



**2018 Shadowing Program
Mercy Four Rivers
Mercy Hospital- Washington**

The Shadowing Program is intended for those individuals who have an interest in shadowing a co-worker in a designated area of interest at MERCY FOUR RIVERS or, MERCY HOSPITAL-WASHINGTON. Interested candidates may contact Cara Smith at 636-239-8350 for additional information. In addition, the fax number is 636-239-8078.

Purpose: To encourage professional development and growth to those expressing an interest in health care.

Policy: Shadowing allows an individual to follow and observe a real health care environment as they observe co-workers and medical staff in carrying out their job responsibilities and duties in an occupational role. The following regulations apply:

- 1) The Shadowing participant must:
 - Be 16 years of age or older. Must be enrolled in high school, vocational/technical program, home schooling, college courses, or an adult who expresses an interest in a career change to health care.
 - Complete and sign a Shadow Program Agreement and a mini orientation test.
 - Provide documentation from your physician of a current (within past 12 months) negative PPD tuberculin skin test reading.
 - Provide documentation of vaccination for influenza administered for the current flu season (September 15th through April 30th). Note: Flu vaccination is not required if shadowing/ observation day(s) fall outside the current flu season (before September 15th or after April 30th).
 - Return ALL completed forms and documentation to Hospital Administration office prior to being scheduled for a shadowing experience. Hospital Administration is located in the medical building attached to the hospital (via the bridge over Hwy 47).
 - Allow ample time for scheduling your shadow experience to enable the department to coordinate a convenient date. Requests for a specific department will be honored whenever possible.
 - Mercy expects high standards of personal grooming and personal hygiene. Participants in the shadowing program are expected to present themselves with a neat, professional appearance at all times.
- 2) Shadowing is a voluntary opportunity for which there is no monetary compensation.
- 3) A shadowing participant badge will be issued by the department. The badge will be returned to the department at the end of the shadow shift.
- 4) The length of the shadowing experience will be determined by the department manager. Some departments are able to offer longer opportunities than others based on department operations.
- 5) MERCY FOUR RIVERS reserves the right to a pre-screening process to determine eligibility to participate in shadowing program.



Shadowing Agreement

THIS AGREEMENT reflects that, MERCY FOUR RIVERS, in response to interest in a shadowing program at its facility, desires to assist high school and college students and adults who express an interest in a career change to discover whether they want to pursue a future in the health care profession. In consideration of this, the following are conditions and terms for shadowing at one of our facilities.

Shadowing Defined: To follow and observe one co-worker in his/her professional environment as they carry out their job responsibilities. Shadowing is a voluntary opportunity for which there is no monetary compensation. Participants must be at least 16 years of age and enrolled in high school or college courses, or an adult who expresses great interest in a career change in health care.

As a participant in the shadowing program, I understand and agree:

- 1) I will NOT touch the patients. If I am allowed to observe a patient having a procedure, I understand the manager or supervisor must obtain the patient's consent first.
- 2) I will NOT use my cell phone during my shadowing experience to take pictures or post information from my experience on social media.
- 3) I will NOT touch medical equipment.
- 4) I will NOT have access to medical records, charts or a computer.
- 5) I will NOT assist in feeding a patient, but may help deliver food.
- 6) I will NOT approach physicians about personal illnesses or medications.
- 7) I will dress with a neat, professional appearance.
- 8) I agree to submit documentation of a negative TB skin test (PPD) or chest X-ray within the past year, prior to beginning the shadowing program. If a TB test has not been previously completed, I understand I will obtain this through my private physician at my expense. I also agree to submit documentation of receiving a flu shot during flu season.
- 9) I understand that MERCY FOUR RIVERS is NOT held responsible for any accident or injury that may occur on its premises while shadowing.
- 10) I understand that I am to leave valuables at home and realize that it is my responsibility to secure my belongings prior to shadowing.
- 11) I will NOT perform my own personal care in the clinical setting (examples: applying lip gloss, handling contact lenses, eating, drinking, brushing hair, etc.)
- 12) I will NOT be permitted in areas of contamination such as isolation rooms, soiled linen areas, lab and autopsy room.
- 13) I understand that I cannot participate in the program on days that I am ill. These include but are not limited to: fever, diarrhea, productive cough, rash or open wound.
- 14) I understand that I will be required to sign (along with my parent or guardian if I am under the age of 18) this agreement and a confidentiality agreement, wherein I agree to keep all pertinent patient information confidential. I understand that I am required to submit a completed mini mandatory test prior to my shadowing experience.
- 15) I understand that MERCY FOUR RIVERS shall have the right to immediately terminate my participation if it is determined at the manager or supervisor's discretion that I am not acting in the best interest of the patient or the facility.



