



Volunteer Services Department
St. John Medical Center
Phone (440) 827-5301

Observation Program Checklist

QUALIFICATIONS

For purposes of this policy observers are defined as individuals interested in healthcare careers such as students or individuals wishing to make a career change. The observation program is not to serve as a training program.

Must be at least:

- 15 years of age prior to being permitted to observe in a non-patient care area.
- 16 years of age and at least the educational level of a junior in high school prior to being permitted into an inpatient care area.
- 17 years of age and at least the educational level of a senior in high school prior to being permitted into a delivery room or pediatric patient care area as an observer.
- 18 years of age to observe in an Operating Room. Observation experiences in an operating room are limited to IO experiences for students under the age of 21 in any one calendar year.

Please note: If you are observing in the OR you will need to view an OR video and complete a quiz. The link for the video and the quiz can be accessed here <http://www.uhhospitals.org/stjohn/about/volunteer-services>. Must be sponsored by a University Hospitals St. John Medical Center staff. (Observers must identify their own sponsors)

APPLICATION PROCESS

All applicants must have the following completed and returned to their Observation Coordinator before being accepted into the Observation Program. **IMPORTANT - You must turn in your entire completed package or it will be unacceptable; it must be turned in to your Observation Coordinator at least five business days prior to your first day.**

- Application form (attachment A); if under 18 signed by a parent or guardian
- Sponsor form (attachment B) **the sponsor is who you will observe. It is the observer's responsibility to secure a sponsor, confirm all dates and requirements and have the sponsor sign the form.**
- Consent for Participation and Confidentiality agreement (attachment c);
Signed by a parent or guardian if observer is under age 18
- Orientation review (attachment D)
- Patient Consent (Attachment E) the patient being observed must sign the consent form if observing in the OR and Labor and Delivery.
- Proof of negative 2-step TB test performed within the six months, if observing more than one day
- Proof of the flu vaccine performed for the current year if you are observing during the flu season (September-April)
- Photocopy of current health insurance card
- Photocopy of a photo ID; this can include a valid driver's license, state ID, school ID or passport
- Certificate of completion of Compliance Training. Visit <http://www.uhhospitals.org/stjohn/about/volunteer-services> and click on the Compliance Training link on the right. Print the certificate of completion.

First Day

Arrange to have your sponsor meet you in the Department or know the area where you are to meet your sponsor
Obtain temporary ID badge from Observation Coordinator
Sign in on computer or if observing off site please complete an hour log

Last Day

Return ID badge to Observation Coordinator
Sign out or turn in hour log to your Observation Coordinator

Please review UR policy GM-38 Observation Program Policy for additional information

GM-38 – Healthcare Career Observation Program

Key Points

- For purposes of this policy observers are defined as individuals interested in healthcare careers such as students or individuals wishing to make a career change.
- Applicants are required to contact the assigned Observation Coordinator responsible for the area they wish to observe.

Policy & Procedure

1. For purposes of this policy observers are defined as individuals interested in healthcare careers such as students or individuals wishing to make a career change.
2. Observation Programs at UH entities are assigned to Volunteer Services or Human Resources. Files are housed in Volunteer Services (or Human Resources, as applicable).
3. UH entities may accommodate reasonable requests from people interested in healthcare careers who wish to observe or “shadow” medical staff or workforce members. When shadowing a healthcare professional, Observers do not provide patient care. Staff do not provide clinical training to the observer during the experience. See also policy [GM-7, Guest Observers](#).
4. Observers must be accompanied by their sponsors or preceptors at all times. If an observer is left unattended by his or her sponsor, he or she may be asked to leave the facility.
5. Program Qualifications:
 - 5.1. Participants are at least 15 years of age prior to being permitted to observe in a non-patient care area.
 - 5.2. Participants are at least 16 years of age and at least the educational level of a junior in high school prior to being permitted to observe in a patient care area.
Participants are at least 17 years of age and at least the educational level of a senior in high school prior to being permitted into a delivery room or pediatric patient care area as an Observer.
 - 5.3. Participants are at least 18 years of age to observe in an Operating Room (OR). Observation experiences in an operating room are limited to 10 experiences for students under the age of 21 in any one calendar year. OR Observers view the OR Training and complete OR Quiz prior to beginning their observation experience.

