Consent for Participation in Position Shadowing Experience and Confidentiality Agreement

I understand that I have requested a shadowing experience at Aultman. I understand that, while shadowing, I may be exposed to the normal risks of any hospital visitor, as well as possible additional risks that arise because I may be in patient care areas and observing patient care.

I understand the following:

Confidential means that something is to be kept private or secret, that it is not to be repeated to anyone or given to anyone.

Confidential Information means any and all information that I may learn about a patient or business practice at Aultman. This information is automatically private or secret. Confidential Information about a patient includes name, address, diagnosis, medical information, medical notes, resumes, pictures, and medical records including X-rays and medications, as well as any description that could cause any person to become aware of the identity of a patient. Confidential Information also includes the name of any person at Aultman who is not an Aultman employee or volunteer, because all patients are not easily identifiable by where they are in Aultman or by how they are dressed.

Disclosure means sharing or telling someone something I know about someone that is private or confidential.

Nondisclosure means not sharing or telling someone something. It means not to write, speak, or gossip about any patient or other information I see at Aultman.

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I understand that while I am at Aultman, I may obtain Confidential Information about Aultman's patients or business practices. I understand that I am to maintain in strict confidence all information and data relating to Aultman's patients and business practices and shall not disclose such information to any third party, including any family member or friend, under any circumstances. Additionally, Confidential Information is not to be removed from Aultman or discussed with other participants that are shadowing. I understand that patient confidentiality is of such great importance that it is never to be disclosed to anyone outside of Aultman no matter how long after participation in the shadowing experience.

By signing this form I agree that I have read, understand, and agree to the terms of this consent form and confidentiality agreement. I give my full consent to my participation in the Aultman Shadowing Experience.

Observer:

Print Name _____

Signature _____ Date _____