UNIVERSITY OF MIAMI HOSPITAL AND CLINICNS:
UHEALTH TOWER

Thank you for your interest in the Observership Program at the University of Miami Hospital & Clinics (UMHC): UHealth Tower. Attached are all the necessary documents that will enable you to apply to our program. Please review each document carefully and comply accordingly. Please note all requirements must be met before we are able to consider your application.

**Required Document Check List for Observers at the UMHC: UHealth Tower**

**CHECK LIST OF RELEVANT FORMS:**

- Observer Application Form (attached)
- Confidentiality Agreement (attached)
- Observer Policy (attached)
- Expectations of Observer (attached)
- Copy of Government Issued Picture ID (Driver’s License, passport, etc.)
- Proof of Immunization
  
  ***PLEASE PRINT HIPAA CERTIFICATE AND INCLUDE WITH THIS PACKET***

- Curriculum Vitae (if applicable)
- Copy of Medical Licensure (if applicable)

Once you have carefully reviewed this information and have completed the required paperwork, please submit to the UHealth Tower Medical Staff office. You can contact Medical Staff at 305-689-5407 to schedule an appointment for submission of these items and to receive your UHealth Tower ID badge. You will need this badge before you start your rotation.

___________________________________________________________________________

Approved By:

Date Received

Date Approved:

Observer Application

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OBSERVER POLICY

PURPOSE:

1. To provide guidance to individuals requesting to observe physicians, Allied Health care Providers and Community Health care Representatives delivering patient care in the hospital setting. This type of observation will be referred to as “shadowing”.
2. To ensure that the confidentiality of health information is maintained.
3. To ensure that patients are not exposed to communicable disease.
4. To ensure that the observer does not provide any patient care.

PROCEDURE:

1. Observer shall request permission in advance from the physician they wish to shadow.
2. Observer shall notify Medical Staff Services of the intent to shadow.
3. Prior to receiving permission to observe the participant shall:
   a. Complete application to observe
   b. Designate the scope, date and duration of experience
   c. Provide proof of immunization
   d. Sign a confidentiality agreement
   e. Secure a signed observer agreement
   f. Agree to not provide any patient care
   g. Assure patients consent to the presence of the observer

PREROGATIVES:

1. Medical Staff Services shall retain the right to refuse permission to an Observer who has requested a shadowing experience;
2. Observers are not permitted to discuss, disclose or use protected health information with anyone other than the person they are shadowing;
3. Staff being observed is asked to minimize the amount of protected health information they disclose to the observer;
4. Observer is to not perform any direct patient care;
5. When an observer is in attendance in a clinical situation involving examinations, procedures or treatments they must secure the patients consent to be present. Consent is sought without the observer present so that patient is given every opportunity to refuse;
6. Terms of this agreement are limited to 12 weeks;
7. Upon the expiration of a Participant’s observership, he/she will no longer be permitted access to the facility;
8. An observership is strictly a voluntary program and can be terminated at any time by either a Participant or the University, with or without cause.
DEFINITIONS:

Observer means an individual who is an adult (18 or older) who is
- currently enrolled in an either a Physician Assistant, Physician, ARNP training programs, or
- considering making application to a Physician Assistant, Physician, ARNP training program who
  meets criteria, or
- licensed providers who request to observe medical staff for specific clinical care, or
- currently enrolled in an educational program and desires to shadow physicians, or
- an employee who wishes to observe medical staff for specific clinical care and has completed all the
  documentation requirements associated with this policy*, AND
- Has an agreement with a medical staff member to observe under this policy.

*Any employee who shadows a physician under this policy is on unpaid time off.

Staff being observed means a physician (MD, DO, DMD/DDS or Podiatrist) or Allied Health care
Provider who is currently credentialed as a courtesy or active medical staff member of University of
Miami Hospital & Clinics who had agreed to accept an observer in their workplace.

