

## OBSERVATION INFORMATION

_____ Last Name	_____ First Name	_____ Middle Initial
_____ School Address(if applicable)	_____ City/State/Zip	_____ Office Telephone
_____ Current Residence Address	_____ City/State/Zip	_____ Home Telephone
_____ Birth Date	_____ E-mail address	

## OBSERVATION CODE OF ETHICS

We are pleased to have you as a guest, job-shadowing/observing members of the Providence St. Mary Medical Center team. As an observer, your behavior must reflect the values of our institution at all times. Therefore, it is expected that you will interact effectively with staff, patients, visitors and family members by being professional, courteous, cheerful and respectful.

The hospital assumes an obligation to keep, in strict confidence, all information about patients. All employees, and those given the privilege of observing/job-shadowing our employees, in any capacity, share this responsibility. Discretion cannot be too strongly emphasized. Keep all information that you come in contact with, including but not limited to, verbal and written information, confidential. Never refer to the identity of a patient, his/her diagnosis, condition or treatment. It is your responsibility to respect the privacy of all patients.

Medical records are legal documents and contain confidential information. Those individuals job-shadowing our staff must use extraordinary caution when coming in to contact with, or handling, records. Unauthorized disclosure of medical record information is a violation of a patient's rights and could result in legal action against those permitted to job shadow and against the hospital.

As an observer, you have the benefit of interacting with staff and to ask pertinent questions about the medical profession and the type of education required for those positions. However, we request that you refrain from soliciting medical advice, medicine or supplies for yourself. Do not ask the professional advice or discuss personal medical problems while observing/job-shadowing.

The privilege of being permitted to observe staff in our facility places upon you the responsibility of loyalty to the hospital, its administration, and its staff.

***I UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE STATED CODE OF ETHICS FOR OBSERVING IN THIS FACILITY.***

**Observer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_