Observer Program Participation Agreement and Guidelines

I am participating in an observational educational experience through an independent Educational Experience approved and accepted by the Provider pursuant to this Agreement.

Policies and Procedures: In consideration of my acceptance into said Educational Experience, I understand and agree that while participating in the Educational Experience, I am subject to all the Provider's rules, policies and procedures, including those relating to appearance and behavior. I further understand and agree that I may be required to withdraw from the Educational Experience if my performance is unsatisfactory; or if I fail to comply with said rules, policies, and procedures; or if my health status, taking into account all reasonable accommodations, is a detriment to my successful completion of the Educational Experience.

Confidentiality: I understand and agree that the services the Provider performs for its patients and the information patients furnish to it are highly confidential. It is the Provider's obligation and policy to protect the patient's right to privacy and to maintain the confidentiality of all patient medical records, including the identity of patients, the services performed for them, and all information concerning their affairs (hereafter referred to as the "Patient Information"). Provider's goodwill depends upon keeping such patient information confidential.

In addition to Patient Information, I acknowledge that the Provider's operation, policies, procedures and records constitute important business assets and are confidential. Such records include, but are not limited to personal records, strategic plans, policy and procedure manuals, bookkeeping and other accounting information, and all such documents and records related to Provider's business activity (hereinafter referred to as "Business Information").

Because of my participation in the Educational Experience, I may come into possession of Patient Information or Business Information. I understand and agree that the Patient Information and Business Information obtained by me during my participation in the Educational Experience shall not be revealed to anyone without the signed written authorization from the patient or guardian in the case of Patient Information or from the Provider in the case of Business Information. I agree not to permit anyone to examine or make copies of any Patient Information or Business Information that may come into my possession.

Assumption of Risks: As a participant in the Educational Experience, I may be allowed in patient care areas, including high risk patient care areas such as the Emergency Department or Adult Special Care Units. I understand that in such high-risk patient care areas that Provider's policies may restrict my observation.

I understand that there are risks and hazards associated with participating in the Educational Experience in a health care setting, particularly in circumstances where I am permitted in high-risk patient care areas. Further, I understand that despite appropriate precautions, there are risks of infections and contradicting communicable diseases. Also, if I do not use proper care and follow directions given to me, I may injure others or myself or cause damage to my property or the property of others. By participating in the Educational Experience, I agree to assume such risks, including the added risks associated with high-risk patient care areas. I agree to accept responsibility for my own actions and not to hold Provider responsible for such actions. I will not seek damages or other compensation from Provider for any injuries to me or my property, unless such Injuries are caused by the gross negligence or willful misconduct of the Provider, its employees or agents, nor will I ask the Provider to pay for any injuries that I might cause to others or the property of others, including Provider's property, except to the extent that such injuries are not covered by my insurance, but are covered by the Provider's insurance.

Appearance and Grooming: Your appearance is important because it helps maintain our professional image. You and your clothing should be clean and neat. Business casual with comfortable closed-toe shoes are appropriate, but jeans, shorts, skirts, t-shirts, perfume, and heavy jewelry are not. Using good judgment in style of dress and appearance is essential. Questions concerning appropriate dress can be directed to Visiting Student Affairs.

Drug Free and Smoke Free Workplace: Carilion makes every effort to maintain a drug-free and smoke-free workplace. The abuse of controlled substances subjects all employees, visitors, and patients to safety risks and affects our ability to operate effectively and efficiently. The unlawful possession, distribution, dispensing, sale, or use of a controlled substance in the workplace or while engaged in company business on or off Carilion premises is strictly prohibited. Most Carilion facilities have designated smoking areas off-site but nearby. Smoking in any smoke-free area subjects the offender to immediate dismissal.

Parking: Directions for parking at Carilion Clinic facilities will be forwarded along with your shadow confirmation email.

Safety: Carilion provides a safe and healthy place to work. Precautions are taken to protect against occupational hazardous accidents. In some cases, policies will be department specific. This will be discussed in orientation at safety meetings and during specific periodic in services or reviews. Each student must follow all hospital safety policies. Job safety is everyone's responsibility. Report any unsafe conditions to the nurse manager, practice manager or charge nurse.

Food Services: Food service in the hospitals is available for hot meals in the hospital cafeteria. Students may also use the cafeterias when bringing meals from home. Vending machines are available 24 hours a day.

Schedule Changes or Cancellations: To ensure the safety of our patients and staff, you may not attend your scheduled shadowing visit if you experience any of the following symptoms in the 48 hours prior to your visit-fever, cough, diarrhea, chills, chest pain, shortness of breath or vomiting. Immediately contact Visiting Student Affairs so they can let the department know you will not be coming. You may be rescheduled for another date after being symptom free for at least 24 hours.

Students who will be late or cannot observe due to a family/personal emergency must contact Visiting Student Affairs. Any changes in the schedule must be approved by the department.

Binding Agreement: I acknowledge that I have read this Agreement and that I understand and agree that any violation of this agreement may involve violations of state and federal laws and regulations governing the patient's right to privacy or the right of a company to maintain the confidentiality of its business records. I recognize that the disclosure of information by me may give rise to irreparable injury to you or your patients and that you or your patients may seek any legal remedies against me that may be available in the event of such disclosure.

_____ _____

Applicant's Signature Date

APPLICANTS UNDER 18 YEARS OF AGE MUST HAVE PARENTAL OR GUARDIAN CONSENT

As parent or guardian of the student applicant under eighteen (18) years of age, I acknowledge and accept the terms set forth above.

_____ _____

Parent or Guardian Signature Date

_____

Minor's Printed Name