



Dear Applicant,

Welcome to the UCHealth Highlands Ranch Hospital Shadowing Program. UCHealth is very proud of the care provided to our patients. The program builds on UCHealth's desire to educate future clinical, administrative, and research leaders. This opportunity facilitates knowledge sharing in a variety of areas in addition to demonstrating quality and innovation in healthcare.

Shadowing is limited to 12 hours annually and is currently allowed Monday through Friday from the hours of 6:00 am to 6:00 pm.

Shadowing Application Process

- Shadowing is educational only and provides no hands-on experience.
- Shadowers will not physically engage with any patients or advise on any cases.
- This is a voluntary opportunity and cannot be used for school credit.
- Please read the Shadowing documents carefully before submitting your application to ensure you are a good candidate for this program.
- It is the responsibility of the Participant to arrange and confirm their Sponsor and the dates of their observation. Once this has been coordinated it will be reviewed and approved upon receipt and approval of Shadowing submission.

To apply, follow the steps below:

- Please take the time to review the steps carefully before submission. **ALL** required documents, proof of age, and vaccination records must be submitted at one time to be considered. If all completed documents are not properly executed, the entire email will be sent back which may delay processing of your application and shadowing experience.
- Please be aware, Sponsor signatures are required on the Agreement so be mindful of your timing. The agreement must include the date(s) and time(s) of your shadowing as well as your responsibilities and the responsibilities of your Sponsor.
- Completed applications must be submitted a minimum of ten business days prior to the date requested.

Review required information to confirm eligibility:

- Must be 18 years of age and provide proof of age: Driver's license, passport, state identification or visa.
- Season flu vaccination (October – May)
- Varicella, tDap and MMR.
- Negative TB Status or Chest X-Ray (taken within the last 12 months).
- COVID Vaccination series completed at least two weeks prior to applying.

Instructions:

Step One: Find your Sponsor. If you don't have someone in mind, you may go to uchealth.org and at the bottom of that page under Patient Support, you can find a doctor, location and specialty. You will need to contact them directly to inquire if they will allow you to shadow and who your Sponsor will be.

Step Two: Read and complete the material below which contains the orientation information, application, and the agreements. For ease of completion on your computer, the forms have been set up in a PDF containing form fields. You will need to download and save this entire



document to your desktop, and complete the fields. **Save again so you don't lose your entered information.**

Step Three: Send the completed packet to your Sponsor for the required signatures ([Sponsor Agreement Link to Signature Page](#)). Please remind them, that after they sign their portion, **they also must save** on their computer in order to email it back to you. Once received, you can now continue to Step Four.

Step Four: Required additional information:

- Proof of age: Driver's license, passport, state identification or visitor visa.
- Season flu vaccination (October-May).
- Varicella, tDap and MMR vaccines.
- Negative TB Status or Chest X-Ray (taken within the last 12 months).
- COVID Vaccination.

Step Five: Please email this entire document and the additional information upon completion to: melissa.strickland@uchealth.org at least **10 business days prior** to your experience..

In order for your application to be accepted and reviewed, be sure to indicate the facility (Highlands Ranch Hospital or Inverness Ambulatory Surgery Center), department and Sponsor name in the subject line. Multiple emails will not be accepted.

Notification of approval to shadow: You will receive a confirmation that your email has been received. Upon review and determination that the application has been completed and all required documents are acceptable, you and your Sponsor will receive approval. If the application is incomplete or proof of required items are missing approval will not be granted until all items are received.

Shadower responsibility: It is your responsibility to finalize the location and time to meet your Sponsor. This is when you will pick up a Shadowing badge. This badge must be worn during the shadowing experience.

Changes in Shadowing Times Requested:

Shadowing times and days are not to be changed without approval. To change times or days contact melissa.strickland@uchealth.org. These requests are not guaranteed.



Orientation Information

General Safety

UCHealth offers 24/7 Security Services for their facilities. The lots will be patrolled to assess security and compliance. Front doors are locked during evening hours with visitor entry through the Emergency Department entrance.

- Be aware of your surroundings at all times.
- When walking through the parking lot or even on the sidewalk, focus on your walking and avoid distractions such as cell phones. Please do not use your cell phone while driving in the parking lot.
- Report any suspicious persons to Sponsor immediately. Watch for persons in uniforms without identification, even a person in uniform may not belong.
- Leave your valuables at home.
- Do not leave purses or wallets in the open.

