



Southern Therapy Solutions
3256 N. Valdosta Road
Valdosta, GA 31602
Phone: (229) 560-6944
Fax: (888) 450-0379
SouthernTherapyValdosta.com
southerntherapysolutions@gmail.com

I understand that my Southern Therapy Solutions email address is only to be used for work purposes. I also understand that any information shared through my STS email address is public knowledge to the company and will be disclosed to the owner at any time. I understand that I am responsible for changing my email password when I initially sign in and that my password should not be shared with any other individual.

Email Address: _____

Password: _____

SIGNATURE _____ DATE _____

I understand that I am responsible for clocking in and out at the beginning and end of every shift. I also understand that if/when I take a break, I am responsible for clocking in and out at the beginning and the end of the break. If I miss a clock in or out, I am responsible for letting the owner know so that it can be manually adjusted. If the timeclock is giving me issues it is my responsibility to let the owner know so that it can be promptly fixed. Under no circumstances is anyone else able to clock in or out for me.

SIGNATURE _____ DATE _____

I understand that I am not allowed under any circumstances to share the door code with any individual. I also understand that I am to park in the back employee parking lot, and I am to enter the building only through the back employee entrance. It is my responsibility to keep up with the door code.

Door Code: _____

SIGNATURE _____ DATE _____

I understand that I have access to the Electronic Medical Records through Southern Therapy Solutions and that I am not allowed, under any circumstances, to share my login information with any other individual in order to protect patient privacy. If I walk away from a computer, I am responsible for logging out of the EMR to prohibit any individuals from seeing PHI.

EMR LOGIN: _____

EMR PASSWORD: _____

SIGNATURE _____ DATE _____