

**Tripler Army Medical Center
Observation/Shadowing Agreement
(Application, Wavier, Release, HIPAA, Confidentiality Statement and Policy)**

AUTHORITY: 5 U.S.C. section 552a, 10 U.S.C. section 2164 and 20 U.S.C. sections 921-932 and AR 40-562, Immunization and Chemoprophylaxis for the Prevention of Infectious Diseases.

PRINCIPAL PUROSE: To obtain immunization information needed to enroll individual in the Tripler Army Medical Center health system to promote a safe hospital environment.

ROUTINE USES: Tripler Army Medical Center may release information without prior consent within the Department of Defense when needed to perform an official Department of Defense duty.

DISCLOSURE: Providing information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of individual request.

OBSERVER STATUS

High School/College Student Pre-Med Student Other: _____

OBSERVER INFORMATION

Last Name _____ First Name _____ M.I. _____

Address _____ Apartment/Unit # _____

City _____ State _____ Zip _____

Female Male Date of Birth SSN

Phone Number _____ E-mail _____

Participation Date(s) _____

School or Program Name _____

Area of Shadowing _____

Are you under 18 years of age? No Yes If yes, then parent/guardian needs to sign below.

REASON FOR OBSERVATION/SHADOWING

DISCLAIMER AND SIGNATURE

1. In consideration of the permission granted, I hereby release the physicians, the Tripler Army Medical Center, and its employees from any claims or liability, physical injury and/or damage including emotional distress or injury or mental anguish which may be sustained be me or the patient as a result of the presence of myself in the Hospital.

2. Recognizing that my observation/shadowing experience provides access to a variety of information deemed strictly confidential, I accept that it is the patient's right to refuse permission for me to observe the delivery of medical care or service to that patient.

3. I acknowledge my obligation to maintain confidentiality and understand that disclosing such information is prohibited by federal law and is unethical. I understand that the confidentiality of the employees and patients of Tripler Army Medical Center must be respected at all times.
4. I understand that information concerning patients, their illness, or their families is private. Medical records are by law confidential and should remain private. I understand that a breach in confidentiality may be in violation of federal and/or state statutes and regulations and may be subject to prosecution under the law.
5. I will respect and maintain patient confidentiality, both during my visit and after I leave the facility.
6. I acknowledge and assume the risk that patient, practitioners, nurses, and others involved with the delivery of medical and surgical care may unknowingly expose me to infection and illness.
7. It is my voluntary decision to participate in this experience. I agree to conduct myself in an appropriate manner, to take direction from my sponsor and to dress in a professional manner.

Observer Signature _____

Date _____

PARENT/GUARDIAN SIGNATURE IF UNDER THE AGE OF 18

I grant permission for my child to participate in Tripler Army Medical Center Observation/Shadowing Program, and that my child is at least 16 years of age.

Parent/Guardian Name _____

Phone Number _____

Relationship _____

Signature _____

TRIPLER ARMY MEDICAL CENTER SPONSOR STATEMENT

As a Tripler Army Medical Center employee, I endorse the observer to complete the approved observation/shadowing at Tripler Army Medical Center. This observer will be under my **full** supervision. By my signature below, I agree to the following.

- a. I support the application and agree to personally oversee and supervise this observer during the approved period of observation/shadowing.
- b. I will ensure the observer will abide by Tripler Army Medical Center policies, rules, regulations, and will review the hospital's rules for patient confidentiality, safety education, etc.
- c. I understand that the observer shadowing is permitted only to view patient care, and only with patient consent. I agree that observer will have no direct contact or provide any type of medical care.
- d. I will ensure a Tripler Army Medical Center Shadow/Observer badge is worn by the observer at all times while in the Hospital.
- e. I will ensure that observer has been cleared by Occupational Health Services prior to beginning his/her observation/shadowing.

Sponsored printed name _____

Date _____

Sponsor signature _____

Department/Service _____

FOR TRIPLER ARMY MEDICAL CENTER DEPARTMENT USE ONLY

The observer request is: Approved Disapproved

Printed name of chief of department _____

Date _____

Department chief signature _____

GRADUATE MEDICAL EDUCATION (GME) OFFICE USE ONLY

GME staff will verify information provided by sponsor and observer upon presentation at GME office on first day of observation/shadowing.