Upon arrival to MERCY FOUR RIVERS, I will obtain a Shadowing Participant badge from the department where I am assigned and wear it during my shadowing/ observation experience. I will return the badge at the end of my shift.

My signature below certifies my understanding of the shadowing agreement information and my agreement to abide by these policies.

Signature _____ Date: _____

Print Name: _____ Age: _____ Birth Date: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

JOB /DEPARTMENT/AREA you wish to shadow in: _____

Is this shadowing experience to fulfill a nursing application requirement? (please circle one) YES - NO

If Yes, which school? _____

Emergency Contact : _____ Phone Number: _____

Parental Consent if student is under the 18 years of age:

Signature: _____ Date: _____

Print Name: _____



Mercy Four Rivers and Mercy Hospital Washington Observation/ Shadowing Tracking Form

All shadowing and observation hours at Mercy Hospital must be recorded and tracked for tax purposes. Please complete one section below for each shadowing or observation shift. Once all desired shadowing hours have been achieved, please return this form to Cara Smith in Hospital Administration (Medical Building- suite 222).

Date(s) of observation _____	Department _____
Observed RN Name _____	Total Hours Observing _____
Was this experience helpful in determining a career path? _____	

Date(s) of observation _____	Department _____
Observed RN Name _____	Total Hours Observing _____
Was this experience helpful in determining a career path? _____	

Date(s) of observation _____	Department _____
Observed RN Name _____	Total Hours Observing _____
Was this experience helpful in determining a career path? _____	

Date(s) of observation _____	Department _____
Observed RN Name _____	Total Hours Observing _____
Was this experience helpful in determining a career path? _____	



2018 Shadowing Program Packet and Quiz

Shadowing at Mercy:

The Shadowing program at Mercy Hospital and Mercy Four Rivers is provided to give applicants the opportunity to explore an interest in Health Careers. To protect the safety and security of our patients, co-workers, volunteers and students, all applicants are asked to read and understand the following information. All shadowing participants are required to pass the enclosed mandatory quiz.

The History of Mercy:

Catherine Elizabeth McAuley was an Irish nun, who was compelled to a vocation to devote her life to the service of the poor, the sick and the uneducated. McAuley inherited a considerable fortune from distant relatives and chose to use it to build the House of Mercy in Dublin, Ireland in 1824 providing care and education to poor service girls and homeless women at a time when education was mainly reserved for members of the established Church of Ireland. In September 1831 the Sisters of Mercy were formed and started the history for which Mercy is founded.

All Mercy co-workers are actively guided by our mission, our values and charisms in their everyday work life.

Mercy Mission Statement:

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.

Mercy Core Values:

These values guide what Mercy co-workers do and what direction they take. We consider these unchanging. While all five values are important to how we make decisions, *dignity* is the base on which all others rest.

