



SHADOWING/OBSERVATION CONFIDENTIALITY AGREEMENT

There is **NO** shadowing in the following areas -

Maternity, Labor & Delivery
Any Emergency Facility
Pediatric Rooms/Units or Areas
Any Intensive Care Areas

Any Urgent Care Facility
Any Area Where Invasive or Surgical Procedures
are done

Participating in a shadow/observation experience at MHY will afford you an opportunity to broaden your horizon and to acquire knowledge and experience. It is understood; however, that the Hospital cannot eliminate certain risks (i.e., exposure to infection, injury, unpleasant sights, sounds, odors, etc.) during this experience the Hospital cannot be held liable for these incidents should they occur.

All information, verbal and written is protected by Federal Privacy Laws. You are not permitted to share any information about any patient at any MHY facility while you are here or after you leave our facility. You are not even allowed to tell anyone that a person is or is not a patient at the hospital, or even that you saw them at the hospital (or other facility). Patients have a right to privacy and we need to be respectful of their rights and respect the laws.

I understand and agree that in the performance of duties as a participate in any shadowing experience, I must hold in strictest confidence any observations I may make or hear regarding patients, physicians or personnel. I understand that patients' charts or test results are not to be access by me at any time.

I understand that intentional or involuntary violation of confidentiality may result in disciplinary action by the Hospital and/or possible action by others (i.e., patients, families of patients, etc.) Criminal and/or civil legal action may also be a result of my violation of this agreement.

You can and will be sent home if you are not prepared for the experience (i.e., inappropriate attire, lack of interest or involvement, inappropriate interaction with patient or family, wearing perfumed products or nonprofessional conduct.)

You are asked to reschedule your experience if you are ill, coughing, have the flu or flu-like symptoms.

I understand that during my observation/shadowing experience I am NOT to perform any type of direct or indirect patient care, nor engage patients or their families in conversation without a Mercy Health Youngstown employee present.

Print Name: _____ Date: _____

Signature of Participant (Required): _____

Signature of Parent/Guardian (Required if student is under age 18): _____

Person to Contact in an Emergency: _____

Emergency Telephone #: _____

Name of School: _____

Department or Areas of Interest: _____

Signed agreement will be kept on file for at least 1 year.