I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, hereby request to observe in the clinical treatment area of the Trauma Resuscitation Unit or a Trauma Critical Care Unit of the R Adams Cowley Shock Trauma Center (STC) at the University of Maryland Medical Center (UMMC) on \_­­\_\_/\_\_\_/\_\_\_\_ from \_\_\_\_\_AM/PM to \_\_\_\_\_AM/PM, for the purpose of expanding my personal and professional knowledge and abilities. I am fully aware that the purpose of this experience is for information and knowledge and at no time will I be allowed to participate in patient care. I am fully aware of the risk of exposure to blood borne pathogens and disease, as well as unanticipated injury that could occur in a high paced health care setting such as the STC and I assume all risks of injury or exposure to my person and property that may be sustained in connection with the stated and associated activities.

I am acknowledging that I am at least 16 years of age and am affiliated with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency) as a certified or licensed (First Responder, EMT, EMT-I, EMT-P, LPN, RN) . I acknowledge that I have been trained in blood borne pathogens and HIPAA. I understand that any information regarding patients seen during the observation is strictly confidential and is not permitted to be discussed outside of the STC clinical setting.

I understand and agree that as an observer:

* I must fully comply with the any UMMC personnel I encounter.
* I will not interfere with the performance of the medical personnel or others.
* I further agree not to take any video or photographs or to record any audio while in the Observation Day program.
* I will not reach out to patients, family members, or loved ones, or offer any medical advice during my Observation Day experience.
* I will not provide patient care.
* I certify that I am covered under a health insurance plan.
* I certify that I received all necessary and applicable immunizations as per CDC guidelines, including but not limited to the following: (i) a complete Hepatitis B vaccination series (series of three or waiver); (ii) had a tuberculin Mantoux PPD test within the last year and if there has been a history of a positive PPD tuberculin skin test, one negative chest x-ray after conversion; (iii) MMR vaccination(s) or positive titer(s); (iv) varicella vaccination or a varicella titer; and (v) and recent influenza immunization.

In consideration of the permission granted by UMMC to shadow and observe medical personnel for the duration of the Observation Day, I agree to hold harmless, and release, UMMC, and UMMS, and their respective affiliates, agents, servants, officers and employees from any and all liability for any claims, suits or demands for damages by me, my heirs, successors or assigns for any injury, illness, death or damage of any kind and in any way associated with, related to, or arising from, my participation in this Observation Day.

I understand that UMMC, and UMMS, and their respective agents, servants, employees, officers and insurers will assume no liability or responsibility for my actions or inactions while I am participating in this Observation Day.

I understand that patient health information is confidential and I am committed to complying with the standards contained in the Health Insurance Portability and Accountability Act of 1996, as may be amended.

As an observer of patient care at UMMC, I understand that I may be exposed to confidential information during the Observation Day. Some of this information may concern patients being treated at UMMC or it may concern the operation of UMMC. I understand that patient information does not belong to me and that I am only permitted to exposure or access to patient information to the extent that it is necessary in the course of the Observation Day. I also understand that all medical and personal information regarding patients is confidential and, unless directly related to the care of patients, should not be revealed or discussed with patients, friends or relatives, or anyone else within or outside of UMMC.

I also understand that other information regarding the operation of UMMC is confidential. This confidential information concerns, but is not limited to, employee information, financial operations, quality assurance, utilization review, risk management, research, contracting, procurement and credentialing of staff. I understand that I am only permitted access or exposure to this information if it is required for me in the course of this Observation Day. This information is not to be discussed with or provided to others within or outside of UMMC except to the extent that it is necessary to participate in the Observation Day at UMMC.

In the event that I am given any access to any other private, confidential, privileged or protected material, data or information of any nature, I will safeguard that information. I acknowledge that I am strictly prohibited from disclosing any private, confidential, privileged or protected data or information to anyone, including my family, friends, fellow workers, and visitors for any reason. I understand that I am responsible and will be accountable for all data viewed, work performed, or changes made to any computer systems or databases I access.

I understand that failure to comply with this confidentiality statement may be cause for immediate termination of my Observation Day and/or refusal of permission to participate in any observation now or in the future.

**Permission for me to participate in this Observation Day may be revoked at any time and/or for any reason at the discretion of the medical personnel, or any individual in a management or supervisory role**.

I am over the age of eighteen years old, and have read the above. If I am signing on behalf of a minor, I am a parent or legally appointed guardian of the minor, and understand this release will be binding upon me, my minor child and our respective heairs, successors and assigns. I have had the opportunity to ask any questions and agree with all of the above terms.

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Signature Date