- 5.4. All observers are required to show proof of a negative 2-step TB test performed within the past 6 months. If prior history of TB, additional documentation is required as outlined in UH Policy EH-9.
- 5.5. All observers are required to show proof of that season's influenza vaccine if observing during cold and flu season. Refer to UH Policy CP-95.
- 5.6. Any person wishing to participate in the Observation Program must complete the application for the program (see [Attachment A](#)). The observer is provided all necessary paperwork and instructions by the Observation Coordinator assigned to the area where they will be observing.
- 5.7. Observation assignments in the Neonatal Intensive Care Unit (NICU) and the Pediatric Intensive Care Unit (PICU) are limited and are approved by the managers in these areas. Participants are 18 years of age to observe in the PICU.
- 5.8. Observers are permitted in Radiology and Nuclear Medicine if they are issued and wearing radiation badges (obtained at the Radiation Safety Office).
- 5.9. Observers are required to be sponsored by a UH medical staff or workforce member prior to acceptance. Family members may not be sponsors (see [Attachment B](#), Sponsor form).
- 5.10. Observers with known exposure to a contagious agent, who have active colds or infections, or who do not feel well, may not observe. An Observer is asked to leave if staff believes the Observer presents a risk to the staff or patients.
- 5.11. Observers are required to have a clean, neat appearance and appropriate dress and behavior, in accordance with UH policies and procedures. Observers do not wear lab coats or scrubs unless required for the observation area and return to street clothes as soon as possible. Observers are not permitted to carry or utilize stethoscopes while observing. Cell phones and other electronic devices are turned off and stored with personal belongings while observing.
- 5.12. Observers may not take photos of patients or procedures.
- 5.13. Observation experiences do not exceed 30 days in one calendar year.
- 5.14. Observers are given a checklist and are required to complete all requirements prior to participating in the Observation Program. These include:
 - 5.14.1. Observer Application ([Attachment A](#)).
 - 5.14.2. Sponsor Form ([Attachment B](#)).
 - 5.14.3. Consent for Participation form ([Attachment C](#)).
 - 5.14.4. Completed Orientation Review Form ([Attachment D](#)).
 - 5.14.5. Completed Patient Consent form ([Attachment E](#)).
 - 5.14.6. Copy of current photo ID.
 - 5.14.7. Copy of current health insurance card.
 - 5.14.8. Proof of negative 2-step TB test.
 - 5.14.9. Proof of flu vaccine.
 - 5.14.10. Complete Compliance Training visit:
uhhospitals.org/Cleveland/observer open Compliance Training link.
Enter name in Compliance Certificate located at end of training.

5.15. Observers are not permitted to participate in the Program until all requirements are met. There are no exceptions.

6. The following are required to be completed before being accepted into the Program:

6.1. Application Process:

6.1.1. Application form (Attachment A).

Sponsor Form (Attachment B).

It is the Observer's responsibility to secure a sponsor(s) and confirm all dates, observation requirements and forms signed by Sponsor.

6.1.2. Consent for Participation and Confidentiality Agreement (Attachment C).

This form includes confidentiality requirements. If an Observer is under age 18 the form must be signed by a parent or legal guardian. This form is completed with no changes. Each Observer has a signed Consent form on file.

6.1.3. Orientation Review (Attachment D).

Observers complete a self-study orientation including the orientation review form.

6.1.4. Proof of negative 2-step TB test and flu vaccine.

6.1.5. Proof of healthcare coverage:

Observers provide a photocopy of documentation of current healthcare coverage.

6.1.6. All Observers provide a photocopy of an ID. This can include a valid driver's license, state ID, school ID or passport.

6.1.7. Proof of completed Compliance Training.

6.1.8. All forms are completed and submitted together to the Observation Coordinator responsible for the department where the observer will be located. The Observation Coordinator submits all forms in entirety via email to the Volunteer Services Department where the observer is placed (or Human Resources, as applicable). See UHHospitals.org/Volunteer for a list of participating UH Hospitals. Only complete application packets are accepted.

6.2. Observer Identification Badges:

6.2.1. All Observers are issued temporary identification badges. The badges are issued to the Observation Coordinator by the Volunteer Services Department or Human Resources Department and are worn at all times while on the premises. No photo identification badges are given.