Sexual Harassment

Unwelcome behavior of a sexual nature is known as sexual harassment. Sexual harassment is more than just bad manners or unacceptable behavior; it is against the law. Sexual harassment may be verbal, visual, or physical. Although it is often an intentional abuse of power, harassment may simply be due to insensitive behavior. Unwelcome sexual behavior is unacceptable. Verbal harassment can be spoken, which includes unwanted pressure for dates, sexually oriented comments, and jokes based on gender. Visual harassment can be materials brought to the hospital. This includes calendars, posters, and cartoons of a suggestive nature. Physical harassment involves invasion of personal space. It includes cornering, leaning over, brushing against, or touching a co-worker. If you feel you are being harassed, immediately notify your Sponsor.

Emergency assistance:

Emergency codes and the locations are announced on the overhead paging system. When the situation is resolved, an "All Clear" is announced.

If a Shadower observes a need for a medical or non-clinical emergency they should immediately notify their Sponsor. The Sponsor should take appropriate action for the emergency situation.

EMTALA

The Emergency Medical Treatment and Active Labor Act (EMTALA) is a federal law that requires us to provide a medical screening examination for any person who comes to us with an emergent medical condition (including psychiatric). This means any UCHealth property including parking lots and public sidewalks that are part of our property.

- If someone approaches you needing help for a medical condition, notify your Sponsor or another UCHealth Employee so they can call for assistance to get them to the ED.

CODES

Code Yellow: Disaster/Emergency

- Indicates an internal or external disaster.
- Listen to overhead announcement and wait for directions.
- Unless at the hospital, must remain at home until contacted.
- STAY – Sit Tight Awaiting Your call.
- If you hear of an area-wide disaster through the media, follow the STAY rule. Do not report to the hospital unless called to do so.

Code Blue: Cardiac Arrest

- A person has stopped breathing/heart has stopped beating.
- An Emergency Team will respond.
- Stay clear of the area and to the side of the hallway.

Code Pink: Infant/Child Abduction

- Security will respond.
- Staff will look in restrooms and stairwells for someone changing out of scrubs.
- Staff will go to exits – watch for individuals carrying something in which a baby could be concealed. A staff member will look in personal items for infant.
- Don't put yourself in jeopardy, but try to get make, model, color, and license plate number of the car.
- Staff will search their immediate area for the infant/child and/or abductor.
- Departments located near building exits will send staff to observe these locations.

Code Grey: Emergency staff assists

- This is for patients or visitors who are out of control or unruly.
- Listen to location on overhead page.
- Do not go to location.
- If near location, vacate as soon as possible.

Code Silver: Active Shooter

- Listen to location on overhead page.
- Do not go to location.
- If near location, vacate as soon as possible.
- Follow active shooter protocol: Run, Hide, Fight.
- Your first priority is YOURSELF.
- Please use the link below to watch the video **Run, Hide Fight** prior to shadowing.
 - <https://www.youtube.com/watch?v=5VcSwejU2D0>

Code Red: Fire

- Listen for location and directions on overhead page.
- Stay clear of area.
- If near location, vacate as soon as possible.
- Authorized Personnel only are allowed to cross a closed fire door unless instructed.
- Your first priority is YOURSELF.



During a Code Red

- The overhead paging system will announce "Code Red" and the location of the fire.
- Fire doors will close automatically and strobe lights will flash in hallways.
- Do not use elevators.
- Do not go through closed fire doors.
- When the emergency has passed, "Code Red All Clear" will be announced.

ACTION: WHAT TO DO IF YOU DISCOVER A FIRE

If you discover a fire in your area, what would you do? What is "RACE"?

R – **Remove** those in immediate danger

A – **Activate** the fire pull station

C – **Contain** the fire by closing all doors and windows

E – **Evacuate** area if necessary – extinguish only if possible

Remove

- Help move patients, visitors, and staff who are in life-threatening danger.
- The hospital is divided into compartments by fire construction techniques. Fire doors mark the beginning of the next compartment. Move the shortest distance to safety, beyond the next set of fire doors.
- If you must enter a room with smoke and fire, crawl below the smoke and heat.

Alarm

- Pull the nearest fire alarm box (usually located near stairwells and exits).
- Immediately notify your Sponsor or a UCHealth employee of the exact location of the fire.

