biometric identifiers, including finger and voice prints, full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code. Divulging this information, either written or oral, is a violation of federal law and is subject to disciplinary action.

I acknowledge that as a student/volunteer/observer at CORA Health Services, Inc. I may have access to use or disclose confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after my time at CORA Health Services, Inc. and commit to the following obligations:

- A. I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties.
- B. I will not misuse confidential information/data or be careless with it. I will not in any way divulge, copy, release, sell, loan, review alter or destroy any confidential information/date except as properly authorized.
- C. I will request, obtain or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties. I will not communicate about a patient with anyone not involved in the patient's care, even if I do not use the patient's name.
- D. I will take reasonable care to properly secure confidential health information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users. I will not disclose my personal password(s) to anyone and will refrain from performing any tasks using another's password.
- E. I will document all disclosures of confidential health information, including those authorized by clients of CORA Health Services, Inc. and any accidental disclosures, in the appropriate client's file.
- F. I agree to take any questions I may have regarding what constitutes PHI to my supervising therapist for direction.

I understand that my obligations under this Agreement will continue after my affiliation with CORA Health Services, Inc. terminates. I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action.

Student/Volunteer Signature: \_\_\_\_\_

Student/Volunteer Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_