



Observer Confidentiality Agreement

Name of Observer: _____ Date: _____

I agree that I will not at any time during or after my observation period with LCMC Health, disclose any patient information, including demographic, medical, or other confidential information.

I understand that LCMC Health is committed to protecting patient privacy and confidentiality. I understand that the information that I as an observer am exposed to, is presented to me in a variety of media such as medical records, claims, computer systems, logs, and conversations.

I understand I may not take pictures of/audio record/video record any patients or of any documents during or after my observation experience.

I understand that medical records and other forms of medical information may not be removed from the hospital.

I share the commitment of LCMC Health to protect patient confidentiality and by my signature on this document, pledge compliance with the terms of the Confidentiality Policy and Confidentiality Agreement.

I understand that a person may be subject to civil or criminal legal sanctions when such violations occur.

I have read and had a chance to ask questions regarding this agreement. I understand the terms of this agreement and agree to adhere to them.

_____	_____	_____	_____
Observer Signature	Date	Sponsor Signature	Date

Parent/Legal Guardian Signature Date

***If observer is under the age of 18 years of age.*



Observer: _____

Sponsor Acknowledgement

Responsibility - The Sponsor understands that the Observer must observe within the limitations established by this Agreement, the Confidentiality Agreement, the policies and procedures of LCMC Health and its member hospitals and affiliates. The Sponsor agrees that he or she is responsible for the Observer during the Observer's time at the LCMC Health Facility.

The Sponsor agrees that he or she is solely responsible for the supervision of the Observer, and that the responsibility cannot be transferred to someone else without the knowledge and permission of the facility. Residents and medical students may not serve as sponsors.

Sponsors may not allow observers to begin observation until the entire application process is completed and the sponsor is notified that the Observer is cleared to observe.

This observer has completed all of the required elements to participate in this experience. I have read the Observer's policy, specifically the limitations of observers and the confidentiality requirements, and agree to abide by the policy, and all terms of this agreement.

Sponsor First & Last Name (PRINT)

Email Address

Sponsor Signature
(Employee or Medical Staff member)

Date