

UNIVERSITY OF CHICAGO MEDICAL CENTER
Clinical Observers Policy

Policy: A08-27

Issued: July 2001

Revised: September 2021

POLICY

1. It is the policy of the University of Chicago and the University of Chicago Medical Center to permit qualified physicians, physician trainees, medical students, nurses and other health care professionals (e.g., pharmacy, respiratory therapy, psychology, and radiology) as well as researchers and educators) to be present in the Medical Center to observe patient care activities in order to advance the individual's clinical training. Such observation must be done under supervision and sponsorship of a UC/UCMC Department and in a manner that does not compromise or interfere with patient care or with the formal training provided to others at the Medical Center. For physicians, approval is needed from the sponsoring department and the Office of Academic Affairs officer. For residents, approval is needed from the GME office. For nurses, approval is needed from the Chief Nursing Officer. For international observers, approval is needed from the Office of International Programs for all applications initiated with the OIP, or the OIP must be informed of all applications for international observerships initiated outside of OIP. (See the attached Clinical Observers Application "Conditions/Understandings of Clinical Observers".)
2. A period of observation is not intended to be a formal training program and will not be allowed as an alternative to a fellowship, residency or medical school elective or other formal clinical education. There will be no clinical component or patient care activity to any observation period and the Medical Center will not offer educational credit, confer a degree or provide any training certification for an individual's period of observation.
3. The Pritzker School of Medicine establishes the criteria and procedures for visiting medical students who wish to participate in clinical electives at the Medical Center. Note: Such electives are not observerships. Most medical students visiting UCM are expected to be enrolled in such electives; details on the application process for domestic students and LCME accredited institutions can be found at: <https://pritzker.uchicago.edu/academics/visiting-students-2021-22>.

A limited number of international medical students are accepted into clinical electives and details for international medical student electives can be found at:

<https://cgh.uchicago.edu/page/exchange-programs>.

DEFINITIONS

1. **Visiting Professional** - a person who holds a valid medical or other health care license in another state or country and may also include a scientist, researcher or another licensed individual, who will be present at the Medical Center to teach and/or observe for a period of 9 business days or less. Visiting Professionals must have a faculty sponsor at the University of Chicago who agrees to oversee the period of visitation and who will be responsible for guiding and monitoring the training of the individual.

2. **Visiting Clinical Observer in Residence** - a person who holds a valid medical or other health care license in another state or country, who has the proper credentials to come to the Medical Center for a period of observation and training. Visiting Clinical Observers in Residence may also be scientists, researchers or other licensed individuals, who may observe interactions with patients and have access to patient information as part of their period of observation at the Medical Center, but will not perform any clinical activities or have any hands-on or direct patient care. A Visiting Clinical Observer in Residence typically will be present at the Medical Center for a period of more than 5 business days and less than six months, but the Medical Center may permit longer periods of observation depending upon the visitor's visa status. A Visiting Clinical Observer must have the sponsorship of an academic institution, agency or foreign government and have adequate evidence of financial support and health insurance; and must have a faculty or employee sponsor at the Medical Center who agrees to oversee the period of observation.
3. **Visiting Resident/Fellow Observer** - a person who is enrolled in a Residency Training Program listed in the FAIMER International Medical Education Directory (IMED) or currently participating in a fellowship who has the proper credentials (MD or equivalent) to come to the Medical Center for a period of observation and training not to exceed 30 days. A Visiting Resident/Fellow Observer may observe interactions with patients or have access to patient information as part of their period of observation at the Medical Center, but will not perform any clinical activities. A Visiting Resident Observer must have the sponsorship of an academic institution, agency or foreign government; have adequate evidence personal health insurance in the US; and must have a faculty or employee sponsor at the Medical Center who agrees to oversee the period of observation, not to exceed 30 days.
4. **Medical Student Observer** - means a person who is enrolled in an LCME accredited medical school or enrolled in a Global Health program and who has the proper credentials to come to the Medical Center for a period of supervised observation that is not a clinical elective, not to exceed 30 days.
5. **International Medical Graduate ("IMG") Observer:** a person who is an International Medical Graduate seeking U.S. hospital experience before starting a residency in a U.S. program. The purpose is to help the IMG learn the American method of obtaining a patient's medical history, conducting a patient examination, and recommending treatment by observing a licensed physician preceptor. The IMG will not perform any clinical activities or have any hands-on or direct patient care. An International Medical Graduate Observer typically will be present at the Medical Center for a period of more than 5 business days and less than six months, but the Medical Center may permit longer periods of observation depending upon the visitor's visa status.
6. **OCC** – Office of Corporate Compliance
7. **GME** – Office of Graduate Medical Education
8. **CGH - Center for Global Health** – Applications for international clinical observers that are from an institution with a Memorandum of Understanding as part of CGH will be processed through policies established by the CGH in compliance with University and Medical Center policies.
9. **OIP - Office of International Programs** – The Office of International Programs coordinates international observerships at the Medical Center for clinicians, IMGs and other health care professionals. Applications for international clinical observers that are part of OIP initiatives will be processed through policies established by OIP in compliance with University and Medical Center policies.

