Volunteer/Observer Release

And Waiver

In an effort to provide Volunteers and observers (collectively "observers") educational
opportunities, CPT occasionally allows observers the chance to observe therapy services in
process. It is necessary to require any observer to sign this release and waiver of liability. In
consideration for participating in this Observation Program ("the Program") and other good and
valuable consideration, the receipt and sufficiency of which is hereby acknowledged, it is hereby
agreed:
I do hereby release, waive, hold harmless and indemnify,
Community Physical Therapy & Associates, Ltd. and their officers directors owners and
affiliated companies and Alden facilities, their officers directors owners and affiliated companies from any cost or liability whatsoever (including reasonable attorney's fees) for any damages or
injury incurred by me, associated in any way with my participation in the Program.
I understand that as a condition of my participation in the Program, I agree that I am to observe
only and that I am forbidden from having any physical contact with a patient nor am I to perform
any services for any patient encountered during this Program. I also understand that by
participation in the Observation/Volunteer Program, I have obligated myself to carefully refrain
from discussing any patient's Protected Health Information ("PHI") or personal affairs with
anyone outside CPT or the facility assigned, unless expressly authorized in writing to do so. I
acknowledge the patient's right to privacy as addressed in the Patient Bill of Rights, HIPPA
Privacy Notice and OASIS Privacy Statements. PHI will only be disclosed following and in
compliance with the appropriate HIPAA regulations. In addition, all information seen or heard
regarding patients, directly or indirectly, is completely confidential and will not be discussed
with anyone including (but not limited to) family, friends or the media.
Dated thisday of 201_
Observer Signature
Print Name: