



UCHealth Observership Contract

Introduction

This agreement provides an understanding regarding a supervised Observership at UCHealth. This contract does not cover any individual enrolled in a formal educational program that requires a clinical affiliation agreement. This agreement covers individuals observing and learning at UCHealth. **Observership participants must not be engaged in any form of patient care or hospital procedures; clinical or non-clinical in nature. Regulations prevent observers from having involvement in any form of volunteer research.**

Term and Renewal

This agreement covers _____ (Observer name) and _____ (Sponsor name,) and will remain in effect for the time period beginning on _____ (date) and ending on _____ (date) for approximately _____ (total number) hours of observation.

Employment Status

Both parties agree that the individual participating in this experience is in the role of an Observer, and is not an employee of UCHealth while participating in this program. Participation in this program is solely for the purpose of engaging in a voluntary Observership.

Responsibilities of UCHealth

UCHealth is responsible for confirming all mandatory elements are complete at least 1 month prior to the scheduled Observership.

- UCHealth will provide a supervised educational experience according to agreed-upon objectives.
- UCHealth retains the right to terminate the educational experience when violations of UCHealth rules, regulations, policies or procedures occur. UCHealth reserves the right to take immediate action when necessary to maintain operation of its facilities free from interruption.
- UCHealth will track observation hours.
- In the event of an onset of illness or injury during the Observership, appropriate emergency care, as provided to employees, will be provided to the visiting individual by UCHealth. The Observership participant agrees to maintain insurance coverage during the observation period and the participant will be liable for the cost of such care and obtaining appropriate follow-up care, if needed.

Responsibilities of the Observership participant

It is understood that the Observership with UCHealth must not interfere with the primary mission of the care and treatment of patients, which shall remain the responsibility of UCHealth. The Observer is required to adhere to UCHealth rules, regulations, policies and procedures while on its premises, including all policies related to the Observership policy, confidentiality, patient rights and responsibilities, and ethical conduct.

Compliance with laws and regulations

Services covered by this agreement shall be and shall remain in compliance with the Health Information Privacy and Protection Act (HIPAA,) all applicable federal, state and local laws and regulations, and Joint Commission on Accreditation of Healthcare Organizations standards.

Confidentiality

Performance of health care services includes a duty by UCHealth to safeguard certain information, including, but not limited to patient information, from inappropriate disclosure. Therefore, access to UCHealth information shall be strictly limited for visiting individuals. Participants may not have access to EPIC and may not remove any PHI from UCHealth premises.

Observer Attestation

The individual coming to UCHealth for an Observership experience is required to do the following and attest to the conditions of this contract for Observership participation by initialing in agreement as follows:

- Will arrange the educational experience and complete the Observership application process with all requirements approved at least 1 month prior to the start date of the Observership. _____
- Complete an online UCHealth University of Colorado Hospital orientation and complete the orientation process. This orientation includes regulatory information on hand hygiene, codes, diversity, and UCHealth University of Colorado Hospital patient safety procedures. _____
- Complete a UCHealth HIPAA test and sign the HIPAA Confidentiality Agreement. _____
- Dress in business casual, conservative, appropriate attire. White coats are not allowed to be worn at any time while on a UCHealth campus. Nothing is to be worn which might suggest the observer is a provider or in training as a provider during their Observership. _____

- Wear a UCHealth University of Colorado Hospital issued ID badge at all times while on the premises. The badge will clearly state the wearer is in the Observership program. For security, the badge must be returned to the Volunteer Services and Shadowing office at the conclusion of the Observership. _____
- Agrees to be in the presence of the Sponsor or the Sponsor designee at all times while in a UCHealth connected facility. _____
- Defer from participating in the Observership program when experiencing an infectious disease condition including cough, runny nose, sneezing, sore throat, rash, flu, diarrhea, vomiting, or when other diseases that are communicable are present. _____
- Adhere to hand hygiene before and after each patient encounter consistent with UCHealth standards. _____
- Keep cell phone out of sight of patients, staff or providers. Phone should be silenced at all times. Agree not to take photos, video, or record any conversations while on UCHealth premises. Cell phones will not be carried into an operating room. _____
- The Observer may not document in a medical record nor access a medical record. No portion of the medical record or patient information may be removed from UCHealth University of Colorado Hospital or any Denver metro area clinic. _____
- For safety, the Observership participant will document time at Volunteer Services and Shadowing office and/or remotely with specific agreement. _____

Sponsor Attestation

The Sponsor for this Observership participant will ensure compliance with the requirements and attest to the conditions of this contract by initialing the statements below.

- Will assume responsibility for the Observer's behavior and compliance with the UCHealth policies and UCHealth Standard of Performance. The Observer will be in the presence of the Sponsor or the Sponsor designee for the entirety of the experience. _____
- Responsible for ensuring patient and visitor safety, patient confidentiality, and the protection of UCHealth proprietary information. The Observer will not have access to Protected Patient Information, EPIC, or remove any PHI information from the facility. _____
- Will be responsible to communicate with leadership and obtain all required signatures for the Observership contract. If Observership will include multiple facilities, the Sponsor will communicate with those facilities, follow their Shadowing/Observership processes, and submit information about the planned schedule dates. The Volunteer Services and Shadowing office will receive a copy. _____
- Must obtain permission from the patient prior to the Observership participant being in the presence of a patient. The patient has the right to refuse to have an Observership participant present for any aspect of care delivery. _____



- An Observership does not allow the participant to provide care, consult on care or participate in providing care of any kind, clinical or nonclinical including research.
- At the conclusion of the Observership experience the participant must return their UCHealth badge. The Sponsor is responsible for assuring that the Observership badge is returned to avoid a security issue.

All signatures are required. The signatures indicate the signer has read through the Observership document and understands the expectations of the program. The Leadership signer has considered the UCHealth plan for usage and does not believe this Observer will affect patient care or learning for scheduled professional students.

_____ Observer Participant Printed Name	_____ Observer Participant Signature	_____ Date
_____ UCHealth Sponsor Printed Name & Title	_____ UCHealth Sponsor Signature	_____ Date
_____ Clinical Manager Printed Name & Title	_____ Clinical Manager Signature	_____ Date
_____ Clinical Dept. Chair Printed Name & Title	_____ Clinical Dept. Chair Signature	_____ Date

Please return completed document to uchshadowing@uchealth.org or upload to the Observership application at <https://uclive.vsyslive.com>.