Denver Health Observer and Confidentiality Agreement

Observer Name: _____

Department/Unit Observing: _____

Denver Health Employee Being Observed: _____

Upon execution of this Agreement, Observer will be permitted to observe the Denver Health and Hospital Authority ("Denver Health") employee identified above. The Education Observer program at Denver Health is intended to expose individuals considering a career in health care to the day-to-day operations of delivering patient care in a hospital or clinic setting. Participants must be currently enrolled in high school, college undergraduate program, or in a 1–2-year gap from an undergraduate degree completion; however the Education Observer program is not meant to provide formal educational experiences.

As a condition to participating in the Education Observer program at Denver Health, Observer understands and agrees to the following:

1. I am aware of and assume the risks involved with the observational experience and understand that any costs I incur as a result of participation will be my responsibility.
2. I understand my participation in the Education Observer program at Denver Health may not exceed 40 hours in a calendar year and all hours must be completed within a 2-month time period from the approval date.
3. I agree to comply with all Denver Health policies and procedures and all Denver Health employee instructions.
4. I understand that I will be given a temporary identification badge which must be worn above the waist and visible at all times while I am observing at Denver Health. This temporary identification badge must be returned to Denver Health upon completion of my experience.
5. I understand that the Denver Health employee I am observing will be responsible for me during my whole observation at Denver Health and I will remain accompanied by this person during my experience.
6. I understand that I may have contact with or access to patient information or business information that is confidential ("Denver Health Information") during my observing activities. I understand that Denver Health Information from any source in any form (including paper records, oral communication, audio recordings, and electronic displays) shall be kept **strictly** confidential. I agree to comply with Denver Health's Notice of Privacy Practices as well as Denver Health's policies and procedures to respect and preserve the privacy, security, and confidentiality of Denver Health Information. I understand that violations of Denver Health privacy policies and procedures may result in civil and/or criminal liabilities and penalties.

7. I will not provide medical care to patients, including but not limited to patient care, clinical care or documentation in the record. I understand that I must be accompanied by a Denver Health staff member when observing patient care activities and I will have no independent access to patients or patient records.
8. I attest to having current immunizations for: Seasonal Influenza (if observation is between October and March), MMR (Measles, Mumps, Rubella), PPD (Tuberculosis test) within the last year, Tdap (Tetanus, Diphtheria, and Pertussis), Varicella, and Hepatitis B. I agree to provide my immunization records, as well as proof of my current PPD, before my job shadow date.

My signature indicates that I have read and understand this form and agree to comply with its terms, that I have all necessary immunizations, and that I release Denver Health from all liability claims for any loss or injury arising from this experience and/or any negligent or wrongful acts or omissions of the employees or agents of Denver Health. **I understand that I cannot provide any direct patient care. I further understand that the obligations set forth in this agreement continue beyond the end of my relationship with Denver Health.**

_____ _____

Observer Signature **Date**

_____ _____

If under 18: Parent or Legal Guardian Signature **Date**

[To be completed by Denver Health Employee being observed]

Denver Health Employee Name: _____

- I will guide this individual through an observation experience related to the work I do.
- I will respect my patient's/family's wishes regarding privacy and exclusions from being observed.
- I will inform the observer of all customary precautions, including applicable policies and procedures, which apply to this experience.
- I will assure that the observer does not provide any direct patient care, does not touch the patient, and does not manipulate any equipment used in patient care.

_____ _____

Signature of Denver Health Employee being observed **Date**