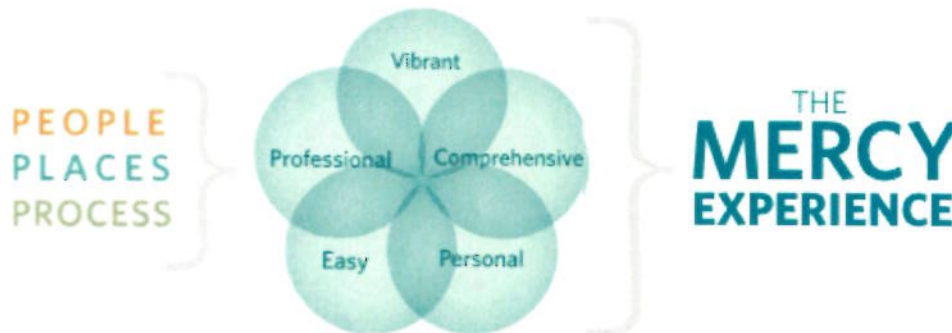
- **Dignity**- We cherish each person as created in the image of God.
- **Justice**- We pledge to be in right relationship with one another with particular concern for people who are economically poor.
- **Service**- We seek out and put the needs of others first.
- **Excellence**- We give only our best for those entrusted to our care.
- **Stewardship**- We wisely use our talents and resources to strengthen Mercy as a ministry of the Church.

Mercy Charism: recognized as free gifts given to us by God

- **Bias for Action**- Practical; anticipating and responding to need; getting things done
- **Entrepreneurial**- seeing what needs to be done; having the courage to take risks; innovative; promoting systemic change
- **Hospitality**- Welcoming and accepting; gracious; forgiving
- **Right Relationships**- speaking your truth with honesty; resolving differences; holding each other accountable; collaborating
- **Fullness of Life**- sense of joy; vibrancy for life even amongst suffering; magnanimous; authentic and relevant

The Mercy Experience is the reality and the perception of everything that happens to a patient and their family when they visit us. Their experience may begin on the phone, in the parking lot of a facility, or during triage in the emergency department. And all this happens *before they even see a doctor*.

Patients experience us through our People, Places and Process. These three things, when filtered through the Mercy Attributes of Vibrant, Professional, Comprehensive, Personal, and Easy, create “The Mercy Experience.” Therefore, when our People are vibrant and personal, it creates a Mercy Experience. When our Places are easy to navigate, it creates a Mercy Experience. And when our Process is comprehensive and professional, it creates a Mercy Experience.



Mercy's Signature Service calls us to anticipate and respond to the needs of those we serve, as seen through their eyes and expectations. It helps us bring to life the Mercy Attributes, the heritage of the Sisters of Mercy and the healing ministry of Jesus in ways that are as individualized as each person we encounter.

The Patient Touchpoint map shows the different “points” where we “touch” our patients, customers, and family members.



Confidentiality, HIPAA (Health Insurance Portability and Accountability Act)

Mercy is committed to protecting the privacy of patient information in compliance with federal, state and other applicable laws governing the use and disclosure of protected health information. Confidential information including but not limited to:

- Patient Health Care information
- Patient demographics, billing information and/or appointment history
- Co-worker personnel record including co-worker health information
- Other business, financial, corporate and proprietary information
- Any patient information whether written communication, computer data, oral communications and/or recordings

A patient or co-worker’s confidential information is to be handled in strict confidence and is not to be read, discussed, utilized by or disclosed to any person without proper written authorization. If you are uncertain about the confidentiality status of any information, please seek guidance from a department manager.

Safety and Security



Universal (Standard) Precautions:

All blood and body fluids are to be treated as if they could cause infection. Wearing personal protective equipment is required when contact with blood, mucous, membranes, non-intact skin or other potentially infectious materials is likely. If you are exposed to blood or body fluids, wash the area right away and report to a supervisor.

Hand Hygiene:

Cleaning your hands is the simplest most effective thing you can do to reduce the spread of infectious diseases such as cold and flu. Be aware that germs hide on many objects such as ATM buttons, playground equipment, keyboards, phones elevator buttons and even the kitchen sink. It is important to properly clean and disinfect your hands and make good hand hygiene a habit.