PROCEDURE

A. Process for Visiting Professionals, Visiting Clinical Observer, and Visiting Resident observers.

1. **Visiting Professional** - The credentials of persons who will come to the Medical Center as a Visiting Professional will be obtained by the clinical departments 30 days in advance of the start date. CGH and OIP will assist in this process for observers who are applying to visit the Medical Center under their programs. These credentials may include copies of licenses, evidence of degrees, resumes and recommendations (as requested by hosting department).

All departments should receive the following application materials:

- Application to Observe Medical Care form
- Assumption of Risk form
- Confidentiality and Non-Disclosure Agreement form
- HIPAA attestation form

The hosting department will:

- a. Make the appropriate arrangements to enable the Visiting Professional to observe and teach without engaging in any direct patient care.
 - b. Provide the Visiting Professional with an appropriate orientation to the Medical Center.
 - c. Advise Visiting Professionals of the limitations for a person who:
 - i. Does not hold an Illinois medical license and /or
 - ii. Persons who do not have any clinical privileges at the Medical Center.
 - d. The department will assure that the Visiting Professional has signed the Application to Observe Medical Care form, Assumption of Risk form, Confidentiality and Non-Disclosure Agreement form and the HIPAA attestation form. A copy of The HIPAA attestation form is to be forwarded to the Office of Medical Center Compliance (OMCC) Education Office. All other documentation for a Visiting Professional will be maintained in the Departmental Office.
 - e. Each Visiting Professional must have a faculty member or university/hospital employee who agrees to oversee the period of observation.
2. **Visiting Clinical Observer in Residence** - A person who will come to the Medical Center as a **Visiting Clinical Observer in Residence** must work with the hosting department Academic Affairs/HR specialist approximately 16 weeks in advance of the start date to file an application with the Dean's Office of Academic Affairs approximately four weeks before the intended start date for physicians (or filed with the OIP for other licensed health care professionals, as appropriate). The application must show evidence that the person holds an active medical or other health care license in another state or country, or may be a scientist, researcher or another licensed individual. Visiting Clinical Observers must have a University of Chicago faculty sponsor or university/hospital employee who agrees to oversee the period of observation, the sponsorship of an academic institution, agency or foreign government, and have adequate evidence of financial support and evidence of current health insurance.
 - a. The application will include:

