I understand the importance of maintaining the privacy of all confidential medical information I may encounter during my job shadowing experience and agree to maintain patient confidentiality. I recognize that I may be exposed to potential risks as a result of this activity and will not hold OrthoNebraska liable for any risks as a result of this activity.

- I understand that during and following my job shadow experience, patients' names and illnesses are never to be
  mentioned to anyone inside or outside of the OrthoNebraska, except to the staff member or provider I am
  shadowing with.
- I understand that I should not read any paper or other record relating to a patient unless specifically directed to by the staff member or provider with whom I am shadowing. I will follow directions carefully.
- I agree to follow all the job shadowing guidelines shared with me. I understand that I may be withdrawn from participation at any time by the staff member or provider if in his/her sole discretion it is determined it to be in the best interest of OrthoNebraska or it patients.

Name (Print)	Signature	Date
Parental/Guardian Participation Conse	ent	
If participant is not 19 years of age		
(Name)	red the job shadowing guidelines with medical information he/she may encoob shadowing offers a significant benesin the medical field. In consideration ability arising from my child's failure to	ounter during the course of his/her job efit to my child in terms of first-hand n for this benefit, I agree to hold harmless
Parent/Guardian Signature	Relationship to participant	Date

## **Participant Agreement/Code of Conduct**

As a participant in the OrthoNebraska Job Shadowing program:

- 1. I will arrive promptly.
- 2. I will behave in an appropriate, and courteous manner at all times.
- 3. I will dress and act professionally.
- 4. I will respect patient's right to refuse to have an observer present.
- 5. Treat all patients and staff with respect and dignity, regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
- 6. I will be respectful in my interactions with patients, providers and other staff members.
- 7. I understand that I am to leave all valuables at home.
- 8. I understand that any use of a cellular device is prohibited.
- 9. Maintain strict confidentiality and privacy about patient information.
- 10. I understand I am to remain home if I am ill; and will notify the job shadowing coordinator of my absence.
- 11. I will not touch the patients or medical equipment. This experience is observational only.
- 12. I understand I do not have medical record or chart access. Job shadow participants are not permitted to review medical records at any time during their shadowing experience.
- 13. I will not approach physicians about personal illness or medications.
- 14. I will not be permitted in areas of contamination such as isolation rooms, soiled linen areas, or sterile processing.

Name (Print)	Signature	Date