

1151 Walker Road, Dover, DE 19904

PERSONAL INFORMATION			DATE:			
NAME			Social Security Number			
NAMEPRESENT ADDRESS			CITY	STATEZIP		
PERMANENT	ADDRESS		CITY	STATEZIP		
PHONE NOARE YOU 18 YRS OLD OR OLDERYes_						
	om lawfully becoming e e of visa or immigratio		No			
	EM	PLOYMENT DESI	RED			
POSITION				DESIRED		
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EVER APPLIED	TO THIS COMPANY	Y BEFORE?	WHERE?	_WHEN?		
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		EDUCATION				
	NAME AND LOCATION OF SCHOOL	, mmm, rp mp	DID YOU GRADUATE?	SUBJECTS STUDIED		
GRAMMAR SCHOOL						
HIGH SCHOOL						
COLLEGE						
TRADE BUSINESS OR CORRESPONDENCE SCHOOL						
Have you ever been at Have you ever been at placed on ANY Child	onvicted of a crime: No rrested: No	Yes if yes convicted of crimes as if yes if yes	es, please explain. Attes, please explain. Attes gainst the elderly OR of	ach Separate Sheet children? Or have been		
US MILITARY OR NAVAL SERVICE_		RANK		EMBERSHIP IN UARD OR RESERVES		

*This form has been revised to comply with the provistions of the Americans with Disabilities Act And the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991

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APPROVED BY: DIRECT SUPERVISOR GENERAL MANAGER

The Mind and Body Consortium, LLC. Dover, DE 19904 302.674.2380

Applicant Information Release

Applicant Name: Address: S.S.N			
reference on my empl have regarding my qu Consortium, LLC., any giving references free	person, educational insomment application to a alifications and fitness former employers, education incidents ary information incidents.	disclose in good faith and property of the second second institutions, and age of this information as	y information they may d The Mind and Body any other persons nd any other
Employment Reference	es:		
Employer	Address	Contact Person	Phone
Personal References:			
Name	Address	Relationship	Phone
Signed:	,		
Date:			

The Mind and Body Consortium, LLC. Dover, DE 19904 302.674.2380

Confidentiality Statement

As an employee of The Mind and Body Consortium, LLC. you may have access to confidential information pertaining to patients, physicians, hospitals, other individuals, providers, or institutions.

It is your responsibility to maintain the confidentiality of this information at all times. Our various contracts stipulate to whom and under what circumstances information can be legally disclosed. Your involvement in protecting this information is vitally important and cannot be overemphasized.

To ensure we maintain patient confidentiality, you are not permitted to divulge, discuss, or acknowledge any information regarding patients and their families without proper authority. This also means you may not disclose patient identification or information to any of your friends, relatives, or acquaintances; the news media; any of the patient's relatives, employers, or supervisors; or anyone requesting information over the phone.

This document signifies you are aware of our policy and understand that any disclosure of unauthorized information is grounds for legal action. For unauthorized disclosure of any confidential information, you could be fined not more than \$1,000 and/or imprisoned not more than six (6) months, under Section 1 166 (6) of the Social Security Act. In addition, such disclosure is grounds for immediate dismissal.

Name of Employee		
Employee Signature		
Date		

Mind and Body Consortium, LLC. Dover, DE 19904 302.674.2380

RE: CONFIDENTIALITY STATEMENT

It is the policy of The Mind and Body Consortium, LLC. that all employees review and sign the Statement of Confidentiality annually. This policy is strictly adhered to. As employees of The Mind and Body Consortium, LLC., you have access to confidential information pertaining to patients, physicians, hospitals, other individuals, providers, or institutions. It is your responsibility to maintain the confidentiality of this information at all times.

The disclosure of unauthorized information is grounds for legal action and grounds for immediate dismissal. For unauthorized disclosure of any confidential information, you could be fined not more than \$1,000 and/or imprisoned for not more than six (6) months under Section 1 166 (6) of the Social Security Act.

No medical records or information may be released to any one without a signed, written authorization from the patient, parent, legal guardian or executor of the estate.

Laws may also prohibit any disclosure of the information without the specific written consent of the person(s) to whom such information pertains, or as otherwise permitted by the State law. This consent must be specific for the release of any/all HIV information.