

# ***PROJECT MEDICAL EDUCATION***

## **Information for DHMC “Authorized Observers”**

*Definition: For the purposes of this policy, a "DHMC - Authorized Observer" is any person approved under the auspices of this program to witness the actual delivery of patient care at the DHMC facility. This policy does not apply to telemedicine. All persons who are involved with the delivery of patient care, whether it is as an observer or as a participant in direct patient care, will be bound by the Code of Ethics and must understand HIPAA and OSHA/Infection Control.*

**When you arrive at DHMC for Project Medical Education, you will be asked to sign a document attesting that you have read and understand the information below.**

### **CANDIDATE FOR OBSERVER PRIVILEGES**

1. Must read, sign and date commitment to Code of Ethics, Understanding HIPAA and Understanding OSHA and Infection Control (below).
2. During the time(s) of observation at DHMC, must wear nametag with title, i.e. "J. Jones, Medical Student - Observer" and expiration date of observation status.
3. Must abide by the rules and regulations of DHMC, i.e. wear professional attire.
4. Must understand that any touching of patients will be limited to non-invasive contact with the expressed permission of both the patient and the attending MHMH Professional Staff member, who must be physically present when this occurs. **[Note: Observers are expressly forbidden to perform any procedure(s) on any DHMC patient.]**
5. Must not view the contents of the patient's medical record without the expressed permission of the attending MHMH Professional Staff member.
6. Must not make any entry into the record of any DHMC patient.

### **CODE OF ETHICS**

- I will protect the patient's right of privacy - all information about the patient is confidential.
- Except for the attending Physician or the staff involved, I will NEVER mention a patient's name or illness to ANYONE inside or outside of DHMC.
- I will not read ANY patient paper or record unless specifically authorized to do so by the attending MHMH Professional Staff member.
- I will take care not to leave patient papers or records where an unauthorized person could read them.
- When I leave DHMC, I will leave behind all patient-specific information I have heard or seen.
- I agree to comply with the "DHMC Authorized Observer Program Policy and Procedure".

## UNDERSTANDING HIPAA

- I. HIPAA (Health Information Portability and Accountability Act) is federally mandated and is not optional. All observers are bound by this set of rules.
- II. HIPAA explicitly refers to protected health information. Protected Health Information (PHI) is *any* information *in any format, verbal OR written*, that could identify an individual patient. This information includes, but is not limited to: name; age; date of birth; sex; address; phone number; attending physician; diagnosis.
- III. When PHI is shared / discussed, this constitutes a “breach of confidentiality”. Breach of confidentiality is a very serious matter that can result in legal action taken by the patient against an agency and/or a specific individual. An individual who breaches confidentiality can be sued separately in a civil lawsuit in addition to any action filed against DHMC. This would be applicable to you as an observer of patient care at DHMC. **Please understand that this is a very serious matter and should not be taken lightly.**
- IV. Whatever you see or hear during your observation experience needs to stay here when you leave. What you saw or heard is not shared with anyone once your experience has been completed. This includes friends, family, teachers, etc.
- V. Breaching confidentiality could have an adverse affect on your ability to seek employment or do any sort of volunteer work here at DHMC.

## UNDERSTANDING OSHA AND INFECTION CONTROL

- I. The goal is to reduce the risk of infection for observers who could be exposed to infectious bodily fluids or tissue during the observation experience.
- II. Observers are held to the same standard / requirement as care providers with regard to hand-washing, in following care providers from patient to patient, and at the end of the observation experience prior to leaving.
- III. Observers may not be placed in clinical observation situations where risk of spray of bodily fluids is known.

I wish to observe health care practice at Dartmouth-Hitchcock Medical Center. I will not attempt to interfere with or disrupt patient care in any way, and will leave the room promptly if asked to do so. I am aware that there are risks in being present in a patient care setting. These risks include, but are not limited to, exposure to infectious disease through airborne pathogens such as tuberculosis, and bloodborne pathogens such as hepatitis or HIV, the virus which causes AIDS. I have read and understand the above policy statements regarding the confidentiality of patient information (Code of Ethics), HIPAA, OSHA and Infection Control requirements. I also understand that I may be excluded from DHMC and/or the DHMC Authorized Observer Program at any time and without notice by the responsible DHMC officials, if in their sole discretion, they determine it to be in the best interests of DHMC or its patients.

I hereby release and hold harmless Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock Clinic, Dartmouth-Hitchcock Medical Center, their employees and assigns from any and all liability for any injuries which I may incur as a result of observing patient care.