

Educational Observer Authorization

First Name	Middle Initial	Last Name	Preferred Name	
Address		City	State	Zip
Date of Birth		Email	Primary Phone Number	

I agree to adhere to all University of Mississippi Medical Center (UMMC) policies and procedures while functioning as an educational observer. I understand and agree that as an educational observer I am a non-participating witness who is supervised by a UMMC employee designated as a sponsor. I understand and agree that I am observing for educational purposes only and that I cannot engage in research, participate in direct or indirect patient care activities, or document in any record.

I understand and agree that I may not touch patients, animals, or equipment utilized in the research, clinical, or educational settings at UMMC. I understand and agree that as an educational observer I may not give directives to patients, health care professionals, or staff and may not interact in any way with patients, health care professionals, or staff to impede or modify the practices, services, or care.

I understand and agree that as an educational observer I may not participate in research activities and do not have access to research data. I understand and agree that as an educational observer I do not have access to UMMC information systems.

I understand and agree that all patient information will be treated as confidential, may not be released without appropriate authorization, and may not be included in any report. I understand and agree that I am required to display a UMMC ID badge for the duration of the observation. I understand and agree that I will accompany my UMMC sponsor/co-sponsor (or designee) at all times while on UMMC's campus.

Educational Observer Signature: _____ **Date:** _____

***Parent/Guardian Printed Name** _____ **Date:** _____

***Parent/Guardian Signature:** _____ **Date:** _____

*Required for individuals less than 18 years old

Educational Observer Attestation

The University of Mississippi Medical Center (UMMC) is committed to excellence and leadership in patient care, education and research. As an educational observer, I understand that I play a vital role in the success of the UMMC mission and that I will be held accountable for compliance with applicable state and federal law and UMMC policies and procedures.

I agree to treat all UMMC personnel and patients with respect, courtesy, and dignity and will conduct myself in a professional and cooperative manner.

I understand and acknowledge that a patient has the right to refuse my presence.

I understand that UMMC protects and safeguards all patient health information. I have completed and understand the UMMC compliance training required for my observation/shadowing.

I understand my responsibility to safeguard confidentiality of any proprietary or confidential information (including protected health information) about UMMC operations, workforce members, subjects, and/or patients (“sensitive information”) to which I may have access. All of this information, in whatever form transmitted or received (e.g., verbal, written, fax, photographic, electronic), must be treated by me in a confidential and secure fashion.

I understand that if I do not comply with UMMC policies and procedures and/or applicable law, I may be subject to immediate corrective action. I understand that noncompliance with federal and/or state law may result in criminal and civil penalties against UMMC and/or me personally.

I acknowledge the potential risk for injury while shadowing/observing in an academic medical center, including but not limited to, various instruments, devices, equipment, furnishings, pharmaceuticals, chemicals, needle stick, blood and body fluids, exposure to potentially infectious or lethal materials, fire, explosion, slip and fall, crush injury, electric shock, and machinery malfunction. I agree that my presence at UMMC is at my own risk, and I agree not to hold UMMC or any staff member liable for any injury I may sustain during, or as a consequence of, my presence at UMMC.

I hereby attest to the following: I do not currently use any illegal drug. I have no history of felony convictions or client abuse or neglect. I am currently in good health, and I am up-to-date on all required vaccinations (MMR, Varicella, Hep B, Tdap). I have obtained a TB screening according to UMMC policy. I have obtained the influenza vaccination according to UMMC policy (if observation occurring during influenza season).

By signing below, I certify that I have completed the requirements stated herein and agree to all terms.

Educational Observer Printed Name: _____

Educational Observer Signature: _____ **Date:** _____

***Parent/Guardian Printed Name** _____ **Date:** _____

***Parent/Guardian Signature:** _____ **Date:** _____

*Required for individuals less than 18 years old