IMMUNIZATION:

Proof of Immunization Requirements – all participants must submit to us prior to the start of the
Observership proof of the following vaccinations:

1. TUBERCULOSIS screening with a PPD within the last twelve months before beginning their
   program with us.
2. A positive PPD should have a chest X-ray and the appropriate additional treatment. A written
   Radiology report is required.
3. MEASLES, MUMPS, RUBELLA (MMR)
4. HEPATITIS B (three dosage vaccination dates are required)
5. Influenza Vaccination for the current season.
**Application:**

*This application must be completed in English*

(Please write legibly to be sure we have your correct information)

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**Observed Physician:**

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| Length of observership (Max allowed 3 months): | ____________________________ |
| (Please include dates) |

**Purpose of Observer:**

______________________________________________________________

______________________________________________________________

**Detailed program of activities in each specialty area:**

______________________________________________________________

______________________________________________________________
EXPECTATIONS OF OBSERVERS

In exchange for the opportunity to participate in this observership, the following terms shall apply:

1. Observer will be observing a physician who is credentialed and privileged to provide patient care at the University of Miami Hospital & Clinics.

2. In any communication to others at the UHealth Tower; Observer agrees to represent his/her status accurately as that of an Observer.

3. A Participant shall in no way be permitted to actively participate in patient care or contact, examination, research or other work during his/her observership.

4. Observer understands that medical care includes, but is not limited to performing any of the following functions: take a medical history; perform a physical examination; diagnose or treat a patient's condition; prescribe or administer drugs; write notes or orders in a patient's chart; perform or assist in a surgical procedure; or bill for services rendered.

5. Observer agrees to wear an observer badge with photo identification as provided by the UHealth Tower, identify him/herself to patients as an observer, and observe patient care activities/procedures only after the patient has given permission for the Observer to be present.

6. Observer agrees to comply with all applicable policies and procedures of the University of Miami Hospital & Clinics, including but not limited to policies on observer/visitor rules, equal opportunity/non-discrimination and protecting patient confidentiality.

7. To respect patient’s confidentiality. Observer will not disclose or discuss patient identifiable information with any persons except with other healthcare providers involved in the patient's care as needed to facilitate the observership experience.

8. UHealth Tower may terminate Observership at any time, with or without cause.

9. To conduct yourself in a professional courteous and responsible manner.

10. To understand that clinical practice involves situations that will require a degree of sensitivity to the need of the patient and the obligation of the physician.

11. To dress appropriately when shadowing by adhering to University of Miami Hospital & Clinics dress policy.

12. To realize that the physician is volunteering his/her time and has a demanding schedule.

13. To contact physician one week before the shadowing to confirm dates, times and objectives.

14. To call physician in advance if an emergency arises and you are unable to be there.
15. To secure patient’s permission prior to entering a clinical situation involving treatment, procedure or examination.

16. Not participate in observation if ill, have fever or cough.

**Please sign acknowledging that you have read and understood this policy:**

________________________  ______________________
Observer Signature       Date

*Observed Physician:*

I hereby agree to be responsible for ______________________ who is observer here at UHealth Tower. ______________________ will not perform any procedures and will follow the guidelines set forth in the Observership policy.

________________________  ______________________
Signature                  Date

*Observer Statement:*

I hereby certify that all documentation submitted is true and accurate to the best of my knowledge.

________________________  ______________________
Signature                  Date
CONFIDENTIALITY & SECURITY AGREEMENT

I understand that the facility or business entity (the “Company”) in which or for whom I work, volunteer or provide services, or with whom the entity (e.g., physician practice) for which I work has a relationship (contractual or otherwise) involving the exchange of health information (the “Company”), 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 Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems and management information (collectively, with patient identifiable health information, “Confidential Information”).

In the course of my employment / assignment at the Company, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with the Company’s Privacy and Security Policies, which are available on the Company intranet (on the Security Page) and the internet (under Ethics & Compliance).

I further understand that I must sign and comply with this Agreement in order to obtain access to Confidential Information.

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.
2. I will not in any way divulge copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.
3. I will not discuss Confidential Information where others can overhear the conversation. It is not acceptable to discuss Confidential Information even if the patient’s name is not used.
4. I will not make any unauthorized transmissions, inquiries, modifications, or purging’s of Confidential Information.
5. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.
6. Upon completion, I will immediately return any documents or media containing Confidential Information to the Company.
7. I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with the Company.
8. I will act in the best interest of the Company and in accordance with its Code of Conduct at all times during my relationship with the Company.
9. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension and loss of privileges, and/or termination of authorization to work within the Company, in accordance with the Company’s policies.
10. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
11. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
12. I will practice good workstation security measures such as locking up diskettes when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.

I further understand that I must sign and comply with this Agreement in order to obtain access to Confidential Information.

______________________________  ______________________
Observer Signature                      Date