Contain

- Close doors and fire doors which do not close automatically.
- Do not go through closed fire doors unless you are evacuating. If evacuating, feel the door before opening it – if it is too hot to touch, DO NOT open it.

Extinguish

- If the fire is small enough to handle, fight it with a fire extinguisher.

Fire Extinguishers

Fire extinguishers are located in corridors and stairwells. Use the PASS acronym. Stand approximately 10 feet away from the fire, set the extinguisher upright and:

P – Pull the pin

A – Aim at the base of the fire

S – Squeeze the handle

S – Sweep from side to side

General Fire Safety Rules:

- Know the location of fire exits and fire extinguishers.
- Do not attempt to extinguish a fire unless you feel safe doing so.
- Do not extinguish an electrical fire with water.

Hazards

There are many chemicals in our health care environment that may pose a hazard. A Safety Data Sheet (SDS) is kept for every hazardous chemical in each department (books on each unit). UCHealth believes you have a “right to know” about the toxic materials you might encounter during the course of your shadowing. That is why we support regulations issued by the Federal Occupational Safety and Health Administration (OSHA) that provide important information and training guidelines about hazardous chemicals on the job. If you smell a chemical, or if you are inhaling it, doing so may be harmful to the respiratory tract. However, some chemicals can be sensed at levels well below that which is harmful, so detecting an odor does not mean that you are inhaling harmful amounts. On the other hand, just because you cannot smell a chemical does not mean it is not present. Some chemicals cannot be sensed even at levels that are harmful. If you have any concerns, ask your Sponsor.

Waste Disposal

When disposing of waste in the hospital, it is very important to ensure that all waste is put in the appropriate place. Paper with any type of patient and/or confidential information must go into the shred box. Only regulated medical waste should go into “Red Bag” trash containers.

Latex Allergies

Latex is of special concern in healthcare because it poses a risk to both healthcare workers and patients who may be allergic to this material. Symptoms of an allergy can be local (skin) or systemic (whole body) and can occur right away or many hours after contact with latex. If you see someone with latex balloons in the hospital you should politely ask them to remove the balloons from the premises and explain that many patients are allergic to latex.

Infection Control

The Center for Disease Control and Prevention has developed “Precautions” to reduce the spread of infection. You will hear the term “Standard Precautions.” These precautions state that while you are shadowing, you should be aware that all patients, staff, visitors, and other volunteers could potentially infect you. This means you should always take appropriate measures to protect yourself. Standard Precautions means treating all blood and bodily fluids as potentially infectious.

When a patient is known or suspected to have a disease that is transmitted by contact or through the air they are placed in special “Transmission Precautions.” These rooms are marked by isolation signs. Do Not Enter these rooms.

Infection Control

- Please do not report for you shadowing experience if you are ill or have contagious cold sores.
- Wash your hands before and after assisting clients/patients; before and after eating. Wash your hands frequently during your shadowing assignment and use antiseptic gels (waterless hand disinfectants) often.
- Never handle needles or any sharp objects.
- Shadowers must wear gloves when transporting lab specimens. Ensure all specimens are placed in a container prior to transporting them.
- Shadowers are **not allowed in isolation rooms**.

Hand washing

- The easiest and most effective way to prevent the spread of germs is to clean hands thoroughly and often. When washing your hands, use warm water and soap, rub hands vigorously for at least 20 seconds, rinse well, use paper towel to turn off faucets and use a piece of toweling to open the restroom door. Wash your hands with soap and water:
 - At the start of your shadow experience.
 - After removing gloves.
 - After touching potentially contaminated objects.
 - Before and after each patient contact.
 - Before eating, applying cosmetics, etc.
 - After using the restroom, coughing, sneezing, blowing your nose, etc.
 - As you exit the building
- The use of waterless hand sanitizer is just as effective as washing with soap and water. Use the waterless product when hands are not visibly soiled. Apply a thumbnail size amount in your palm and rub hands together until dry. It is very important to wash or sanitize your hands frequently throughout the day. If you enter a patient room when shadowing, you must wash or sanitize your hands when entering and exiting a patient room.

