



## One Day Job Shadow Form

### Shadower Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Supervisor Information

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Leader Signature: \_\_\_\_\_

### Observation Schedule:

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Observation Hours (not to exceed 8): \_\_\_\_\_

### HIPAA and Social Networking Guidelines

I have been trained on the rules and regulations of HIPAA, confidentiality and appropriate social networking use. I understand that I should refer to the HIPAA Handbook provided or contact my hosting department with any questions or concerns regarding HIPAA Privacy Regulations and how they specifically affect my observation experience.

### Statement of Confidentiality

During my observation experience, I may be exposed to information that is considered strictly confidential. This includes information relating to patients, their condition and their families. I understand that this information is not to be discussed with other patients, visitors, my family or my friends. I agree to honor this confidentiality agreement during and after my time spent observing at Le Bonheur Children's Hospital.

### Infection Prevention

To reduce the risk of infection, I recognize the importance of utilizing safe practices during my observations. This includes washing and/or sanitizing my hands when entering and leaving a room, as well as not entering isolation rooms/areas. If I have a fever, draining lesions on your hands/face/arms, strep throat, cold sores, pink eye, shingles, flu/flu-like symptoms, COVID-19, or exposure to a communicable disease, I will communicate with my supervisor and not participate in that shift.

### Shadower Agreement

By signing below, I understand that all of the following must be completed and honored prior to and during my time as a shadower at Le Bonheur. I acknowledge that my experience may be terminated at any point for not completing and/or not passing any of these requirements:

- Review the Job Shadow Guidelines and Process & HIPAA Privacy Summary.
- Respect that information acquired about patients, families, and hospital personnel is considered confidential.
- Refrain from questioning children and/or families about a child's diagnosis, their plan of care, or offering medical advice.
- Refrain from the use of social media in conjunction with observation experience, including not sharing patient related information or connecting with patients and families.
- Remain with your supervisor or designated escort at all times when not in areas accessible to the public.
- Refrain from engaging in patient care or entering isolation rooms/areas.
- Follow instructions and guidelines as outlined by the appropriate parties associated with Le Bonheur Children's Hospital.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_