



OBSERVER APPLICATION

Individual desiring to observe at St. Mark's Hospital must be:

- At least 18 years old and provide proof of age in the form of a driver's license, passport, state issued identification card or HCA employee badge.
- Have a sponsor (St. Mark's employee, physician) willing to allow observation of their clinical practice (St. Mark's will not make these arrangements on observer's behalf.)
- Be one of the following: Physician, Allied Health Professional, or other **licensed** clinician (RN, Respiratory Therapist, etc.). Proof of active license required. (*Observers cannot be fulfilling student clinical rotation requirements. Additionally, observers cannot be working in a vendor capacity.*)

Name _____ Date _____

Current License _____ Are you related to your sponsor? Yes ___ No ___

Staff member (sponsor) you wish to observe _____ Department _____

Are you a vendor? Yes ___ No ___ Are you a student? Yes ___ No ___ School _____ Program _____

Email _____ Phone _____

Date you wish to observe: From _____ To _____

Reason/Intent of Observing: _____

By signing below, the parties affirm that they will each adhere to all hospital policies concerning patient safety, privacy, and confidentiality and the Observer will be under the direct observation of their medical or allied health staff member (sponsor) at all times. No privileges to provide patient care are granted under this Agreement. The medical or allied health staff member who agrees to sponsor the individual agrees to obtain patient consent & assume full responsibility for the Observer's actions during the time of observing. Observer agrees to bear all risks related to his/her participation as an Observer at the Hospital and waives all claims against the Hospital. Observer agrees to indemnify, defend and hold harmless the Hospital, its employees, contractors, agents and medical staff members, from and against any expense, loss, liability or consequential damages as a result of breach of obligations under the signed Agreement.

Observer Name (printed): _____ Date _____

Observer Signature _____

Sponsor Name (printed): _____ Date _____

Sponsor Signature _____ Sponsor Email _____

Administrative ("C" Suite) Signature _____

Date _____

The Placement Coordinator must receive completed application, 30 days in advanced of the requested observation date. You will be notified by email or phone if you are accepted.



MOUNTAINSTAR

St. Mark's Hospital

Observer Profile & Checklist

Name (First, Middle Initial, Last): _____

Gender: _____ Date of Birth: _____ Last 4 digits of SS#: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Affiliated with HCA? Yes ___ No ___ If yes, where? _____ 3-4 ID _____

In case of Emergency, please notify:

Name: _____ Home Phone: _____

Cell/Work Phone: _____ Relationship to Observer: _____

Documentation Checklist for Observers:

_____ Observer Profile Form & Checklist (*this form*)

_____ Observer Application

_____ Statement of Responsibility

_____ Confidentiality & Security Agreement

_____ Copy of active Healthcare Professional License

_____ Driver's license

_____ Covid Vaccine Documentation

_____ TB documentation (*Copy of negative TB Skin Test OR negative QuantiFERON Gold/T-SPOT blood test completed within 12 months*)

--If history of previous positive reactor, copy of a normal chest x-ray taken within the last 12 months WITH copy of Gold/T-Spot blood test completed within 12 months.

_____ Documentation of a current/annual Influenza Vaccination (*If your observation falls between October 1st and March 31st (or dates defined by the CDC)*)

Additional Documentation required for non-physician, non-HCA observers:

_____ Observer Orientation Booklet Post Test Answer Sheet

_____ Parking Policy Agreement

Observer Confidentiality and Security Agreement

I understand that St. Mark's Hospital (the "Hospital") manages health information as part of its mission to treat patients. Further, I understand that the Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, the Hospital must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning information, or any information that contains Social Security numbers, health insurance claim numbers, passwords, PINs, encryption keys, credit card or other financial account numbers (collectively, with patient identifiable health information, "Confidential Information"). In the course of my observation at the Hospital, I understand that I may come into the possession of this type of Confidential Information.

Protecting Confidential Information:

1. I understand that any Confidential Information, regardless of medium (paper, verbal, electronic, image or any other), is not to be disclosed or discussed with anyone outside those supervising, sponsoring or directly related to the learning activity.
2. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. I will not take media or documents containing Confidential Information home with me. Case presentation material will be used in accordance with Hospital policies.
3. I will not publish or disclose any Confidential Information to others using personal email, or to any Internet sites, or through Internet blogs or sites such as Facebook or Twitter. I will only use such communication methods when explicitly authorized to do so in support of Hospital business and within the permitted uses of Confidential Information as governed by regulations such as HIPAA.
4. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized. I will only reuse or destroy media in accordance with Hospital Information Security Standards and Hospital record retention policy.
5. I will take reasonable safeguards to protect conversations from unauthorized listeners. Such safeguards include, but are not limited to: lowering my voice or using private rooms or areas (not hallways, cafeterias or elevators) where available.
6. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information. I will not access data on patients.
7. I will not transmit Confidential Information outside the Hospital network using email or other electronic communication methods.

Using Portable Devices and Removable Media:

1. I will not copy or store Confidential Information on removable media or portable devices such as laptops, personal digital assistants (PDAs), cell phones, CDs, thumb drives, external hard drives, etc.

Upon Termination:

1. I agree that my obligations under this Agreement will continue after my relationship ceases with the Hospital.
2. Upon termination, I will immediately return any documents or media containing Confidential Information to the Hospital.
3. I understand that I have no right to any ownership interest in any Confidential Information created by me during and in the scope of my relationship with the Hospital.

By signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Observer Name (printed) _____ Date _____

Observer Signature _____



OBSERVER STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided the undersigned in the form of experience in a clinical setting at St. Mark's Hospital ("Hospital"), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks and be solely responsible for any injury or loss sustained by the undersigned while observing at Hospital unless such injury or loss arises solely out of Hospital's gross negligence or willful misconduct.

Signature of Observer

Printed Name of Observer

Date



St. Mark's Hospital Observer Parking Policy

Scope: Observers doing shadow experiences at St. Mark's Hospital

Purpose: To provide convenient and adequate parking spaces for all by designating areas on the hospital campus for various populations. Appropriate parking by students and employees makes for easier and convenient parking for patients and visitors.

Policy: Observers follow the same parking policy that applies to employees and is found on the Grapevine (hospital's intranet page); Policies and Procedures; Parking.

On Monday through Friday, students can park in the East Parking Garage (the corner of 3900 South and 1300 East) on the 3rd level. Students may also park in the southwest parking area in the last several rows that have stars painted on the stalls.

Observers found parking in unauthorized spaces are subject to having their cars immobilized and a fee of \$80 in cash to have their car released.

On Saturdays and Sundays, students can park on all levels of the East Parking Garage and in the southwest parking lot behind the hospital.

I understand and agree to comply with the Observers Parking Policy:

Observers Signature

Date