COVID-19 Information

The U.S. Centers for Disease Control and Prevention (CDC) is the federal agency mandated with protecting the health of Americans. CDC has provided information that older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Based on what we know now, those at high-risk for severe illness from COVID-19 are: People 65 years and older, people who live in a nursing home or long-term care facility, people with chronic lung disease or moderate to severe asthma, people who have serious heart conditions, people who are immunocompromised: Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications. People with severe obesity (body mass index [BMI] of 40 or higher), people with diabetes, people with chronic kidney disease undergoing dialysis, people with liver disease. Approved protocols and competencies must be followed while Shadowing at any UCHealth facilities. For the most up to date information please refer to the CDC www.cdc.gov/coronavirus/2019-nCoV/index.html

Influenza Awareness

Flu is a serious contagious disease. Each year in the United States, on average more than 200,000 people are hospitalized from flu complications; 20,000 of those hospitalized are children younger than 5 years old. The single best way to protect against the flu is to get vaccinated each year. The flu shot, an inactivated vaccine (containing killed virus) is given with a needle, usually in the arm. The flu shot does not cause the flu. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions. All healthcare workers, including volunteer shadows and staff working in a hospital are considered high risk for the flu. Flu shots are required.



Protected Health Information and Confidentiality

Patient information is referred to as Protected Health Information (PHI). Examples of PHI include name, address, birth dates and dates of service, phone numbers, email addresses, social security numbers, health insurance plan information, and photos to name a few. Confidential information is information that is not generally known in the community. It includes: Patient information, medical information, personal information, financial information, and computer access and information.

Any information you obtain from your experience which is not public knowledge is to be kept confidential.

It is breach of confidentiality for you to access confidential information.

- Only individuals caring for patients or involved in peer review activities are allowed to review a patient's medical record.
- Shadowers are not allowed to access information in EPIC about a patient, even if the patient is the Shadower's best friend, family member or personal acquaintance.

Patient Access to Medical Records

Patients, in most instances, have a right to read their medical record and to obtain copies. People other than the patient and those involved in the patient's care, usually need the patient's consent before information in the medical record can be released to them.

HIPAA

Health Insurance Portability and Accountability Act, was implemented April 2003. HIPAA sets national standards for the protection of patient information. It deals with the privacy and security of protected health information, known as "PHI". The enactment of HIPAA gives patients the right to control their health information and have it kept private and secure. HIPAA makes it illegal to release health information to inappropriate parties or to fail to adequately protect health information from accessing when you aren't doing so for your job. HIPAA is not just for doctors and nurses. HIPAA also applies to our employees, volunteers, students and Shadowers. There can be severe consequences for non-compliance with the law. We keep our patient's protected healthcare information private by making sure that patient information is not left sitting out where passers-by can easily see it, e.g., not on counter or office desk, also by not discussing patient information in public areas such as hallways.



Shadowing Application

*Shadowing applicants must be at least 18 years of age.

Name _____
First Last

Current Mailing Address _____
Street City State Zip

Phone _____ Email Address _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Shadowing Sponsor Information

Name _____
First Last

UHealth Department _____ Sponsor Title _____

Sponsor Email _____ Sponsor Phone _____

Reason for Shadowing _____

Other Information:

Have you ever been convicted of any law violation? Include a plea of guilty or no contest. Exclude minor traffic offenses.

Yes No

If yes, explain _____

Applicant Signature: _____ Date _____
(eSignature)

This agreement, agreements ancillary to this agreement, and related documents entered into in connection with this agreement are signed when a party's signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures.



UCHealth Shadowing Participant Agreement

Introduction

This agreement provides an understanding regarding a supervised Shadowing at UCHealth. It does not include any individual enrolled in a formal educational program that requires a clinical affiliation agreement. This agreement covers individuals shadowing at UCHealth. Shadowing participants must not be engaged in any form of patient care or hospital procedures, either clinical or non-clinical in nature.

Term and Renewal

This Agreement will remain in effect for _____ hours, beginning at _____ (time) and ending at _____ (time) on _____ (date).

Employment Status

Both parties agree the individual participating in this experience is in the role of a Shadower, and will not perform in the role of an employee of UCHealth while participating in this program. Participation in this program is solely for the purpose of engaging in an educational shadow experience. I understand that I will not be compensated for any shadow hours.

Responsibilities of UCHealth

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.

In the event of an onset of illness or injury while shadowing, the same emergency care provided to employees, will be provided to the visiting individual by UCHealth. The participant agrees to maintain insurance coverage during the shadowing period and the participant will be liable for the cost of such care and obtaining appropriate follow-up care, if needed.