When should you wash your hands?	How should you wash your hands?
<ul style="list-style-type: none"> • Before and After you have contact with a patient • Before you leave a patient room • Before you eat • After going to the bathroom • After handling objects that have been in contact with a patient 	<ul style="list-style-type: none"> • Wash with soap and water for at least 15 seconds <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Use alcohol hand sanitizer (foam)

Emergency Codes: The following codes have been established to communicate clinical emergencies and security events.

Code "Red" - Fire "Code Red- Building+ [location]" will be announced overhead.

- ✓ The fire alarm has been triggered
- ✓ Call your emergency number to activate fire alarm or use a pull station
- ✓ Follow **RACE** procedures and department specific fire plan if you see or smell smoke in your area
 - R. Rescue** anyone in immediate danger of the fire
 - A. Alarms** sounded or call your emergency number
 - C. Contain** the fire by closing doors and windows
 - E. Extinguish** the fire if small or **Evacuate** the area
- ✓ Use **PASS** to help you remember how to operate a fire extinguisher.
 - P. Pull** the pin
 - A. Aim** the nozzle at the base of the fire
 - S. Squeeze** the handle
 - S. Sweep** the nozzle back and forth across the base of the fire

Code “Orange”- Hazardous Material Spill “Facility Alert- Hazardous Spill + [location]” will be announced overhead for any hazardous spill. In this event you should:

- ✓ Seal off the area
- ✓ Notify Supervisor
- ✓ Notify Public Safety by dialing “40”
- ✓ If you are off campus or in Mercy Medical Building South, dial “911”

Code “Whether Alert- Tornado Warning or Severe Thunderstorm Warning” will be announced overhead for any severe whether warning or alert.

- ✓ A tornado has been spotted within a 30 mile radius and it is heading towards your location
- ✓ Stay away from windows, close drapes and blinds
- ✓ Cover patients body with a blanket
- ✓ Move patients to corridors and away from exterior walls and windows
- ✓ Stand by for further instructions

Code “Medical Alert- Multiple Casualty incident Alert/Activation” will be announced overhead in the event of any mass casualty event.

- ✓ There will be incoming patients and more staff will be needed to care for them
- ✓ Start and follow your department specific disaster plan

Code “Black- Security Alert + [location]” announced overhead indicates a bomb threat.

- ✓ Follow bomb threat procedures
- ✓ Call your emergency number to report threats

Code “Security Alert- Armed Intruder/ Active Shooter/ or Hostage” announced overhead indicates a violent intruder or threat.

- ✓ If unable to evacuate, take cover in nearest room
- ✓ Shut, lock and barricade the door, mute cell phones
- ✓ Call emergency number to report threat

“Medical Alert- Code STORK” or “code SECTION” will be announced overhead in the event that a pregnant woman or newborn is in distress.

“Rapid Response team, please report to +[location]” will be announced overhead in the event of a medical emergency requiring multiple specialties to respond to a patient need.

“Code Blue + [location]” will be announced overhead in a medical life threatening Emergency.

If you are reporting a code blue:

- ✓ Dial “40”
- ✓ Tell the operator your location and what is happening
- ✓ If you are off campus or in the South Medical Building, Dial “911”



Code “Security Alert- Infant or Child Missing” will be announced in the event of an infant or child abduction.

- ✓ Go to the nearest exit and be alert for anyone carrying an infant/child that is not being escorted by hospital personnel or anyone with a package that could potentially hold an infant.
- ✓ Call your emergency number to report the suspect along with a description and direction of travel.

You may also hear Braham’s lullaby played over the intercom. This is an indicator that a new baby was just born.

