

Clinical Observations for Nursing

The following contains highlights of the HIPAA rules and OSHA standards that are shared with the observer prior to signing the D-H Confidentiality Agreement. The Observer and pre-arranged, identified resource professional will complete this document at the start of the observation experience at D-H.

Understanding HIPAA

- HIPAA (Health Information Portability and Accountability Act) is a federally mandated program and is **not optional**. Federal Regulations require all individuals who have access to confidential patient information to maintain the confidentiality of all patient information.
- HIPAA explicitly refers to protected health information. Protected Health Information (PHI) is **any information, in any format** that could identify an individual patient. This information includes, but is not limited to the patient's name, age, date of birth, gender, address, phone number, attending physician and diagnosis.
- A "breach of confidentiality" occurs when someone discusses the patient's PHI with another individual for other than patient care requirements. **EXAMPLE:** Discussing the patient's change in condition with the physician or nurse caring for the patient is not a breach. However, discussing the patient's change in condition with a friend, relative or even another nurse not associated with the patient is a breach of confidentiality. A breach of confidentiality can result in legal action by the patient, patient's family or guardian against an agency and a specific individual. **EXAMPLE:** A patient may file a lawsuit against an individual for any breach of confidentiality; while filing a separate suit against D-H.
- Whatever you see or hear during your observation experience needs to stay here. You cannot take photographs or post patient identifiable information via social media. You may discuss your experience at D-H, but you may not discuss the patients at D-H. **EXAMPLE:** "I was able to follow the nurse around and talk to the patients and I got to look at some x-rays" would be acceptable statements. What you would not share is, "I got to talk to **Mr. Jones** after his **hernia operation**, and got to look at the **chest** x-ray of the **trauma patient who came in that afternoon from the car wreck.**" You cannot share what you have seen or heard with anyone once your experience is completed. This includes friends, family, teachers, etc.
- A breach of confidentiality could have disciplinary consequences if you are in a school or other official program, adversely affect your ability to seek employment or perform volunteer work at D-H in the future, and lead to monetary judgment against you in the form of federal fines and/or civil lawsuits that could be filed by a patient/family.

CODE OF CONDUCT

- I will protect the patient's right of privacy - all information about the patient is confidential.
- Except for the staff involved, I will NEVER mention a patient's name or illness to ANYONE inside or outside of D-H.
- I will not read ANY patient paper or record unless specifically authorized by the D-H Unit Resource member.
- I will take care not to leave patient papers or records where an unauthorized person could read them.
- When I leave D-H, I will leave behind all patient-specific information I have heard or seen.
- I agree to comply with the "Clinical Observations in Nursing Policy".

UNDERSTANDING OSHA AND INFECTION CONTROL

- The goal of the Infection Control Program is to reduce the risk of infection for clinical observers to exposure of infectious bodily fluids or tissue during their observational experience.
- Observers must maintain the same standards and requirements 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.
- Observers may not be placed in clinical observation situations where the risk of contact with bodily fluids is known.



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**Clinical Observation for Nursing (Age 18 years and older)
Demographic Information, Confidentiality Agreement, and Waiver of Liability**

I, _____, wish to observe health care practices at Dartmouth-Hitchcock (D-H), Lebanon. The purpose of my request is personal and/or for professional education and development

As an observational student/individual, I agree:

- To hold D-H, or a related entity, any of its employees, agents or officers harmless in the event of an incident, injury, or illness.
- To adhere to D-H policies and procedures, including Health Insurance Portability and Accountability Act (HIPAA), D-H Code of Conduct, Occupational Safety and Health Administration (OSHA) and Infection Control.
- To follow the instructions of my faculty or D-H staff member at all times.

I understand that:

- Unless the patient agrees to my presence, I cannot observe patient care.
- I cannot attempt to interfere with or disrupt patient care in any way, and will leave the area promptly if asked to do so.
- The pre-arranged, identified preceptor (DH staff person or faculty member)? who directs the observational experience may exclude me from my observational experience if it is determined to be in the best interest of the patient and D-H.
- D-H is not responsible for lost or stolen personal belongings I bring to this experience.
- I will be required to wear an identification badge at all times while at D-H.
- D-H may take immediate corrective action in any situation in which my behavior and/or performance adversely affect the best interests of the facility or its clients and staff. This may include, but not limited to, removal from the facility and the experience.
- I am aware that there are risks involved 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 blood borne pathogens (such as hepatitis or HIV, the virus that causes AIDS), biological wastes and dangerous chemicals. I am aware of these risks and voluntarily assume these risks.
- I am aware that lack of proper hand washing is the leading cause of the spread of infections and I will adhere to the proper techniques of hand washing and practice this throughout my observational experience.

By signing this document, I maintain I have read, understand, and agree to abide by the policy statements on the confidentiality of patient information as presented in the **“Understanding HIPAA”, “D-H Code of Ethics”, and, “Understanding OSHA and Infection Control”** documents.

Observer’s Name: _____

Observer’s Address: _____

Observer’s Phone: _____ Observer’s DOB: _____

Observer’s Electronic Address: _____

Emergency Contact: _____ Contact’s Phone: _____

Clinical Area Observed: _____ Clinical Area Faculty/D-H Staff Member: _____

Observation Date: _____ Hours of Observation: _____

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

Observer’s Signature Date

Pre-arranged, Identified Resource Professional’s Signature Date

Please return completed forms to:
Wendy M. Windsor
Clinical Placement Coordinator
Center for Nursing Excellence
Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756
wendy.m.windsor@hitchcock.org