- i. Clinical Observer Application Form
 - ii. Curriculum Vitae
 - iii. Copy of medical or other health care license in English
 - iv. Letter from chair of department at home institution that states the Clinical Observer: has permission to leave (state proposed time frame), will return to home institution upon completion of project, has language proficiency in English
 - v. Two letters of recommendation
 - vi. Letter from faculty sponsor/departmental chair that states: name of Clinical Observer candidate, proposed start and end dates of training, description of training/mentoring commitment and terms for evaluation
 - vii. If visitor has medical degree, then 5-Point Letter from faculty sponsor
 - viii. Proof of funding support (if funding source is home institution, then this can be stated in letter from chair)
 - ix. Proof of personal health insurance in English
 - x. Proof of immunization in English (e.g., measles, mumps, rubella, varicella, hepatitis B, TB, mask fit test, influenza)
 - xi. Proof of HIPAA compliance (can be completed upon arrival in US)
- b. It is the responsibility of the clinical department hosting the Visiting Clinical Observer in Residence to obtain all of the required documents.
 - c. The Dean's Office of Academic Affairs and or the OIP in conjunction with appropriate UCMC Department will review the application and will notify the Department that it has been approved.
 - d. All documentation will be kept in the Office of Academic Affairs or the OIP for a period of two years.
3. **Visiting Resident/Fellow Observer** - A person who will come to the Medical Center as a **Visiting Resident/Fellow Observer** must file an application with the Office of Graduate Medical Education (international applicants will work with OIP or CGH to complete the application. OIP or CGH will review and approve complete applications and submit to GME). All Visiting Resident/Fellow Observers must have a University of Chicago faculty sponsor who agrees to oversee the period of observation. The application must show evidence that the person holds an active medical license or the local equivalent in another state or country, and has the sponsorship of an academic institution or agency or foreign government.
- a. The application must be submitted 12 weeks in advance and will include:
 - i. VRO/Clinical Observer Application Form
 - ii. Curriculum Vitae in English
 - iii. Copy of passport identification page and visa
 - iv. Copy of medical license in English
 - v. Letter from dean at home institution that states the individual: has permission to leave (state proposed time frame), will return to home institution upon completion of project, has language proficiency in English
 - vi. 5-point letter from UChicago faculty sponsor
 - vii. Two letters of recommendation
 - viii. Proof of personal health insurance in English
 - ix. Proof of immunization in English (e.g., measles, mumps, rubella,

- varicella, hepatitis B, TB, mask fit test, influenza)
 - x. Proof of HIPAA compliance (can be completed upon arrival in U.S.)
 - xi. TOEFL scores, if not from a country in the British Commonwealth
 - b. The Office of Graduate Medical Education will review the application and will notify the Department that it has been approved.
 - c. Documentation for domestic observers will be kept in the Office of Graduate Medical Education and documentation of international observers will be kept at the Center for Global Health or OIP for a period of two years.
- 4. **Visiting International Medical Graduate Observer.** A person who will come to the Medical Center as an **IMG Observer** must file an application with the Office of International Programs. All IMG Observers must have a University of Chicago faculty sponsor(s) who agrees to oversee the period(s) of observation. The application must show evidence that the person has graduated from a medical school listed in the International Medical Education Directory (IMED) (www.faimer.org)
 - a. The application must be submitted 12 weeks in advance and will include:
 - i. IMG Observer Application Form
 - ii. Curriculum Vitae in English
 - iii. Copy of passport identification page and visa
 - iv. Copy of medical license in English
 - v. 5-point letter from UChicago faculty sponsor
 - vi. Two letters of recommendation
 - vii. Proof of personal health insurance in English
 - viii. Proof of immunization in English (e.g., measles, mumps, rubella, varicella, hepatitis B, TB, mask fit test, influenza)
 - ix. Proof of HIPAA compliance (can be completed upon arrival in U.S.)
 - x. TOEFL scores, if not from a country in the British Commonwealth
 - b. The Office of International Programs will review the application and will notify the Department that it has been approved.
 - c. Documentation for international observers will be kept in the Office of International Programs for a period of two years.
- 5. **Visiting Medical Student Observer** (not enrolled in a clinical elective¹ through Pritzker School of Medicine) – On occasion, a medical student may visit UCM for a period of observation, not to exceed 30 days. Such observerships must be sponsored by a University of Chicago faculty member who agrees to observe the period of observation.
 - a. The application must be submitted 12 weeks in advance and will include:
 - i. Clinical Observer Application Form

¹ Most medical students visiting UCM are expected to be enrolled in clinical electives through the Pritzker School of Medicine. A person who will come to the Medical Center as a **Visiting Medical Student Observer** must file an application with the Pritzker School of Medicine.

- ii. Curriculum Vitae in English
- iii. Copy of passport identification page and visa
- iv. Certification of enrollment in a Medical School
- v. Letter from dean at home institution that states the individual: has permission to leave (state proposed time frame), will return to home institution upon completion of project, has language proficiency in English
- vi. Two letters of recommendation
- vii. Proof of personal health insurance in English
- viii. Proof of immunization in English (e.g., measles, mumps, rubella, varicella, hepatitis B, TB, mask fit test, influenza)
- ix. Proof of HIPAA compliance (can be completed upon arrival in U.S.)

