

University of Rochester Medical Center

Strong Memorial Hospital

**Letter of Agreement**

**Short-term Observational Experiences**

Welcome to Strong Memorial Hospital. We hope you find your observation experience pleasant and useful. To ensure that we provide a safe and comfortable environment for our patients, visitors and staff, we ask that you take a few minutes to read this valuable information.

Emergency Situations. It is important that you know the codes for emergency situations and what you should do in the event of an emergency (see attachment C). Please review the listing of major categories identified as emergencies. You are not responsible for placing a call for an emergency situation. You are responsible for following the directions of the Strong Memorial Hospital employee to whom you are assigned.

Patient Rights. Strong Memorial Hospital provides each patient with a copy of their rights while receiving care in the hospital. Please review the copy of our “Patient Rights” (see attachment D).

Health. Strong Memorial Hospital is also responsible for ensuring that staff, volunteers and visitors are generally well and free of infectious disease when at any of our sites. If you know or suspect that you have a cold or virus, or other contagious illness the day you are scheduled, please reschedule your experience. By signing below, you are attesting that you are not suspect or known to be contagious.

Confidentiality. Strong Memorial Hospital has a legal and ethical obligation to safeguard the privacy of all patients and to protect the confidentiality of their health information. While participating in our observational experience, you may have access to confidential patient information. It is very important that you keep this information confidential. Please review and sign the confidentiality statement below, to ensure that you understand your obligations to keep patient information confidential. Please note that if a patient does not grant permission for your observation, we will respect the patient’s request.

Agreement re: Confidentiality and Health

1. I understand that federal and state laws and regulations require that patient information be kept strictly confidential, and that this includes information that is spoken, written or in a

at all about a person's physical or mental health, including the fact that they received health care, and even basic information such as the patient's name or where they live.

2. I agree that I will keep all patient information confidential and will use it only while I am at Strong Memorial Hospital and for the reasons I am present in the hospital. This means, among other things, that:
  - a. I will not access confidential patient information that I have no reason to access or know, for example, by reading any part of a patient's medical record without being told to do so by an appropriate hospital representative; and
  - b. I will not discuss any patient information with any person except as part of the observational experience in which I am participating at the hospital.
3. I understand and agree that my obligation to keep this patient information confidential lasts forever.
4. I understand that there are legal penalties for violating the patient confidentiality laws and regulations and that these penalties may include payment of fines and imprisonment.
5. I also certify that I do not have any health problems that may pose a risk to hospital patients or staff; I am free from contagious or infectious disease, do not have any symptoms of illness, and am feeling well.
6. I have atTc -0.002 e( a)4(t)-2(Tc -0.002 e((3udos)-112(g)10(86d4(t)-2(Tt)-2J 0.lh)2(ita(av)-4(e an)-215( (n