6.2.2. Identification badges are not issued until all required forms have been submitted.

6.2.3. Observers return identification badges at the end of the observation experience to the Observation Coordinator.

6.3. Responsibilities of Observers:

6.3.1. Transportation to and from UH.

6.3.2. All costs incurred, including parking and meals.

6.3.3. Sign in and out at Volunteer Services Department, Human Resources, or other designated location for off-site facilities each day of observation experience.

- 6.3.4. **Appropriate attire: Casual business attire is required. Observers do not wear:**
 - 6.3.4.1. Open toed shoes, tank tops, shorts, blue jeans, exposed midriffs, heavy perfume or cologne, dangling jewelry or in-tongue or in-face piercings.
 - 6.3.4.2. Scrubs or lab coats unless required by department and are removed when leaving. Observers who are inappropriately attired are sent home.
- 6.3.5. Observers comply with all appropriate policies and procedures of the clinical area.
- 6.4. **Responsibilities of Observation Coordinator:**
 - 6.4.1. Complete Observation Training course located on GPS. Submit Certificate of Completion to the Volunteer Services Department. Observation Coordinator name will be added to the on-line list of authorized Observation Coordinators.
 - 6.4.2. Provide observers with all necessary application paperwork and submit completed application to the Volunteer Services Department. Verify compliance with Observation Program requirements.
 - 6.4.3. Ensure that Observers have supervision and give advance notice to the appropriate departmental workforce members who will have contact with and/or responsibility for the Observer. The department manager may opt to interview the student prior to the observation experience.
NOTE: For Observers to be permitted to be present during a surgery or delivery, the patient to be observed is required to sign a patient consent form before receiving sedation and is otherwise competent to give consent. The patient consent form becomes part of the patient's chart.
NOTE: If the patient refuses to give consent, the Observer is not permitted to observe the patient.
 - 6.4.4. Provide Observers with guidance as to appropriate attire. Inappropriately attired Observers are sent home.
 - 6.4.5. Provide department-specific orientation.
 - 6.4.6. Ensure Observer is accompanied by staff at all times.
 - 6.4.7. Complete Observer progress reports/final evaluations for school as requested.
 - 6.4.8. Collect Observer badge at conclusion of observation.
- 6.5. **Responsibilities of Volunteer Services or Human Resources:**
 - 6.5.1. Verify compliance with Observation Program requirements.
 - 6.5.2. Provide Observation Coordinator with necessary forms.
 - 6.5.3. Provide Observation Coordinator with an identification badge for the observer and documentation of observation experience if requested.
 - 6.5.4. Design orientation training materials to be used by Observation Coordinator for orientation of Observer to UH entity.
 - 6.5.5. Assist with corrective action if a student's performance, behavior and/or dress are not appropriate.
 - 6.5.6. Complete hour record if requested.
- 6.6. **Operating Room Procedure:**
 - 6.6.1. The OR instructor or manager:

- 6.6.1.1. Ensures that all requirements for the Observation Program have been met (including that Patient Consent has been obtained by the surgeon and the signed form has been placed in the patient's medical record).
 - 6.6.1.2. Prepares the Observers for observing a surgery.
NOTE: Any observer participating in an OR experience at UH is required to view the OR Training and complete the OR quiz before his or her experience.
 - 6.6.1.3. Obtains surgeon's approval for Observer to be present.
 - 6.6.1.4. Allows only 2 observers to be present in any OR at any time. This includes all those in the OR observing the surgery.
 - 6.6.1.5. Ensures that Observer does not enter OR until the patient is prepped and draped.
 - 6.6.1.6. Determines the number of observational experiences in the OR if Observer is over 21 years of age.
 - 6.6.1.7. Can limit the amount of time the observer can be in the OR.
 - 6.6.1.8. Does not permit Observer to scrub in at the field.
- 6.7. **Surgeons, anesthesiologists and nurses who sponsor Observers:**
- 6.7.1. Comply with this policy. There are no exceptions.
 - 6.7.2. Assume responsibility at all times for the Observer. Observer is allowed in the operating room after the patient is prepped and draped and only during the time the surgeon or anesthesiologist is present.
 - 6.7.3. Obtains a written consent for each patient the Observer is to observe using the Patient Consent Form ([Attachment E](#)).
Note: If the patient refuses to give consent, the Observer is not permitted to observe the patient. Observers are not permitted to ask the patient for his or her consent. This is the responsibility of the surgeon or other staff member.
 - 6.7.4. The signed patient consent is required to be in the patient's medical record before the Observer is permitted into the OR.
- 6.8. **Labor and Delivery Room (L & D) Procedure:**
- 6.8.1. **L & D Manager:**
 - 6.8.1.1. Ensures that all Observer Program requirements have been met prior to the observation experience.
 - 6.8.1.2. Assigns responsibility for precepting the students to a workforce member.
 - 6.8.2. **L & D preceptor:** The preceptor prepares the Observer for the experience and ensures that no Observer enters L & D unless he/she has on file in the Volunteer Services or Human Resources office, a completed Observer application, signed waivers and confidentiality agreements and/or signed parental permission if under 18 years of age. The preceptor also obtains the obstetrician's approval for the Observer to be present.
 - 6.8.3. There is no formal orientation class in L & D.
 - 6.8.4. The Observer's sponsor is responsible for orienting the student appropriately to the area.
 - 6.8.5. Any physician, anesthesiologist or nurse who sponsors an Observer in L & D complies with this policy. There are no exceptions.