- Observer verified by two forms of picture identification.
- Observer provided proof of medical insurance coverage.
- Observer has been precleared by Occupational Health Services.
- Have observer complete the Visitor (Observation/Shadowing) Badge Sign-in/-out Sheet.
- Issue observer Shadow/Observer Badge.
- Inform observer that while observing/shadowing that he/she must sign/-out every day with the GME office.

Observation/Shadowing Policy

General

- * No hands-on activity is permitted.
- * Observer may not see or interact with patients independently.
- * Patients must be asked permission to allow observer to observe any portion of their care, whether interview, examination, or other testing.
- * Observer will not provide medical care, which includes independently taking a medical history, examining a patient or providing medical advice to a patient, or manipulate any equipment used in patient care.
- * Observer must wear a badge identifying them as an observer/shadower.
- * Observer may not write orders for patients or make verbal orders for patients.
- * Observer will not have access to patient medical records, either hard copy or electronic.
- * Observer will not have access to restricted or secure areas of the hospital.
- * Observer will not wear a white coat or other clothing that would potentially identify them as a hospital staff member, medical student, resident, or staff physician.
- * Observer will not receive any financial support or other support from Tripler.
- * Observer must follow all applicable policies for Tripler.
- * Observer will not perform overnight on-call sessions.
- * Observer must complete HIPPA training prior to starting.
- * Observer must be in compliance with Tripler's occupational health requirements.

Personal Appearance

- * The way an individual dresses, their grooming habits, the types of fragrances they use, etc. involves personal decisions and is regarded by many as a means of expressing one's individuality.
- * The hospital recognizes this, yet is aware that all observers have a direct impact on the image of the organization.
- * The hospital must maintain an image of professionalism, inspiring the confidence of patients and their families, and expects all employees/volunteers and observers to reinforce this image.
- * Clothing should fit properly and be clean, pressed, and in good condition.
- * The following is a list of attire that is inappropriate in the hospital:
 - ** Backless dresses or tops.
 - ** Skirts above the knee or which have high slits.
 - ** Pants shorter than mid-calf.
 - ** Clothing that is excessively tight or revealing.
 - ** T-shirts with logos.
 - ** Casual beach or athletic wear (such as sweatshirts, sweatpants, stretch pants/warm up pants, and tights or leggings worn as pants).
 - ** Flip-flops, slippers and excessively high-heeled shoes.
- * Shoes must be neat, clean and appropriate and no open toe shoes are allowed.
- * Hair must be neat, clean, dry, and well groomed. Long hair must be secured.
- * No extremes in hair color due to bleaching, dying, or coloring.
- * Beards or mustaches must be neatly trimmed.
- * Jewelry must be professional and kept to a minimum. No pierced jewelry, except earrings, is to be visible.
- * Fingernails should be clean and neatly trimmed, with limited adornment.
- * Visible tattoos and excessive body piercing may offend some patients and employees while in the hospital. Therefore, these shall not be visible.

Language

- * Words such as "excuse me," "sir," ma'am," "please," and "thank you" are polite ways to address professionals. Try to use proper titles with all staff.
- * Eye contact is important. It lets the person with whom you are speaking know that they have your full attention.
- * Please also try and keep your voice volume at a minimum, especially when visiting clinical units, so as to not startle any patients.

Manners

- * Chewing gum is not considered appropriate in the presence of patients, visitors, or guests.
- * Patients can be very sensitive about smells when they are ill. Therefore, it is important that when you are near patients that you do not smell of tobacco products, strong perfumes, or body odor.
- * The use of earphones, headphones, cell phones in public or patient care areas is not permitted, unless approved by your sponsor.
- * Always remember that you are a guest. Treat everyone and everything with respect. Being overly polite is never going to harm you or anyone else.
- * **Under no circumstances should you touch a patient in any way. You will not be permitted to have any direct patient contact nor will you be permitted to assist with any procedures, testing, etc.**