

NWRA: SHADOWING



ABOUT SHADOWING

LEARNING HOW TO GUIDE PATIENTS IN RECOVERY
INTEGRATING EMPATHY, SKILL, and SCIENCE
KEEPING THE ENVIRONMENT OF CARE CLEAN and SAFE.

NOTES FOR PATIENT CARE &

1. WE WILL HAVE A CONFIDENTIALITY FORM FOR YOU TO SIGN.
2. OUR PATIENTS HAVE THE RIGHT TO RESPECT, SAFETY, AND CONFIDENTIALITY.
3. PLEASE LET US KNOW OF ANY LIMITATIONS THAT YOU MAY HAVE, PHYSICAL, COGNITIVE, EMOTIONAL
4. PLEASE LET US KNOW OF ANY PREFERENCES THAT YOU HAVE: PRONUNCIATION OF YOUR NAME, HOW TO BE REFERRED-TO, PREFERRED CONTACT (EMAIL OR OTHERWISE), AND YOUR LEVEL OF COMFORT IN PATIENT CARE.

PARKING POLICY

OUR PARKING LOTS ARE RESERVED FOR PATIENT PARKING

WE HAVE AGREEMENTS WITH THE LOTS AROUND US:
170 AND 190 SALEM HEIGHTS
3290 LIBERTY RD

ACROSS THE STREET TO OUR WEST (THE TRIANGLE BAR).
STREET PARKING: ON SALEM HEIGHTS OR ON TRIANGLE.

DRESS CODE

- OUR DRESS CODE IS DESCRIBED AS BUSINESS CASUAL: PROFESSIONAL, NOT FORMAL.
- SHIRTS:
 - NO TANK TOPS, SPAGHETTI STRAPS, SEE-THROUGH, OR VISIBLE CLEAVAGE.
 - BLOUSES, NWRA T-SHIRT, OR BUTTON UP SHIRTS ACCEPTABLE.
 - TIES/JACKETS ARE TOO FORMAL.
- PANTS:
 - NO JEANS. NO YOGA PANTS. NO SKIRTS. NO SHORTS.
 - CASUAL SLACKS, OR COLORED PANTS WITH NO HOLES ARE ACCEPTABLE.
- SHOES:
 - NO OPEN TOED-SHOES, SUCH AS SANDALS. NO HEELS.
 - WEAR CASUAL, ATHLETIC, OR SHOES YOU CAN BE

ATTENDANCE POLICY

Two unexcused absences every six months.

- * Consideration for letters of recommendation can be made after 60 hours of shadowing.
Attendance is part of our assessment.

FINALLY, WELCOME TO OUR CLINIC! WE THANK YOU FOR ANY TIME YOU SPEND WITH US. YOUR HELP IS MUCH APPRECIATED.

Northwest Rehabilitation Associates, Inc.

Serving you with specialist care and a personal touch NON-WORKFORCE MEMBERS (VISITING STUDENTS, VENDORS, Ect.)

CONFIDENTIALITY STATEMENT

Confidentiality means protecting a patient's privacy and sharing Northwest Rehabilitation Associates business only with those who have a need to know. The "need to know" is defined as the need to have the information to perform your work assignment. Confidential patient information includes, but is not limited to, patient's presence, medical, financial, quality assurance/quality improvement/performance improvement, and risk management data. I agree to maintain absolute confidentiality of all Northwest Rehabilitation Associates information. The expectation pertains to patient, physician, employee and other non-workforce or business arrangement information.

I understand that this means that I will not discuss confidential patient with others or access information, including on line, unless it is required in the performance of my work assignment and is the minimum necessary.

I further agree that if I require computer access, the user ID and password that will be issued to me are my means of accessing the computer system. It is to be used solely in connection with the performance of my authorized work assignment. I will take all necessary steps to prevent anyone from gaining knowledge of my password. The use of these unique codes by anyone other than me is prohibited and will be reported to the appropriate staff when detected. I will sign-off each time I leave the terminal to ensure the security of my password and the information. I agree that when it is necessary as part of my work assignment for me to discuss patient information with other employees that I will be certain the conversation is in a private area.

Any breach of confidentiality is grounds for immediate withdrawal of onsite privileges or termination of my service and/or indemnification afforded me by Northwest Rehabilitation Associates.

I have read the above confidentiality statement policy, I understand it, and agree to comply.

Type of Affiliation and Name of Company it

Printed Name of Student or Vendor and Job Title

Signature of Student or Vendor/Date

Signature of Parent/ Guardian / (if the student is under 18 years of age) /Date

Direct Supervisor / Manager / Director (Student's Only)Date