

BRICKIE CLINIC STUDENT SHADOWING AGREEMENT

By signing this agreement (“Agreement”), participant (the “Participant”) understands and agrees to the following:

PARTICIPANT RESPONSIBILITIES

- Participant is currently a student at Hobart High School (“School”) and has been approved to participate in the Brickie Clinic (“Clinic”) shadowing program (“Program”)
- The Program is a community service designed to enable students to observe Clinic employees to gain insight into health care careers.
- Participant is up-to-date with immunizations, including MMR (measles, mumps, and rubella) and DPT (diphtheria, pertussis, and tetanus).
- Participant shall report promptly at the time and location assigned. Participant understands that his/her participation in Program may be terminated with or without cause.
- Participant will respect a patient’s right to refuse to have Participant present.
- Participant shall maintain strict confidentiality and privacy about patient information, as described in detail in the Confidentiality and Privacy of Patient Information Agreement (**Attachment A**). Participant shall agree to the terms of the Confidentiality and Privacy of Patient Information Agreement and return a signed copy to the Clinic prior to participation in the Program.
- Participant shall treat all patients and staff with respect and dignity, regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
- Participant shall ensure patient safety by remaining at home if ill and will notify Clinic of planned absence.
- Participant shall dress in accordance with School and Clinic dress code policies. If Participant does not dress appropriately, Participant understands that he/she will not be allowed to participate in the Program that day, unless he/she changes into appropriate clothes.
- Participant understands that any inappropriate dress or behavior will be reported to appropriate School administrative personnel.
- Participant shall follow the instructions of any Clinic employee and will comply with all relevant Clinic policies and procedures while participating in the Program.
- Participant will only observe services being provided at the Clinic, and will not assist in any patient care activities.
- Participant acknowledges that all medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore, Participant may look at patient information ONLY as it relates to the Program, and ONLY as authorized by a Clinic employee. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediately terminating participation in the Program. When it is questionable as to what information is confidential, it is Participant’s responsibility to discuss the matter with the Clinic employee being shadowed.
- The undersigned parent/legal guardian and Participant assume all risks of any nature whatsoever and do hereby release and forever discharge Brickie Clinic, and its officers, directors, employees and agents from claim of liability for any injury/accident occurring on the premises of Clinic.
- Participant and parent/legal guardian are responsible for any expenses incurred during, or as a result of, participation in the Program.
- Participant shall provide the following to the Clinic prior to participation in the Program:
 - Copy of Driver’s License or other Photo Identification
 - Proof of Immunizations
 - Proof of School enrollment
 - Proof of permission for participation by parent/legal guardian (if applicable)
 - Completed Confidentiality and Privacy of Patient Information Agreement

PARTICIPANT AND CLINIC RESPONSIBILITIES

- This Agreement is between the undersigned parent/legal guardian Participant, and Clinic.
- In the event of an emergency, Participant's parent/legal guardian shall be notified by Clinic.
- Participant and Clinic agree that Participant is not an agent, employee, or independent contractor of Clinic.
- School rules shall apply to participants and any violations shall be reported to School Administration,

The parties have executed this Agreement effective as of the last day and year indicated below.

Participant Signature

Date

Participant Legal Guardian/Parent Signature

Date

Brickie Clinic Representative Signature

Date

Attachment A

CONFIDENTIALITY AND PRIVACY OF PATIENT INFORMATION AGREEMENT

Brickie Clinic has a legal and ethical responsibility to protect the privacy of all patients and to take appropriate safeguards to protect their health information. Participant understands that in the course of Program experience Participant may come into contact with confidential patient information. This information includes verbal communications, documented material such as that found in medical records as well as computerized information available in healthcare computer systems. Participant understands that such information must be maintained in the strictest confidence and that Participant has an ethical and legal duty to keep patient information confidential. Federal law known as the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) allows health care providers to use and disclose patient information for certain reasons, such as treatment, but at times it is necessary for the patient to agree to have his or her information used or disclosed. Health care providers also must consider who has access to the information and how much they need to see. Allowing a Participant to observe an encounter between a provider and patient requires patient authorization. Failure to maintain the confidentiality of patient information as required by HIPAA is considered a violation of the law and may have serious consequences.

Guidelines

- Participant shall access patient information only under the direction and supervision of the Clinic provider Participant is shadowing.
- Participant will not at any time during or after experience at Brickie Clinic disclose any patient information to any person or use patient information, other than as necessary in the course of Program experience and as authorized by Clinic Provider.
- Participant shall share or discuss patient information only when necessary and only in locations where the confidentiality of the information can be maintained.
- Patient information should never be disclosed in any form of social media.
- Participant shall use appropriate safeguards including but not limited to, speaking in a lowered voice, avoiding conversations in public areas, and disposing of material containing confidential information in appropriate receptacles.
- Participant shall familiarize himself/herself with Clinic policies on confidentiality and privacy.
- Should Participant have any questions or concerns, Participant shall discuss them with Clinic provider being shadowed.

Participant agrees to comply with the terms of this Confidentiality and Privacy of Patient Information Agreement.

Participant Signature
CHDS01 888613v1

Date