B. Screening

1. A health screening evaluation and a criminal background check will be required for Visiting Clinical Observers in Residence, Resident, IMG and medical school observers, the costs of which will be paid by the department or observers. The Dean's office or OIP will facilitate this screening for Visiting Clinical Observers in Residence, and the hosting department will facilitate screenings for Visiting Resident Observers.
2. Visiting Clinical Observers in Residence, Visiting Resident Observers, Visiting IMG Observers and visiting medical students need to have a screening appointment with Occupational Medicine to receive clearance before a hospital ID badge is issued. This appointment is to be scheduled by the Clinical Observer's hosting department.
 - a. Immunization records and titers should be sent to Occupational Medicine for review before the appointment, and hard copies of the documentation should be brought to the appointment.
 - b. Occupational Medicine can either provide any outstanding immunization requirements or notify the individual to allow for testing off-site (note: Administration of outstanding immunizations are the financial responsibility of the observer, and may delay observership start date). Records of an off-site screening may be faxed, mailed or brought in person to Occupational Medicine for review prior to granting clearance.

C. Safety Instruction

It is the responsibility of the clinical department hosting the observer to arrange for appropriate safety instruction and orientation to the areas where the observer will be present. If the observer will be involved in laboratory research, this instruction must include appropriate laboratory safety instruction as determined by the Safety Office.

D. Identification Card

A Visiting Clinical Observer in Residence and Visiting Resident Observer and Visiting IMG Observer will be issued an identification card from the Security Department which must be worn at all times in the Medical Center. The identification card may not contain the designation "Dr." and may not include any academic degrees.

E. Visa

If the Observer is a foreign national, it is his/her responsibility to obtain the appropriate visa to gain admission to the United States. S/he assumes any risk associated with the decision to attempt entry to the US. A B (business visitor) Visa may be appropriate for a member of the medical profession whose purpose for coming to the United States is to observe U.S. medical practices and consult with colleagues on latest techniques, provided no remuneration is received from a U.S. source and no patient care is involved. [9 FAM 41.31 N11.8]

Honorarium Payment

A B-1 nonimmigrant may accept an honorarium payment and associated incidental expenses for usual academic activities (which can include lecturing, guest teaching, or performing in an academic sponsored festival) if:

1. The activities last no longer than nine days at any single institution or organization;
2. Payment is offered by an institution or organization described in INA 212(p);
3. The honorarium is for services conducted for the benefit of the institution or entity; and
4. The alien has not accepted such payment or expenses from more than five institutions or organizations over the last six months. (9 FAM 41.31 N11.2)

F. Access to Information System

Clinical Observers will not be given any access to Medical Center patient information systems. If the faculty member who is overseeing the period of observation establishes that the Clinical Observer has a significant need to access patient information systems, then he may make a request to the Clinical Director of the Medical Center Information Services. If the request is granted, access will be given only after all training and security requirements have been met.

G. HIPAA Education

1. All clinical observers must review the Summary of the HIPAA privacy rule document included in the application package) and sign the attached attestation form prior to beginning Clinical Observation at the UCMC. It is the responsibility of the Dean's Office or Office of Graduate Medical Education or Office of International Programs to ensure that a copy of this form is delivered to the OCC Education Office before the Clinical Observer begins their period of observation.
2. The OCC will receive a list of approved Clinical Observers from the Dean's office, Office of Graduate Medical Education, or OIP in advance of their scheduled date of observation activity to ensure adherence to this education requirement.

H. Interphase with other policies

1. **Observation in the OR** – In order for a Clinical Observer to be present in the operating room, all requirements of the Visitors to the Operating/Recovery Room Policy must be followed.
2. **Applicability of Other Policies** – Any person who is given permission to be a Clinical Observer is expected to follow all other applicable policies and procedures of the institutions.

INTERPRETATION, IMPLEMENTATION AND REVISION

The Office of the Dean of the Biological Sciences Division, Office of Graduate Medical Education and The Center for Global Health, Chief Nursing Officer, and the Office of International Programs are responsible for review and the clinical departments are responsible for the implementation of this policy.

