



**STUDENT OBSERVER/SPONSORING PROVIDER
ACKNOWLEDGEMENT & AGREEMENT**

The undersigned health care provider ("Sponsoring Provider") hereby agrees to allow the below named student ("Observer") to shadow the Sponsoring Provider in the below-stated department, located at _____ ("Sponsoring Department") on the following days: _____ commencing on _____ and concluding on _____.

Sponsoring Provider Obligations:

Sponsoring Provider acknowledges that he/she must make each patient aware, prior to the Observer entering the patient room, and outside the presence of the Observer, that the Sponsoring Provider has an Observer shadowing him or her that day. The patient will be advised of his or her right to approve or decline the Observer's participation at any time during the appointment. The Sponsoring Provider will immediately remove the Observer at any time upon the patient's request.

Sponsoring Provider takes full responsibility in ensuring that the Observer is not left alone with any patient, does not touch a patient and does not access a patient's medical records.

Observer Obligations:

Observer:

- Acknowledges that he or she is at least eighteen (18) years old.
- Acknowledges that, for his or her safety, as well as the safety of the patients in the healthcare setting, he or she is current with respect to all immunizations. Summit Medical Group may, in its discretion, require documented evidence of such immunization status.
- Acknowledges that he or she has, prior to commencing the observership, received and reviewed the HIPAA Manual and executed a Confidentiality Statement.
- Acknowledges that he or she is not permitted to be alone with a patient nor is he or she permitted to touch a patient.
- Acknowledges that if he or she knows the patient personally, he or she must recuse himself/herself immediately.
- Will visibly wear an ID badge while on Summit Medical Group premises.
- Will call his or her Sponsoring Department and reschedule their day if they are experiencing any signs and symptoms of cold, flu, or any contagious disease.
- Acknowledges that Summit Medical Group has the right to cancel the observership and/or ask the observer to leave Summit Medical Group premises at any time.
- Acknowledges that he or she is not an employee of Summit Medical Group and shall have no entitlement to any employment benefits.
- Acknowledges that Summit Medical Group does not provide insurance coverage for him or her, including professional liability or general liability insurance.
- Will abide by all applicable Summit Medical Group policies including but not limited to the dress code policy.

- In exchange for the opportunity to observe a Summit Medical Group Provider, voluntarily assumes the risk of injury and waives, releases, and agrees to hold harmless and indemnify Summit Medical Group, the Summit Medical Group Foundation, its subsidiaries, affiliates, directors, officers, employees and agents from any and all liability and damages resulting in any way from his or her participation in the observership.

Photo Release

Observer:

- Authorizes and consents to the taking of video footage and/or photography of the Observer.
- Expressly authorizes the use, reproduction, circulation, and publication (including but not limited to print, television, and internet) of such video footage and/or photography of Observer, with or without the name of Observer accompanying the video footage and/or photography, for any purpose.
- Hereby waives consideration.

Each of the undersigned has read the above carefully, understands its significance and voluntarily agrees to all of its terms as of this ____ day of _____, 20__.

Sponsoring Provider Name: _____

Signature: _____

Sponsoring Dept Representative Name: _____

Signature: _____

Observer Name: _____

Signature: _____

******Completed forms must be submitted to the Legal Department******