The individual participating in the Shadowing experience must be supervised at all times by the Sponsor facilitating the educational experience.



Responsibilities of Sponsor

The Sponsor, or their identified designee, will meet the participant in the designated area to pick him/her up at the start of his/ her experience (or send an identified designee). They will keep the participant under their supervision at all times during the shadowing experience. They respect patients and/or family's wishes regarding privacy and exclusions from being observed. If at any time the Shadower is not behaving appropriately per UCHealth policies and procedures, the Shadower will be dismissed by their Sponsor from the shadowing experience. The Sponsor will escort participant out of the facility to ensure the participant is no longer in the hospital/clinic environment. Contact the Volunteer Services department to document the circumstances of the dismissal. The Sponsor will ensure the Shadower is returned to the designated area at the close of the shadow experience, and retrieve their badge.

Responsibilities of the Shadowing Participant

It is understood that Shadowing at UCHealth must not interfere with the primary mission of the care and treatment of patients, which shall remain the responsibility of UCHealth. The Shadower is required to adhere to UCHealth rules, regulations, policies and procedures while on its premises, including all policies related to confidentiality, patient rights and responsibilities, and ethical conduct. I understand that all UCHealth campuses are smoke-free.

The individual coming to UCHealth to shadow is required to do the following:

- Arrange the shadow experience in advance through the Sponsor at UCHealth. The Shadow participant must know of a Sponsor and make this arrangement with the Sponsor, since UCHealth is not responsible for coordinating or matching an individual desiring this shadowing experience with a potential Sponsor.
- Complete the UCHealth facility specific application process.
- Complete UCHealth facility specific orientation process. This orientation includes information on hand hygiene, codes, diversity, and UCHealth patient safety procedures.
- Sign the HIPAA Confidentiality Agreement and complete the provided HIPAA test
- Dress in conservative, appropriate business casual attire: no shorts, no open toed sandals, no short skirts, t-shirts, or jeans. Sweat suit apparel and logo clothing, hats, perfume, after shave lotion or heavy jewelry is not permitted. No odor of smoke permitted. Surgical mask required.
- Wear a UCHealth issued ID badge at all times while on the premises. The badge will clearly state the wearer is a participant in the Shadowing program.
- Obey instructions by Sponsor while on the premises.
- Defer from participating in the program when experiencing a communicable disease including cough, runny nose, sneezing, sore throat, rash, flu, diarrhea, vomiting, or when other diseases that are communicable are present.
- Silence cell phone at all times. Agree not to take photos, video, or record any conversations while on UCHealth premises.



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, 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 review confidential patient data. Participants may not have access to EPIC.

Participant Attestation

Attest to the conditions of this agreement for Shadowing participation by signing below:

- Be in good health and free from contagious conditions which may risk patient safety.
- Shadowing is only for educational purposes as a participant in the specific program.
- Adhere to hand hygiene before and after each patient encounter consistent with UCHealth standards.
- Be dressed appropriately in professional, conservative attire consistent with the UCHealth professional appearance policy. White coats or other attire that would create for patients the impression that the Shadower is a member of the medical staff are not permitted.
- No photos, videotaping or tape recording permitted.
- The participant may not document in the medical record nor access a medical record. No portion of the medical record or patient information may be removed from a UCHealth facility.
- I will be dressed appropriately per the guidelines of the Shadow program. The approved dress for the Shadow program is business casual. Personal scrubs are not to be worn.
- I understand that if I am more than 15 minutes late, or have not adhered to all requirements I will not be able to shadow that day.

Signature of Shadowing Participant

Date:

This agreement, agreements ancillary to this agreement, and related documents entered into in connection with this agreement are signed when a party's signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures.



Shadowing Risk Waiver

I wish to participate in UCHealth's Shadowing program to observe the activities of health care professionals. I understand I am not permitted to provide diagnosis, care, or treatment to a patient, even under supervision. I also understand I am not permitted to document in a medical record or advise patients or patients' family members regarding care. I further understand I will be under the supervision of the Sponsor I am observing and I understand I must be accompanied at all times while in clinical or patient areas. I have read and agree to comply with the UCHealth Policy. I understand I may be asked to leave the program for any suspected violation of UCHealth policy, and agree to do so if asked.

