



# Regions Hospital

## Emergency Center

### OBSERVER AGREEMENT

Regions Hospital (“Regions”), through its Emergency Medicine Department (the “EMD”) is sponsoring an observation experience (“Observer”) designed to provide a realistic experience of the delivery of emergency medical care and the interaction between physicians and other health care providers collectively (“Providers”) and their patients in an emergency medicine setting (“Program”) by observing emergency care.

\_\_\_\_\_ (“Observer”) desires to participate in the Program and Regions desires to have the Observer participate in the Program. To participate in the Program, Regions requires the Observer or the observer’s parent or legal guardian (“Parent/Guardian”) if the Observer is not of legal age, agree to the terms and conditions of this Agreement.

1. The Observer or Parent/Guardian consents to the Observer’s participation in the Program, and releases Regions and the Department from any liability that may arise as a result of the Observer’s participation in the Program. As a Observer in the Program, Regions will provide the Observer with the most realistic experience of the delivery of emergency medical care and the interaction between Providers and their patients. The Observer will observe many Provider/patient encounters all of them personal. It is imperative that patient confidentiality be observed and respected by the Observer at all times. The Parent/Guardian will inform the Observer, or the Observer is hereby informed of the confidential nature of the patient information, and the Observer is directed to, or the Parent Guardian directs the Observer to, treat such information confidentially under this Agreement.
2. Each patient will be provided an explanation of the Program and the Observer role as an observer. Each patient will be asked for permission for the Observer’s observation. The patient, at any time, may request privacy with the Provider at which time the Observer will be asked not to observe or to leave the room, as the case may be. If at anytime during the Program the Observer personally knows any patient, Regions will excuse the Observer from observing the emergency medical care and any discussion related to the care.
3. If the Observer becomes ill during his/her participation in the Program, Regions will provide medical care for the Observer at the sole expense of the Parent/Guardian or Observer.

Observer observing with \_\_\_\_\_

Period of time this agreement covers: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Observer

\_\_\_\_\_  
Observation Coordinated by

\_\_\_\_\_  
Parent/Guardian Signature (if minor)

\_\_\_\_\_  
Parent/Guardian Printed Name

Observation approved by:

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Department Head/Sr. Administrator/Nurse Manager)