6.8.6. The physician, anesthetist or nurse obtains a written consent for each patient the Observer sees using the Patient Consent Form ([Attachment E](#)).

NOTE: If the patient refuses to give consent, the Observer is not permitted to observe the patient.

6.9. Observer's Privacy and Confidentiality:

6.9.1. The Observer's participation in the Observation Program is not protected under the Family Educational Rights and Privacy Act (FERPA) or otherwise. Program participation and any documents relating to FERPA are not considered to be an education record.

6.9.2. Any documentation that is forwarded from the UH entity to the school is routed through the Observation Coordinator.

6.10. Orientation and Health Screening:

6.10.1. Observers are required to complete a self study orientation packet prior to the observation project.

6.10.2. As part of the orientation, all Observers must complete the orientation review ([Attachment D](#)).

¹ Observer: Any high school, college, post-secondary student, or other coming on the premises to observe in any UH department who is not a student rotating for clinical training under a written Affiliation Agreement with the student's school. Affiliation Agreements are only made with schools of medicine, nursing and accredited allied health or community programs/schools. See also policy GM-7, Guest Observers in the UH Policy & Procedure Manual.

² Workforce member: An employee, volunteer, trainee, or other person whose conduct, in the performance of work for a UH entity, is under the direct control of such entity, whether or not he or she is paid by UH.

Attachments

A. Application Form

B. Sponsor Form

C. Consent for Participation and Confidentiality Agreement

D. Orientation Review

E. Patient Consent Form

Electronically approved by Tom Zenty, President and CEO of UH – June 26, 2019
Electronically approved by Ronald Dziedzicki, Chief Operating Officer – June 26, 2019

ATTACHMENT A



OBSERVATION APPLICATION FORM

| | | | |
|---|------------------|--|----------------------------|
| PERSONAL INFORMATION | | | |
| Name _____ | | Date of Birth (include year if under 18) _____ | |
| Home Address _____ | | City, State _____ | Zip Code _____ |
| Home Phone _____ | Cell Phone _____ | E-mail _____ | |
| Emergency Contact _____ | Home _____ | Work _____ | Cell _____ |
| PROJECT INFORMATION | | | |
| Project area _____ | Start date _____ | End date _____ | # of hours requested _____ |
| Please describe why you are interested in doing an observation in this area: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| I certify that the statements made in this Observation application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the hospital from any liability whatsoever for supplying such information. | | | |
| Signature _____ | | Date _____ | |
| **NOTE** IF YOU ARE UNDER THE AGE OF 18, A PARENT OR GUARDIAN MUST SIGN THE FOLLOWING STATEMENT OF CONSENT: | | | |
| I give consent for my daughter/son to participate in University Hospitals Observation Program. I authorize University Hospitals' physicians to administer medical treatment in case of emergency. I will encourage my daughter/son to be prompt and dependable in her/his service at University Hospitals. I understand that all UH observers are required to have a TB test and some areas may require additional health screenings. | | | |
| Printed Name _____ | | Signature _____ | Date _____ |

ATTACHMENT C



CONSENT FOR PARTICIPATION IN OBSERVATION PROGRAM AND CONFIDENTIALITY AGREEMENT

I understand that I/my child have/has been selected to participate in the Observation Program (the “Program”) at University Hospitals Health System (“Hospital”). I understand that, in participating the Program, I/my child will be exposed to the normal risks of any hospital visitor, as well as possible additional risks that arise because I/my child will be in patient care areas and observing patient care.