Harassment

Mercy is committed to providing an environment free of harassment based on factors such as race, color, religion, national origin, age, disability, veteran status or sexual orientation. Mercy will not tolerate harassment by co-workers, managers, supervisors, patients, visitors or physicians. Do not accept any unwelcome conduct- you should tell the offender to stop the offensive behavior. Report Issues of harassment to a supervisor immediately. If the matter is not promptly resolved the issue should be taken to Human Resources or the Vice President of Mission and Ethics.

Cultural Diversity & Sensitivity

As healthcare providers, we understand that cultural diversity can greatly impact the care that we provide. It affects all areas of life including beliefs about health, nutrition, communication, pain, birth and death.

- Culture is a set of beliefs, values and practices shared by a group of people that are passed from generation to generation
- Diversity is anything that makes a person different- gender, age, education, physical appearance, disability, etc.

Resources are available to help understand the needs and expectations of different cultures. Please contact your supervisor or Pastoral Services if you have any questions or concerns.

Tobacco Free Campus

Mercy has a Tobacco Free policy. This is in order to comply with Missouri State regulations requiring hospitals and all of their facilities to be tobacco free (including e-cigarettes). Co-workers, physicians, visitors, patients, volunteers and all other people are prohibited from smoking within all Mercy owned buildings, on Mercy grounds, in vehicles owned by Mercy and in Mercy parking facilities or parking lots.

Name Badge

All co-workers are issued an identification badge which shall be worn at all times while on Mercy’s premises. Badges should be worn on the right collar so patients, visitors and other co-workers are able to recognize Mercy co-workers. Students and Shadowing candidates should wear the temporary name badge issued to them and return it at the completion of each shift.

Dress Code

The hospital dress code has been developed to make certain that we meet the appearance expectations of our patients, their families and the communities we serve.

- ✓ Proper clothing is to be conservative and not mirroring the latest fashion trends.
- ✓ Please wear clean clothing that is free of wrinkles, rips or stains.
- ✓ Hair should be neat and clean and should be tied away from the face.
- ✓ Appropriate footwear is also expected. Avoid high heels or shoes that may make excessive noise as this may disturb patients as they are resting.
- ✓ Fingernails should be trimmed and well-groomed and make-up should be natural and not distracting.
- ✓ Earrings and piercings are to be worn in the ears only and must be appropriate for business environments.
- ✓ Visible tattoos must be completely covered.
- ✓ Please practice good personal hygiene and limit the use of scented products and perfumes which may be offensive to some patients.

Security and Parking

We ask that all Students park in spaces with white lines (yellow lines are reserved for patients) and park in spaces further from the buildings to allow parking for patients and visitors.

Security is staffed 24 hours a day to assist with any security related situations. Mercy's public safety department can be reached by dialing "40" and may offer a variety of services including:

- An escort to your vehicle
- Limited Parking lot assistance



Quiz for Shadowing Participants Mercy Hospital Washington

1. As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.
 - This is the Mercy Signature Service Statement
 - This is the Mercy Mission Statement
 - This is the mercy Quality Statement
 - All of the above is true
2. Our Mission tells everyone why we exist and what we stand for
 - True
 - False
3. Our Values are shared by co-workers throughout our ministry, but may be negotiable.
 - True
 - False
4. Match the description in the right column with the proper Core Value:
 - Dignity _____ a) We cherish each person as created in the image of God
 - Justice _____ b) We give only the best for those entrusted to our care
 - Service _____ c) We seek out and put the needs of others first
 - Excellence _____ d) We wisely use our talents and resources
 - Stewardship _____ e) We pledge to be in right relationships with one another
5. Mercy Charism is defined as:
 - The Mercy Experience
 - Why we exist
 - Our Core Values
 - Free Gifts given to us by God
6. Which of the following is not part of what makes up the Mercy Experience?
 - Places
 - Process
 - Policy
 - People
7. Catherine McAuley was:
 - An Irish Nun
 - The foundress of the House of Mercy
 - A teacher
 - All of the above

