

<p><b>Yale-New Haven Hospital</b>  <b>Observer</b>  <b>Confidentiality and Infection Control Agreement</b></p>
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I have been invited to participate as an Observer at Yale-New Haven Hospital under the direct supervision of \_\_\_\_\_ . I understand that in my capacity as an Observer, I may become aware of confidential information such as:

- Patient health care or financial information (otherwise known under HIPAA as “Protected Health Information”)

By signing below, I agree to the following:

- a. I understand that access to the information noted above in a verbal, written or electronic (stored in a computer) form is coincidental to my observer status and is a privilege
- b. I agree that I will not share with others any information about any patient, including the patient’s name or address, diagnosis or the fact that the individual is or was a patient at YNHH. I will not share this information with my colleagues, family, friends or anyone not directly involved in the care of the patient.
- c. I understand that any photography, video or audio recording is prohibited and will result in immediate revocation of my Observer status.
- d. I understand that I may be privy to information on patients who are under the care of the Medical Staff member to whom I am assigned.
- e. I understand that I may not seek access to any information that is not authorized under the scope of my role as a House Staff Observer.
- f. I hereby represent that to the best of my knowledge I do not have any infections that are likely to be transmitted by air or contact to the patients or staff of Yale-New Haven Hospital and that I am feeling well today.
- g. I agree to follow any requirements requested of me by the Medical Staff member to whom I am assigned, including the donning of any personal protective equipment (e.g. gloves, gowns, etc.) and to follow all instructions given to me about how and where to don and remove such equipment, as well as to wash my hands.
- h. I agree to remain under the supervision of the Medical Staff member at all times and not to go into areas of the hospital unsupervised.
- i. I understand that my House Staff Observer privileges will be automatically revoked in the event of violation of any of the above. In addition, violation of this Agreement may result in possible legal action, fines or criminal prosecution against me and, as applicable, the organization I represent.
- j. I agree to indemnify and hold YNHH harmless from and against any and all claims, losses, costs and expenses, including reasonable attorneys’ fees related to or arising from any violation of the terms of this Agreement.

Printed Name:	
Signature:	
Date:	