

Observation/Authorized Guest Agreement

Observer/
Authorized Guest Arushri Swarup
(First Name) (Last Name)

Sponsor's Name: David Pothier
(First Name) (Last Name)

Department/Division: Department of otolaryngology Head and Neck Surgery

Area ☒ Operating Room ☐ Clinical Setting

Site: ☒ TG ☐ PM ☐ TW ☐ TR

Start Date: 13-Jun-2017 End Date: 27-Jun-2017

All Observers/Authorized Guests Must Read and Complete the Following Information

University Health Network ("UHN") supports visiting Observers and Authorized Guests who desire to gain medical knowledge during the observation of patient care procedures and activities at UHN. In exchange for this observation experience, the Observer/Authorized Guest has read, understood and agrees to the following terms and conditions:

1. Observer/Authorized Guest understands and agrees that s/he must be accompanied by the Sponsor when observing patient care activities and that s/he is not allowed independent access to patients or patient records (electronic or hard copy), any UHN financial records or any computer or operating systems. Observer/Authorized Guest agrees to comply with all UHN identification procedures which may include wearing an observer badge with photo ID. Observer/Authorized Guest and Sponsor will clearly identify the Observer/Authorized Guest to all patients encountered and observation of patient care activities will only occur after the patient has given permission for the Observer/Authorized Guest to be present.
2. Observer/Authorized Guest has read, understands and agrees to comply with all applicable policies and procedures of UHN, including but not limited to the UHN External Observer/Authorized Guest Policy. Observer/Authorized Guest agrees not to 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 observation experience. Observer/Authorized Guest agrees to follow the requirements of Personal Health Information Protection Act (PHIPA) to the extent applicable and acknowledges the obligation to protect patient confidentiality forever, even after the observation period has expired. Observer/Authorized Guest will sign a separate Observer/Authorized Guest Confidentiality Agreement outlining Observer/Authorized Guest confidentiality obligations in greater detail.
3. Observer/Authorized Guest understands that s/he will not provide medical care to patients during the observation period. Observer/Authorized Guest understands that medical care includes, but is not limited to performing any of the following functions: taking a medical history; performing a physical examination; diagnosing or treating a patient's condition; prescribing or administering drugs; writing notes or orders in a patient's chart; performing or assisting in a surgical procedure; or billing for services rendered. Observer/Authorized Guest further acknowledges that providing medical care to patients in violation of this Agreement may result in civil liability, licensing sanctions or criminal penalties. Observer/Authorized Guest agrees to follow all instructions of her/his Sponsor or other members of the clinical team and understands that failure to do so may result in the termination of this Observer/Authorized Guest Agreement by UHN.