



Sumlar Therapy Services, Inc.

Pediatric Physical Therapy, Occupational Therapy, and Speech Therapy
With Hippotherapy and Aquatic Therapy

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Confidentiality Agreement

I, _____, acknowledge that during my time at Sumlar Therapy Services, Inc., I agree to keep all information in strict confidence and will not disclose or disseminate any confidential information to which I may be exposed. I understand that I am obligated to maintain patient/student confidentiality at all times, both at the facility and when away.

I understand that all the medical information/records regarding a patient/student are confidential. This information will not be given to other individuals, unless proper authorization is obtained. I understand that it is not appropriate to discuss any patient's/student's care and treatment in public places or with people that have not been involved in the case nor have reason to know details of the patient's/student's care. I also agree that I will not share conversations I hold with any healthcare provider during the course of the observation experience. I further agree that I will not take pictures or share information on any social network web site or in emails.

I understand that all patient/student, associate and/or organizational information, (financial and/or clinical), retrieved from any and all computer system(s) is strictly confidential. It should not be reproduced, transmitted, transcribed, or removed from the premises in any form.

I understand that any deviation from the above could result in legal action against the organization and me. I further understand that any breach of confidentiality, intentional or unintentional, may result in immediate termination of my volunteering/observation/intern experience and I will be denied any future opportunities.

My signature below certifies that all of the above confidentiality considerations have been explained to me and I was afforded the opportunity to ask questions.

Signature _____

Date _____

Email: _____

Phone Number: _____

School: _____

Interest (Check all that apply):

PT

OT

ST