



## **Employee/Practicum and Volunteer Publicity Authorization and Release**

The Rich Center for Autism and Youngstown State University requests your permission to reproduce through print, audio, visual, or other electronic means your image while performing assigned duties at The Rich Center. Your authorization will enable The Center to use specially prepared materials to (1) train teachers, (2) increase public awareness, (3) and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

- a. I, fully understand and grant The Rich Center for Autism and its authorized representatives, the right to print, photograph, record, and edit as desired, any biographical information, name, image, likeness, and/or voice on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as recordings), for the purposes stated or related to the above.
- b. I understand and agree that use of such recordings will be without compensation.
- c. I understand and agree that The Rich Center for Autism and/or its authorized representatives shall have exclusive right, title, and interest, including copyright, in the recordings.
- d. I understand and agree that The Rich Center for Autism and/or its authorized representatives shall have the unlimited right to use the recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless The Rich Center for Autism and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the employee which relate to or arise out of any use of these recordings as specified above.

**My signature below indicates that I have read and understood the release and I agree to accept its provisions.**

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**Signature**

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**Date**

**Revised 12/3/12**



**HIPAA/FERPA VOLUNTEER/INTERM/PRACTICUM CONFIDENTIALITY AGREEMENT**

The use and disclosure of patient/student information is governed by the rules and regulations established under HIPAA, the Health Insurance Portability and Accountability Act of 1996 and FERPA, the Family Education Rights & Privacy Act of 1974.

I acknowledge that during the course of performing my assigned duties at The Rich Center I may have access to, use, or disclose confidential student information, including but not limited to; health/medical, educational and financial information. I hereby agree to handle such information in a confidential manner at all times during and after my employment and commit to the following obligations:

- A. I will use and disclose confidential information only in connection with and for the purpose of performing my assigned duties.
- B. I will request, obtain or communicate confidential information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential information than is necessary to accomplish my assigned duties.
- C. I will take reasonable care to properly secure confidential information on my computer, flash drive and student files and will take steps to ensure that others cannot view or access such information.
- D. I will submit my syllabus and project requirements to the administration should I choose to complete a course project with a Rich Center student. Once approved by administration, I will meet with the student’s parent to explain my project and have them sign consent for participation. When I report on my project, I will maintain confidentiality by removing any identifying information about the student.
- E. I will immediately report any unauthorized use or disclosure of confidential information that I become aware of to the appropriate supervisor.
- F. 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, up to and including, termination of employment.

Employee/Intern Signature:	
Printed Name:	
Date:	
Administrator Signature:	



## Practicum/Volunteer/ Observer/Agreement

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

Class: \_\_\_\_\_ Dates of Experience: \_\_\_\_\_

Reason for Experience: \_\_\_\_\_

### *Cell Phone Use*

Please turn off your cell phone prior to entering the classrooms. Incoming calls and text messages are disruptive to ongoing classroom activities.

### *Confidentiality*

In order to respect the confidentiality of the students and their families, Practicum/Volunteer/ Observers are not permitted to discuss or document classroom occurrences using students' real names. Photography of students and teachers are not permitted.

### *Interrupting Treatment*

Due to the intensive nature of our services, we ask that you do not address students or teachers during programming times. Please feel free to ask questions or express comments with a supervisor at any time or with a teacher prior to the children arriving or after they are dismissed for the day.

### *Dress Code*

Tank tops, open-toe and open-back shoes, cut-off shorts, and other revealing attire are not permitted. Strong perfumes and dangling jewelry are discouraged.

### *Class Assignments*

Any notes, journal or assignments need to be copied and given to a supervisor prior to leaving The Rich Center.

### *Food and Beverages*

Please do not bring food and or beverages into the classrooms. They can be left with your belongings in the volunteer office.

*I have read, understood, and will adhere to the above professional etiquette policies. Additionally, I understand that if I fail to adhere to these policies, I may be asked to leave.*

\_\_\_\_\_  
Volunteer/ Observer Signature

\_\_\_\_\_  
Date



## YSU Student Field Work

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

Date

\_\_\_\_\_

\_\_\_\_\_ Education \_\_\_\_\_ Psychology \_\_\_\_\_ Nursing \_\_\_\_\_ Dietetics

\_\_\_\_\_ Social Work \_\_\_\_\_ Other \_\_\_\_\_

Course \_\_\_\_\_

Code

\_\_\_\_\_

Once you have decided to pursue a clinical or field experience at The Rich Center for Autism, call the Center to make an appointment with a supervisor to go over the necessary paperwork you need to complete before you start.

You **will not** be able to start your internship, clinical or field experience without a completed packet.

Paperwork requirements for university students placed at The Rich Center for Autism as part of a supervised field assignment, not used in staff/child ration, does not have care, custody or control of children. **This does not include students who are observing only; they would fall into the Visitor/Observer category.**

\_\_\_\_\_ A copy of the class syllabi

\_\_\_\_\_ Non-Conviction Statement (this document must be on one page; front to back)

\_\_\_\_\_ Medical Form (this can be completed by a primary care doctor or a minute clinic at CVS and must include a negative tuberculosis test, MMR and Dtap).

\_\_\_\_\_ BCI Background Check (this must be sent to the university department and the supervising faculty provide it to The Rich Center)

\_\_\_\_\_ Volunteer/Observation/Intern Orientation

\_\_\_\_\_ HIPPA/FERPA Confidentiality Agreement

\_\_\_\_\_ Publicity Release