8. Match the description in the right column with the corresponding signature service touch point:
- | | |
|--|---------------------------------------|
| <input type="radio"/> Engaging Arrival _____ | a) Attentively listen and learn |
| <input type="radio"/> Enduring Connection _____ | b) Reliably follow-up and thank |
| <input type="radio"/> Peaceful Preparation _____ | c) Respectfully Clarify Communication |
| <input type="radio"/> Individual Encounter _____ | d) Clearly Set Expectations |
| <input type="radio"/> Mindful Departure _____ | e) Gently Escort |
9. An individualized encounter is one step of a comfortable wait.
- True
 - False
10. HIPAA stands for:
- Health Information Privacy and Accessibility Action
 - Health Information Process and Action Act
 - Health Insurance Portability and Accountability Act
 - Health Insurance Privacy and Portability Act
11. A patient's appointment history and referral information is protected health information.
- True
 - False
12. Universal Precautions means treating all body fluids as though it were infectious:
- True
 - False
13. What is the simplest, most effective thing you can do to reduce the spread of cold and flu?
- Wear Gloves
 - Wear Gown
 - Wash Hands
 - Wear Mask
14. What is a "code black"?
- A medical life threatening emergency
 - A bomb threat
 - An armed intruder alert
 - A tornado warning
15. If a tornado warning alert is announced overhead, which of the following is not recommended:
- Waiting for further instruction
 - Watching the storm from the nearest window
 - Covering patients with a blanket
 - Moving patients away from windows and exterior walls

16. In the event of a fire, what are the words associated with the acronym RACE?

R _____
A _____
C _____
E _____

17. PASS describes how to use a fire extinguisher. What are the words associated with PASS?

P _____
A _____
S _____
S _____

18. When a lullaby is played over the intercom this indicates what?

- A baby is in danger
- A child abduction
- A physician is being paged to the nursery
- A baby was just born

19. Smoking is only allowed at Mercy when you are on the parking lot outside the hospital.

- True
- False

20. Culture is anything that makes a person different

- True
- False

21. When there is a cardiac arrest you will hear which code announced?

- Orange
- Black
- Red
- Blue

22. The hospital dress code was developed to make sure we meet the expectations of the people we serve.

- True
- False

23. Parking spaces with yellow lines are reserved for:

- Physicians
- Students
- Patients
- Handicapped



Acknowledgement of Information Access Confidentiality and Security Agreement

By signing this agreement, I acknowledge that I am aware and have a copy of the Mercy Health East Communities Confidentiality Policy and understand it is my obligation to read and comply with the rules and regulations described therein. Accordingly, as a condition of and in consideration of my access to Mercy Health East Communities confidential information, I agree to the following by initialing where indicated:

___ I fully understand that I am to never access (view, print, copy, alter or otherwise examine or discuss/share) Mercy Health East Communities confidential information for any purpose outside my authorized duties. This includes information regarding patients, other co-workers, family members or any Mercy Health East Communities patient's health condition, records or computerized information.

___ I will not access, obtain, disclose or otherwise misuse confidential information for which I have no legitimate work related need to know.

___ I will never place information on a Social Network Site that conflicts with Mercy Health East Communities mission and values, policies and procedures, and/or compromises the privacy and security of any patient, physician, co-worker or Mercy Health East Communities without written Director/Manager approval. Doing so is strictly prohibited and may result in disciplinary action.

___ I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my association within Mercy Health East Communities.

___ I will not reveal my computer access code to anyone else for any reason, nor will I utilize another user's password in order to access any Mercy Health East Communities information system. I will accept responsibility for all activities occurring under my password.

___ I will not seek personal benefit or permit others to benefit personally by any Mercy Health East Communities confidential information or use of equipment available through my work assignment.

___ I understand that all Mercy Health East Communities electronic communication system and information transmitted by, received from or stored in these systems is the property of Mercy Health East Communities and should not be used inappropriately or for personal gain. I also understand that all electronic communication may be monitored and is subject to audit.

