

During your shadowing/observation to our facility, efforts will be made to prevent incidental disclosure of protected health information (PHI); however, in observing activities that use PHI, you may unintentionally see clinical, financial, and/or demographic information belonging to our patients. You must hold such information in strict confidence. If you are directly observing a specific case, the attending physician and/or Nurse Manager will be responsible for assuming that the patient is informed and authorizes your observation to their care/treatment.

You can assist this hosting facility in preventing incidental disclosures by:

- Staying within the department or work areas included in the site visit/observation;
- Standing an appropriate distance from computer screens which contain PHI (i.e., allowing you to view the process, but not enabling you to read patient information);
- Avoiding areas where patient-specific information is discussed and could be overheard, unless so authorized by specific patient;
- Using test patient data for up-close review of application screens;
- Reporting to the Privacy Officer opportunities to further enhance the protection of PHI during site visits/observation.

Your participation is important for community service and is often important for introduction of health care to potential career choices. Shadowing/Observation is invaluable to the improvement of healthcare operations and educational opportunities.

PARTICIPANT AGREEMENT

I understand the importance of maintaining patient privacy and confidentiality and I agree to hold in confidence any protected health information directly via patient authorization incidentally disclosed to me during my participation in this site visit/observation. I agree to assist CHI Saint Joseph Health in preventing incidental disclosures by following the guidelines listed above. Further, I understand that intentional violations of patient confidentiality will result in a report to the Office of Civil Rights and may subject me to my employer's/school's disciplinary policies, civil and/or criminal liability.

Job Shadower/Observer Signature _____ Date _____

Job Shadower/Observer Printed Name _____ Time: _____

Job Sponsor Coordinator Signature _____ Date _____

Department Printed Name _____

Required: Signature of parent or legally authorized representative if Job Shadower/Observer is under eighteen (18) years of age

Parent/Representative Signature _____ Date _____

Parent/Representative Printed Name _____ Time: _____