



**Work Guidelines for all employees of HealthPro Management Associates
PharmPro Staffing Inc. & NursePro Inc.
Right to Represent Authorization and Agreement**

1. **HealthPro Policies:** I understand and agree to abide by all rules and policies and directives of HealthPro, including the HealthPro Employee Handbook, the code of conduct, the anti-harassment policy and the equal opportunity employment, all of which I have read prior to signing this agreement. I guarantee that I am an employee of HealthPro and that HealthPro is solely responsible for my wages, salary, other compensation or expense reimbursement, previously agreed upon, for any work performed under the terms of the customer’s contract.
2. **Federal State Law Obligation:** I agree to conduct myself in accordance with all federal and state laws, rules, regulations and standards of the healthcare profession. I agree to abide by all requirements under HIPAA regarding the privacy of patient health information. I understand that I am solely and completely responsible for any and all consequences of any violation by me. I will not use or disclose any confidential HealthPro and patient information for any reason, without the express written consent of HealthPro.
3. **Disclosure:** I agree to allow HealthPro to disclose any information from my personnel file, such as copies of licenses, certifications, drug screens, criminal background check, health screening, references, resumes, etc, as needed by customers in order for them to approve me to work shifts at their facilities.
4. **I authorize HealthPro Management Associates /PharmPro Staffing Inc. and NursePro Inc. to represent me for this assignment:** **Initials:** _____ **Date:** _____
5. **License Insurance:** If I am a Registered Clinician, I certify that:
 - I am an active Healthcare Professional with an active in good standing license for the state in which I will be working.
 - No Healthcare License I have held or hold has ever been revoked
 - If any change in my license status occurs, I must immediately notify HealthPro in writing.
 - I agree to provide HealthPro with all current and updated licenses, certifications and documentation.
6. **Commitment to Assignment:** I agree to accurately and honestly report all time worked and promptly and on appropriately time card, follow the customers sign in and sign out process.
7. **Working Beyond Assignment:** I will notify HealthPro Personnel of any and all changes to my assignment shift hours and provide the name of the supervisor who approved the change.
8. **Restrictive Covenant:** Once I have worked and completed an assignment provided by HealthPro, I may not work for that client, independently or through any other staffing agency.
9. **Automobile Insurance:** If I drive a car to work, I will maintain current, adequate automobile insurance.
10. **Indemnification:** I agree to indemnify and hold harmless HealthPro, its officers, owners, agents, customers and employees from any loss, cost or expenses, including attorney’s fees and cost, incurred by Healthpro or myself which result from my negligent action, error, omission, wrongful conduct, or breach of this agreement.
11. **Law and Venue:** The laws of Pennsylvania shall govern this agreement, its construction and its interpretation. Any action to enforce this agreement or relating to any services hereunder shall be brought in state court or in federal court.

I have read the foregoing agreement, understand its contents, and agree to be legally bound by its terms.

Applicant Signature: _____

Date: _____

HealthPro Management Associates (Equal Opportunity Employer)

3605 Edgmont Avenue - Brookhaven, PA 19015

PharmPro: (610-499-9040) or NursePro (610-499-1987)