

Observer Name: _____

Badge Number: _____

Start Date: _____



**MEDICAL STAFF SERVICES (MSS) AND GRADUATE MEDICAL EDUCATION (GME)
OBSERVER INFORMATION AND REQUIRED DOCUMENTATION**

MSS Processes the Following Observer Requests:

Medical Students (outside the United States)

High School Students

Residency and Internship Programs NOT in the United States

Physician Assistant Programs not contracted with Banner Health

Physicians not members of B—UMCP

Contact: Medical Staff: Gabrielle.Rodriguez@Bannerhealth.com

GME Processes the following Observer Requests:

Medical Students

Residency and Internship Programs in the United States

Contact: Jennifer Miller, Jennifer.miller9@bannerhealth.com

Completed applications should be submitted to the appropriate contact as noted above. **Only completed applications will be accepted and they must be submitted at least 72 hours prior to the scheduled observation.** Observation requests are approved for a specific date(s) or time not to exceed two months.

Upon approval, the applicant must present Government issued ID in MSS or GME. An observer badge will be issued which must be returned at the completion of the observation.

REQUIRED DOCUMENTATION FOR A COMPLETE OBSERVER REQUEST

The following documents are required to be considered a complete application:

1. Observer Application (must include specific date and time) _____
2. Observer Confidentiality Agreement _____
3. Observer Sponsor Form _____
4. Documentation of TB _____ (Must be within the last 12 months)
5. Documentation of Flu vaccination _____ (during flu season)
6. Government issued ID _____

OBSERVER APPLICATION

This form should be submitted at least 24 hours prior to potential observance.

Name: _____

Organizational affiliation (if applicable): _____

Address: _____

Telephone: _____ Email: _____

Date of Proposed Visit: _____

Hours/Duration of Proposed Visit: _____

Purpose of Proposed Visit: _____

BH Facility Department(s) Visiting:

Sponsor of Observer: _____

Phone: _____ Email: _____

Department Director(s) decision on application to observe:

Department: _____ Director: _____

Approved or Denied

Reason for decision: _____

Practice Administrator/Executive Director decision on application to observe:

Department: _____ Signature: _____

Approved or Denied

Reason for decision: _____

Administration, or designee decision on application to observe:

Name: _____ Signature: _____

Approved or Denied

Date: _____

Reason for decision: _____

OBSERVER CONFIDENTIALITY AGREEMENT

Name: _____

Organizational affiliation (if applicable): _____

Address: _____

Day-time phone: _____ Email: _____

If proposed Observer is a minor, name of the minor's parent: _____

Address, day-time phone number, and email if different from above: _____



I understand that I may incidentally see or hear confidential patient information when I visit the BH facility. If I see or hear any information about BH facility patients, I will respect patient confidentiality and I will not share, discuss, or release that information to anyone else without the written permission of the BH facility and the patient, when required.

I will not take any pictures while at the BH facility (including with my cell phone) and I will not make any audio or video records while at the BH facility.

I will follow all directions of BH facility personnel while I am a visitor at the BH facility. I will leave a patient care area, or the facility, immediately upon the request of BH facility personnel or any physician.

If I am visiting an operating room, I will not scrub in, enter a sterile field, touch or open sterile products, touch a patient, participate in patient care, or operate equipment associated with medical treatment, including EHR systems.

I will not go anywhere in the BH facility without my Sponsor or an Escort by BH facility personnel.

I understand that if I do not follow these requirements, I may be asked to leave the BH facility and I may not be allowed to return.

* If I am the parent of the Observer, I am responsible for my child following these requirements. I will not allow my child to participate as an Observer unless I believe that my child understands and will follow these requirements.

Signature of Observer

Date

* _____
If Observer is a minor, Signature of Parent

Date

SPONSOR OF OBSERVER AGREEMENT

Name of Observer I will sponsor: _____

As the sponsor of this Observer, I understand that I am responsible to understand and comply with all requirements and obligations of Banner Health Policy 380, the *Banner Health Observer Policy* ("the Policy"), and for the Observer's conduct in the BH facility.

I acknowledge:

The Observer may only observe. The Observer may not assist a healthcare provider in any way. If the Observer visits an operating room, he/she may not scrub in, enter a sterile field, open sterile products, touch the patient, participate in patient care, or operate equipment associated with a medical procedure.

The Observer must check in at the facility and be issued a badge prior to the Observation experience.

The Observer must be accompanied by BH personnel while in the BH facility.

I agree, as the Sponsor of the Observer, that I am responsible for the Observer's conduct in the BH facility as set forth in the Policy. I will not allow the Observer to see or hear patient information except as permitted by the Privacy Rules, BH policies and procedures and as necessary for the purposes of the visit. I will not leave the Observer unattended without an Escort and I will ensure that any Escort of the Observer understands the requirements of the Policy. I understand that if I do not follow these requirements, I may be subject to adverse personnel action of medical staff peer review.

Signature: _____ Date: _____

Print Name: _____