I understand I may be exposed to certain risk of bodily injury and other dangers by being in a hospital and around patients, including but not limited to, communicable diseases, exposure to blood-borne pathogens, biological waste, and chemicals or instruments that may be dangerous. I am aware of these risks and voluntarily assume these and any other risks associated with being in a hospital and around patients. For and in consideration of UCHealth allowing me to observe the activities of its health care professionals to further my educational, career, or other goals, I hereby release and forever discharge UCHealth and its officers, trustees, agents, employees, volunteers, and members of its Medical Staff, from all claims, demands, rights, and causes of action of whatever kind or nature arising from and by reason of any and all known, foreseen, and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, those specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the Shadowing activities at UCHHealth. By signing this Release and Waiver of Liability, I certify I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

Applicant Signature: _____
eSignature

Date: _____

This agreement, agreements ancillary to this agreement, and related documents entered into in connection with this agreement are signed when a party's signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures



UCHealth Shadowing COVID-19 Acknowledgement

Under CDC guidelines, UCHealth has established the following COVID-19 protocols. Each participant will review and agree to the safety requirements and expectations.

1. I will wear a mask when entering and while in the hospital or any of our facilities until such time that it is determined by Infection Prevention that we no longer have to wear masks. I understand that UCHealth will provide a surgical mask for me to wear during my Shadowing experience. I understand that I cannot remove or touch my mask during my shift.
2. I will check in with my Sponsor when I arrive for any updates.
3. I will follow the 6 feet social distancing guidelines while in my assignment and traveling through the facility. I will also respectfully assist others to do the same.
4. I will follow hand hygiene by washing my hands and using hand sanitizer as required. I will disinfect my workspace and frequently touched surfaces. I will use the UCHealth provided disinfection materials and gloves will be made available for sanitizing.
5. I will launder clothes after each shift.
6. I am aware of the CDC COVID-19 guidance for individuals who may be at risk due to age or pre-existing conditions and know I may make my own choices. I also understand the possible risk of exposure in returning to service.
7. I understand that I may not enter units caring for COVID patients and I may not enter a room with a COVID patient. I will continue to abide by all HIPAA and confidentiality laws pertaining to the privacy of patient information. This includes information pertaining to any COVID patients.
8. I will stay at home and notify my Sponsor if I have any COVID or flu-like symptoms; including but not limited to cough, shortness of breath or difficulty breathing, fever, chills, headache, sore throat, loss of taste or smell. I will contact my personal provider and follow their guidance.

I understand and agree to abide by these requirements. This is a condition to shadow while under COVID 19 protocols. If I do not follow these protocols, I may be asked to leave and forfeit any future experiences.

Applicant Signature: _____
eSignature

Date: _____

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Confidentiality and HIPAA Test for Shadowing Participant

Please answer True or False:

1. Patients have a right for their medical information to be kept confidential and private.
True False
2. Access to patient information is restricted to a “need to know” basis. As a shadow participant you do not have rights to access patient information. This includes paper and electronic medical records.
True False
3. When observing in a patient care area, Shadowers may be exposed to PHI (Protected Health Information). PHI includes but is not limited to, patients' name, names of relatives, patient address, email address, or any other information that can be used to identify an individual.
True False
4. HIPAA (Health Insurance Portability and Accountability Act) regulations govern how patient information is handled. HIPAA applies to our entire workforce, including employees, students, medical staff and volunteers. It also applies to participants who are shadowing.
True False
5. An improper disclosure of Patient Health Information occurs when patient information is accessed, used or disclosed without proper authorization.
True False
6. The only information you can share about your experience will be general information about the department you visited, types of procedures that are typically done, the education and skill level required for the jobs you observed.
True False
7. No information can be shared on any social media outlets.
True False
8. Photography is not allowed during your shadowing opportunity in any UCHHealth facilities.
True False
9. If you see a patient that you know, it is okay to greet them and tell them you are part of a shadowing experience. However, you can never ask why they are at the facility or tell anyone you saw them in the hospital. This includes family members, friends, acquaintances, etc.
True False



HIPAA Non-Disclosure/Confidentiality & Code of Conduct Acknowledgement

As a Shadow program participant, I understand that I may come in contact with confidential information, both patient and employee-related, through written records, documents, ledgers, internal verbal correspondence and communications, computer programs and applications.

I agree not to disclose this confidential information to anyone other than those persons at UCHealth that I am working with during my shadow experience.

I will not access, use or disclose this confidential information for any reason outside of my shadowing experience.

