

Name: _____ School: _____

Phone: _____ Email: _____ School ID: _____

ATTESTATION OF OBSERVATION/SHADOWING MODULE COMPLETION

The observer/shadower must view the Observation/Shadowing Orientation Module, available on the St. Luke's Hospital website, prior to their observation/shadowing experience. After completing the Orientation Module, students should be able to:

1. Discuss the infection prevention precautions, signage, and compliance
2. Discuss identification of hazardous materials and proper precautions needed when using hazardous materials
3. Discuss the importance of Corporate Compliance & Confidentiality in the health care system
4. Demonstrate proper Code of Conduct and define Diversity
5. Discuss and/or demonstrate safety techniques and follow Error Prevention techniques
6. Identify Patient Safety Codes and practice Error Prevention

A signature below indicates that:

- The objectives listed above have been taught in my school program, and/or reviewed in the Observation/Shadowing Module, and I am comfortable with that knowledge.
- Information in the Observation/Shadowing Module was reviewed and understood. I understand that questions about its content, or any other aspect of my role at St. Luke's Hospital, are welcomed and can be asked of any staff member.

STATEMENT OF CONFIDENTIALITY

I have reviewed and agree to comply with the St. Luke's Hospital Code of Conduct guidelines listed in the Observation/Shadowing Orientation Module. As an observer/shadower in St. Luke's Hospital, I agree to adhere to the following:

- To uphold the practice of patient confidentiality (PHI) and the individual's right of privacy in the disclosure of personally identifiable medical and social information.
- To disclose to no one, but proper authorities, any evidence or conduct or practice revealed in patients' medical records and billing reports, or observed, that indicate possible violation of established rules and regulations of St. Luke's Hospital and/or its affiliates.

As an observer/shadower at St. Luke's Hospital, I take personal responsibility not to divulge, misuse or deface any confidential information, either medical and/or institutional, that I may have access to during and following my affiliation with St. Luke's Hospital. Violation of the terms of this Attestation Form could result in the termination of my student relationship with St. Luke's Hospital, possible criminal prosecution, and other penalties, as applicable.

Date: _____ Printed Name: _____ Signature: _____

Date: _____ Parent/Guardian Printed Name: _____

Parent/Guardian Signature (if observer/shadower is a minor): _____

PRINT, SIGN, and RETURN this form to Patient Care Services (Clinical), Medical Staff Office (Physician), or Human Resources (Non-Clinical), whichever is applicable, **a MINIMUM of one (1) week PRIOR** to starting your learning experience at St. Luke's Hospital.

In addition to the signatures required above, if the student will be observing a surgery, or be in the operating room, the physician must sign below prior to the student's observation.

AGREEMENT OF INDEMNIFICATION – PHYSICIAN

I have requested that St. Luke's Hospital allow me to bring a student/observer into the Hospital for the purpose of observation. In consideration of permitting me to do so, I hereby agree to indemnify and hold harmless the Hospital, its employees, officers, directors, trustees and agents from and against any claims, costs, attorney fees, expenses and liabilities (i) resulting from acts or omissions of the student/observer, or (ii) brought by the student/observer or his/her parent or legal guardian in connection with such claims and in defense of any action or proceeding brought thereon.

Date: _____ Physician Signature: _____