___ I agree to adhere to the guidelines written in this document and understand that violations of this agreement can result in termination of access. I also understand the importance of protecting and respecting our patients' right to privacy and violations of HIPAA privacy and confidentiality regulations relating to any patient's protected health information are subject to criminal prosecution by law.

Duration of Agreement

User obligations under this agreement will continue after termination of employment. Information Resources access privileges are subject to periodic review, revision, and if appropriate, renewal. By signing this document, I acknowledge that I have read, understand, and will comply with this agreement, and that if found to be in violation of this policy, I may be subject to disciplinary action, up to and including immediate termination, and/or legal action. Federal and state laws and regulations protect confidential information.

Printed Name: _____

Coworker Number: _____

Signature: _____

Department _____

Date _____

Facility _____

**Statement of Expectations and
Confidentiality Agreement
For Healthcare Students**

I, _____ (please print name) of _____ (please print school name) understand that as a Healthcare Student at Mercy, I may be present during patient visits, interviews or procedures and have access to or be involved in the processing of (1) information, whether oral or recorded in any form or medium, that relates to or evidences the past, present or future physical or mental health, or condition of patients at Mercy, or the provisions of health care to patients of Mercy, or the past, present, or future payment for the provision of health care to patients of Mercy, and/or (2) contracts, reimbursement arrangements, compensations formulas, systems, operations, business practices, policies, procedures, protocols, fee schedules, and other information, in oral or any recorded form, pertaining to the clinical and financial operations of Mercy.

In consideration of any access to Protected Health Information as defined by the Health Insurance Portability and Accountability Act of 1996 granted to me by Mercy, I agree to maintain the Protected Health Information in the strictest confidence, and not to disclose the Protected Health Information to any person or entity without the prior written consent of Mercy. I will maintain this confidentiality at all times, whether at Mercy or at my current or future place of employment, home, school, university, college or otherwise. My obligations in this regard shall be permanent obligations, and shall survive the termination of this Agreement, or the cessation of my relationship with or presence at Mercy regardless of the reason for such termination or cessation.

I agree that neither my status as a Healthcare Student, nor my presence at Mercy entitles me to Protected Health Information, but, rather, Mercy designee(s) must specifically permit me to access Protected Health Information. I agree that such permission must be obtained from the appropriate administrative representative and that medical staff members of Mercy do not independently have the right to grant me access to Protected Health Information.

I agree that any access that I may be granted by Mercy to Protected Health Information is a privilege and not a right. I agree that Mercy may revoke my access to any or all Protected Health Information at any time and for any reason and/or an applicable patient may request for my access to their Protected Health Information be revoked for any reason. I agree that Mercy may require me to leave Mercy premises at any time and for any reason. I agree that Mercy may require me to return any recorded Protected Health Information (even if recorded by me), to Mercy, at any time and for any reason. I agree to never place information on a Social Network Site that conflicts with Mercy mission and values, policies and procedures, and/or compromises the privacy and security of any patient, physician, or co-worker without written approval from Mercy. No copies of Protected Health Information or data classified as Highly Confidential, on any media, will leave Mercy but can be shared with a clinical instructor. No photographs or videotapes are to be taken of patients or clinical areas at any time by any student. I agree that in any such event, I shall have no right to appeal or contest any such actions.

I agree that while at Mercy, I shall abide by all rules, regulations and policies, procedures and other applicable laws and regulations.

I understand that violation of this Confidentiality Agreement would cause irreparable harm to Mercy and or applicable patients of Mercy for which there would be no adequate remedy at law. Therefore, Mercy shall be entitled to seek injunctive relief to prevent current or future violations of this Confidentiality Agreement, without the requirement of posting bond, and without limitations to any other remedies available to Mercy or available to an applicable patient, at law or equity.

Printed Name

Mercy Sponsor

Signature

Witness

Date