I will be responsible to secure confidential information in the work vicinity, dispose of confidential material in instructed areas and return confidential access codes/badges upon the end of my shadowing experience.

I acknowledge that in the event I breach any provision of this agreement, UCHealth, in addition to any other legal remedies available to it, has the right to reprimand, suspend and/or dismiss me from the shadowing session.

Required: Use this link to access and review the [UCHealth Code of Conduct](#)

I understand that, in order to shadow, I must follow the Code of Conduct which includes Diversity and the Environment of Mutual Respect.

Statement of Understanding

I have read and understand the Confidentiality Statement and Code of Conduct booklet. I agree to comply, and I understand that a violation may result in the discontinuation of my shadow experience.

Applicant Signature: _____
eSignature

Date: _____



Sponsor Agreement

1. Introduction

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2. Employment status

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

3. Responsibilities of UCHealth

UCHealth will provide a supervised Shadowing 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.

In the event of an onset of illness or injury during the experience, appropriate emergency care, as provided to employees, will be provided to the Participant by UCHealth. The Participant agrees to maintain insurance coverage during the Shadowing period and will be liable for the cost of such care and obtaining appropriate follow up care, if needed.

The individual participating in Shadowing must be supervised by the Sponsor who will facilitate the experience at all times.

4. Responsibilities of Sponsor

The Sponsor will meet the participant in the designated area to pick him/her up at the start of his/her experience (or send an identified designee). They will keep the participant under their supervision at all times during the shadowing experience. They respect patients and/or family's wishes regarding privacy and exclusions from being observed. If at any time the Shadow participant is not behaving appropriately per UCHealth policies and procedures, the Shadow participant will be dismissed by Sponsor from the shadowing experience. The Sponsor will escort participant out of the facility to ensure the participant is no longer in the hospital/clinic environment. Contact the Volunteer Services department to document the circumstances of the dismissal. Sponsor will ensure the Shadower is returned to the designated area at the close of the shadow experience, and retrieve their badge.

5. Responsibilities of the Shadowing Participant

It is understood that the Shadowing experience at UCHealth must not interfere with the primary mission of the care and treatment of patients, which shall remain the responsibility of UCHealth. The Shadower is required to adhere to UCHealth rules, regulations, policies, and procedures while on its premises, including all policies related to confidentiality, patient rights and responsibilities, and ethical conduct. The individual coming to UCHealth for a Shadowing experience is required to follow all instructions and submit all required documentation prior to their experience.



6. 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, all applicable federal, state and local laws and regulations, and Joint Commission on Accreditation of Healthcare Organizations Standards.

7. 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 to visiting individuals. Participants may not review confidential patient data nor have access to EPIC.

8. Participant Attestation

Attests to the conditions of this agreement for Shadowing.

9. Sponsor Attestation

- Attest to the conditions of this agreement by signing this document.
- Participants of the Shadowing program must always be under the supervision of the Sponsor. The Sponsor is accountable for the actions of the Shadower.
- The Sponsor is responsible for ensuring patient and visitor safety, patient confidentiality, and the protection of UCHealth proprietary information.
- The Sponsor must obtain permission from the patient prior to the Shadower entering the presence of the patient. The patient has the right to refuse to have them present for any aspect of care delivery.
- At the conclusion of the experience, the Shadower must return their UCHealth badge. The Sponsor is responsible for assuring that this has occurred.

Sign here to indicate you have reviewed and agree to the terms of this document and approve this Shadowing experience. Please email this back to the Participant so they can move forward with the Shadowing application/paperwork.

Sponsor Name _____ **Date** _____

Sponsor eSignature _____

Applicant Reminder

- Please review the steps prior to submission. Shadowing applicants must turn in ALL required documents at the same time and in the same email to be considered. If all completed documents are not properly executed, the entire email package will be sent back to you. This may delay your shadowing experience.
- Please be aware, Sponsor signatures are required on this agreement; be mindful of your timing. The agreement indicates the dates and length of your Shadowing experience as well as your responsibility of your Sponsor.
- If you are applying to shadow, your completed application must be submitted and approved a minimum of ten business days prior to the date you are requesting. Note, applicants may consider submitting the application a minimum of three weeks prior to the date requested to allow time for processing and should additional information be required.

This agreement, agreements ancillary to this agreement, and related documents entered into in connection with this agreement are signed when a party's signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures