



Job Shadow Agreement

General Information:

- Please do not park close to the buildings, we reserve those spots for our patients.
- You will be required to sign a confidentiality statement.
- You must sign in at the greeter's desk and a "Visitor" badge must be worn at all times .
- Smoking/vaping is prohibited on all OSS Health campuses.
- We are a scent free facility; please do not use perfumes, colognes, strong soaps or fabric softeners, etc.
- **Cell phones must be turned off and stored away during shadowing.**
- Photo taking is not permitted at any time.
- You will be accompanied by a staff member at all times.
- Shadowing is strictly observation only. **You are not permitted to assist in any way.**
- Patient's consent is required for observations. Patients have a right to decline. If this occurs, you will be asked to step out of the treatment area.
- Patient safety comes first. Your shadowing mentor will determine which activities are appropriate for your observation.
- **If you have an active infection** on the day that you are scheduled to job shadow, such as a cold, flu, conjunctivitis, measles, mumps, or chicken pox, **please reschedule**.

If you have any concerns or issues while you are shadowing, please discuss them with your mentor or the supervisor in your shadowing area.

I would like to participate in a Job Shadow Experience at OSS Health.

I understand that job shadowing is an observation experience only, and that no work is to be performed.

At the start of my job shadowing, I will be assigned to a mentor who will lead me through the day. They will discuss a typical workday and identify the skills that are needed for working in the healthcare setting. I will abide by all policies, rules and regulations of OSS Health and follow the direction of the mentor to whom I am assigned.

Liability Release:

I release OSS Health and its employees and contracted staff from any claim or liability arising from my participation in the job shadowing program. I understand that I must provide my own transportation to/from the OSS Health location.

Dress Code:

It is your responsibility to be neat and well-groomed and present a professional appearance and attitude at all times. Appropriate attire in the areas you will be shadowing is business casual (ex: dress pants or slacks that are similar to Dockers and a polo shirt, collared dress shirt, blouse, sweater or cardigan). Clean, presentable tennis shoes or any other comfortable closed-toed shoes are recommended (No low cut shirts, midriff tops, tank tops, miniskirts, shorts, sundresses, sandals or flip flops). Your appropriate attire and professionalism are very important to us. Each OSS Health facility and department does reserve the right to impose a different dress code as appropriate during the shadow experience.

Authorization for Medical Treatment:

I hereby authorize OSS Health to provide emergency or urgent medical treatment as deemed advisable by any professional healthcare provider on the staff of OSS Health. OSS Health will not be responsible for the costs of such medical treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care required, and that OSS Health will rely on this authorization only in the event of any emergency or urgent situation. In the case of a minor student, every effort will be made to contact the



parent/guardian listed as the emergency contact prior to treatment, and the consent will only be used at a time when the parent/guardian consent may not be available.

Customer Service, Inclusion and Respect:

OSS Health has a mission of ensuring that inclusion is at the core of what we do every day. Inclusion begins with a core belief that everyone deserves dignity and respect. It is the policy of OSS Health to promote an environment free from verbal or physical violence and harassment in the workplace or anywhere on our campuses, and to provide access to immediate assistance in the event of an incident involving potential harm to patients, visitors, and employees.

Cultural Awareness:

Understanding and respecting patients' cultural values, beliefs and practices are important. A patient's ethnic or religious affiliation and/or gender identity may affect how they view healthcare.

Confidentiality of Patient Information:

Patients have the right that their information is kept confidential. As such, OSS Health considers that all patient information is confidential. Additionally, both federal and state law requires OSS Health to keep patient information confidential (including mental health, HIV, and drug and alcohol related treatment information).

Confidential patient information includes such things as:

- The patient's name and other general information about the patient
- The patient's diagnosis and other medical conditions that the patient may have
- Treatments, tests and medications that the patient receives
- Information in the patient's medical record, contained in OSS Health's computer systems or other information that might be posted in the patient's room

As part of the job shadowing program, I understand that I will be in a facility where patients are being treated. Additionally, as a part of the job shadowing program, I may take tours and/or be provided with demonstrations. I understand that through the course of the job shadowing program, tours or demonstrations, I may come into contact with patient information. I understand that OSS Health is obligated under both federal and state law to keep patient information confidential. I further understand that if I encounter patient information through the course of the job shadowing program, tours, or demonstrations, it is solely for the purpose of demonstrating concepts of principles, and not for the purpose of disclosing the patient's information, condition, diagnosis or treatment.

I agree to have my cell phone and other electronics turned off and stored away during shadowing. I agree that I will not attempt to view any patient information. I also agree that I will not copy or otherwise remove any patient information from the facility. Additionally, I agree that I will not disclose to others any patient information that I may come into contact with during shadowing.

Removal from the Job Shadow Program:

I understand that OSS Health may remove me from the job shadowing program at any time, for any reason, or no reason at all. This includes, but is not limited to:

- My failure to abide by the terms of this agreement or OSS Health policies;
- My failure to act in a responsible and mature manner; or
- If OSS Health believes it is in my best interest, or the best interest of its patients or staff.



Job Shadow Agreement Signature Page:

By signing below, I agree to the terms outlined in the Job Shadow Agreement and verify that I am at least a senior in high school and at least 17 years old.

Signature of Job Shadow participant: _____

Participant Printed Name: _____ Date: _____

(Signature of Parent/Guardian required if less than 18 years old)

Signature of Parent/Guardian _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Phone (work) _____ (cell or home phone) _____