I understand and agree that I waive, for myself, my child, and any heirs and/or assigns, any and all claims, including any negligence claims which I or my child might have against the Hospital, or its agents or representatives, in any way arising from or relating to the Program, except for claims arising out of the gross negligence or reckless or willful misconduct of Hospital or its agents, or representatives. I hereby agree that I will not sue Hospital on behalf of myself or my child, nor will my child sue on his/her own behalf, and release Hospital from any claims I/my child, may have against it except for gross negligence or willful or reckless misconduct on the part of Hospital, its trustees, officers, agents, and employees.

In the event of exposure to blood or other bodily fluids from a patient who is a carrier of a contagious or infectious disease or a patient who is, in the judgment of Hospital, at risk of carrying a contagious or infectious disease, Hospital shall, with my consent, administer immediate precautionary treatment to me/my child that is consistent with current medical practice without any further consent from me. I shall pay for the initial screening tests or prophylactic medical treatments should the need arise. Hospital shall have no responsibility for any further diagnosis, medication or treatment and I acknowledge and assume the risk of me/my child observing or being in the immediate presence of patients at risk of carrying a contagious or infectious disease.

I certify that I/my child has no known physical or mental illness or condition, including any contagious disease, which could be detrimental to the welfare or interfere with the care of any of Hospital’s patients or staff. I certify that I/my child am/is currently covered by health care insurance or Medicaid and that it shall remain in effect through the end of my/my child’s participation in the Program.

I understand that the Hospital will not provide transportation or meals for me/my child while I/my child participates in the Program and that these expenses must be borne by me.

I understand that the Hospital does not view this observational experience as an educational record and I/my child will be given no confidentiality considerations under the Family Educational Rights and Privacy Act (“FERPA”).

I/my child will wear appropriate attire for this Program. Participants may not wear open toe shoes, sleeveless shirts, jeans, exposed midriffs, heavy perfume or cologne, dangling jewelry, or jewelry in tongue or face piercings. I/my child will not be permitted to remain at the Hospital unless dressed appropriately.

I understand the following:

Confidential means that something is to be kept private or secret; that it is not to be repeated to anyone or given to anyone.

Confidential Information means any and all information that I may learn about a patient at University Hospitals Health System. This information is automatically private or secret. Confidential information about a patient includes: name, address, diagnosis, medical information, medical notes, resumes, pictures, and medical records including x-rays and medicines, as well as any descriptive that could cause any person to become aware of the identity of a patient. Confidential Information also includes the name of any person at UH who is not a UH employee or volunteer, because all patients are not easily identifiable by where they are in UH or how they are dressed..

Disclosure means sharing or telling someone something I know about someone that is private or confidential.

Nondisclosure means not sharing or telling someone something. It means not to write, speak, or gossip about any patient I see or talk to at University Hospitals Health System.

Please read and sign on next page →

ATTACHMENT C (cont.)

Consent for Participation in Observation Program and Confidentiality Agreement

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I understand that while I/my child am/is in the Hospital, I/my child may obtain Confidential Information about Hospital's patients. I understand for myself/I shall instruct my child that Program participants are to maintain in strict confidence all information and data relating to Hospital's patients, and shall not disclose such information to any third party, including any family member or friend, under any circumstances. Additionally, Confidential Information is not to be removed from the Hospital or discussed with other participants in the same Program. I understand for myself/I will instruct my child that patient confidentiality is of such great importance that it is never to be disclosed to anyone outside of the Hospital no matter how long after participating in the Program.

By signing this form I agree that I have read, understand, and agree to the terms in both pages of this consent form and confidentiality agreement, or, in the alternative, that I have read this form to my child and he/she understands and agrees to its terms. I give my full consent to my/my child's participation in the Observation Program at University Hospitals Health System.

Observer:

| | | |
|------------|-----------------------|------|
| Print Name | Signature of Observer | Date |
|------------|-----------------------|------|

| | |
|----------------|----------------|
| Street Address | City/State/Zip |
|----------------|----------------|

Name of School

Print full name and address of parent/legal guardian if different from Student:

| | | |
|------------|---------------------------------------|------|
| Print Name | Signature of Parent or Legal Guardian | Date |
|------------|---------------------------------------|------|

| | |
|----------------|----------------|
| Street Address | City/State/Zip |
|----------------|----------------|



ATTACHMENT D

OBSERVATION REVIEW

Name _____

Observation Area _____

1. What procedure should you follow if you see smoke or fire?
(A) Race, Ask, Contact, Evaluate
(B) Pull, Activate, Send, Signal
(C) Rescue, Activate, Confine, Exit/Extinguish
(D) Pull, Aim, Squeeze, Sweep
2. What number would you call for the Hospital Security Department?
(A) 411
(B) 74444
(C) 4357
(D) 911
3. At St. John Medical Center, you would find a fire pull station or fire extinguisher near a(n):
(A) Elevator
(B) Exit Door
(C) Stairwell
(D) All 3 locations
4. **T F** The single most important thing to do to reduce the risk of infection is hand washing.
5. You learn one of your neighbors is a patient. What can you tell other neighbors about his/her condition?
6. A patient is thirsty and asks you for something to drink. What should you do?
7. **T F** Patient information is confidential and should not be shared. What you see here and hear here stays here when you leave here.

ATTACHMENT D (cont.)

OBSERVATION REVIEW MANUAL

CONFIDENTIALITY

As an observer, you are governed by the same code of ethics that applies to physicians, nurses, and all other hospital employees. Patients expect the hospital to keep their charts, medical information, and even the fact that they are in the hospital confidential. This understanding between the patient and hospital is an implied contractual agreement and is legally enforceable through HIPAA (the Health Insurance Portability and Accountability Act of 1996).

All observers are required to sign a statement about patient confidentiality (Attachment C) that becomes part of your permanent record.

Remember:

- Leave all patient information where it belongs: in the hospital
- You will be provided information concerning patients on a “need to know” basis only
- Do not leave written information unguarded. Destroy such materials before leaving the area
- To say anything about a patient is to say too much

INFECTION CONTROL

Hand washing is the single most effective method of preventing transmission of infections. Hand washing is a 15 to 30 second process. Use a paper towel to turn off the faucet after drying hands.

Observers should never enter a room of a patient who is in isolation unless authorized by a sponsor and then, only after the necessary precautions have been explained. It is important to always observe the signage on the door.

FIRE SAFETY

The term **CODE RED** means fire. For fire or medical emergency, call **x74444**.

The letters **RACE** tell you how to proceed in a fire emergency:

Rescue anyone in need and clear the corridors

Activate the fire alarm by pulling the alarm pull station and call **x74444**

Confine smoke and fire by closing all doors

Exit the area of extinguish the fire only if you do it without danger to yourself

SECURITY/PROTECTIVE SERVICES

The Security Department is on duty 24 hours a day, 7 days a week. If you see something suspicious or need assistance, use a hospital phone and dial x75044.

ATTACHMENT E



PATIENT CONSENT FOR PRESENCE OF OBSERVER

Students from local schools and select community members are participating in the University Hospitals Health System Observation Program (the "Program"). The Program is designed to teach individuals about healthcare and healthcare career opportunities.

Individuals selected to participate in the Program meet all of the hospital's Program requirements.

THE HOSPITAL IS REQUESTING YOUR CONSENT TO PERMIT THIS OBSERVER, IDENTIFIED BELOW, TO SPEND SOME TIME WITH YOU DURING YOUR HOSPITALIZATION.

Both the individual identified below and his/her parent (when applicable) have signed a statement stating that they understand that the individual is to maintain in strict confidence all information and data relating to the hospital's patients, and that the student is not to disclose such information to any third party, including his/her family and friends, under any circumstances.

The consent applies only for the dates set forth below.

I understand that the individual who is assigned to me is:

Name: _____ School: _____

Home Address: _____ City: _____

Dates student will be observing: _____

I am not currently under the influence of any medication or sedation that would affect my mental ability to understand what I am reading or consenting to and I am freely making the decision whether or not to participate in the Program.

I understand that I have the right to refuse a participant of the Observation Program from observing me, and I can either say that I do not want an observer or not sign this Consent. Not signing this Consent is the same as a refusal and the hospital will honor my wishes. I understand that having an observer, or not having an observer, will not affect my care in any way at this hospital.

I CONSENT TO HAVING AN OBSERVER:

(Circle One) YES NO

Signed: _____ Date: _____ Time: _____

Print Patient Name: _____ Relationship to Patient: _____

Witness: _____ Date: _____ Time: _____