Attachment: Clinical Observers application

Thomas Jackiewicz, President

THE UNIVERSITY OF CHICAGO and UNIVERSITY OF CHICAGO MEDICINE

Application to Observe Medical Care (Clinical Observers)

This form is to be used by individuals with advanced medical or other health care degrees who wish to come to UCMC to observe medical care in order to advance their education. The applicant must have an active license, in good standing license from another state or foreign country or be an international medical graduate (IMG). Because the clinical observer will not have a license in Illinois and/or will not have any privileges or credentials at the Medical Center, the clinical observer will not be permitted to engage in any patient care or hands-on training involving patients. There will be no certification made by Medical Center of any clinical training.

NAME: _____ (Last) _____ (First) _____ (MI)
Permanent Address: _____
Street _____ City _____ State _____ Country _____ Zip Code _____
Telephone: _____ Cell/Other _____
Email Address: _____
Sex: M F Birthdate: _____ (MM/DD/YYYY)

Name of sponsoring entity (hospital, institution, governmental entity, etc.) _____
Position at sponsoring entity _____
Are you enrolled in a residency training program? Yes No

DEPARTMENT where you will be observing: _____
Name of UCMC Physician/Employee overseeing this observation period: _____
Area of study at UCMC: _____
Period of study: _____ to _____ (MM/DD/YYYY)

Are you a U.S. citizen? Yes No
If No, do you hold a permanent residence status for the U.S.? Yes No
If Yes, date permanent resident card issued (attach a copy) _____
If No, in what country do you hold citizenship? _____
Do you hold a J-1 Exchange Scholar Visa? (attach a copy) Yes No
If Yes, date issued _____ Date _____ Visa No. _____
(MM/DD/YYYY) (MM/DD/YYYY)
If No, what type of visa do you hold _____
Expiration Date (MM/DD/YYYY) _____

Application to Observe Medical Care
(Clinical Observers)

Page Two

Describe your goals during this period of study and observation:

LETTERS OF REFERENCE/RECOMMENDATION: Please attach two (2) letters of recommendation from members of your specialty who can attest to your professional competence and ethical character.

By signing this application,

- ✓ I request consideration for a period of study and observation at UCMC.
- ✓ I understand that I will not be permitted to engage in patient care.
- ✓ I understand that I will be expected to follow all UCMC policies and procedures, that I will be expected to undergo screening for infections, diseases and safety education.
- ✓ I understand that if I breach any UCMC policies or obligations, I will be asked to leave immediately.
- ✓ I understand that UCMC will not provide me with any clinical training certification at the end of this period of education.

Signature of Applicant

Date

I have reviewed the application and credentials submitted by this applicant to be a Clinical Observer at UCMC. I support the application and I agree to personally oversee and supervise this period of observation and education.

Signature of Sponsoring Faculty Member or UCMC Provider

Date

Signature of Department Chair/Vice President

Date

THE UNIVERSITY OF CHICAGO MEDICAL CENTER

UCMC prohibits anyone from engaging in patient care who does not have privileges at UCMC or who is not enrolled in the Medical Centers' residency training programs. Therefore, it is important to prevent persons who are visiting the Medical Center to observe, teach or perform research and who are licensed health care providers in other states or countries but who do not hold an Illinois professional license or who do not have privileges at the Medical Center ("Clinical Observers") from inadvertently or intentionally violating Illinois law or Medical Center policy.

Conditions for Clinical Observers

As a condition of permitting _____ (hereafter referred to as the Clinical Observer) the opportunities to observe clinical services or perform research in the Section of _____ of the Department of _____ at the University of Chicago Medical Center between _____ and _____ (insert start and end dates) and under the direction of, _____ the Undersigned agree that the Clinical Observer:

- Will always be accompanied by a UCMC clinical attending or other supervising health care professional when in the presence of patient or in patient care areas;
- Will not be introduced to a patient, refer to himself/herself or be represented to the patient or any other person as a "Doctor" or a "Physician." It is appropriate to represent the Clinical Observer as a Professor if he or she holds appropriate educational degrees;
- Must be clearly identified to all patients and staff and permission must be obtained from each patient (or proxy for observer to be present during any encounter. Should a patient request a clinical observer to leave at any point during an encounter, the observer must leave promptly.
- If the Clinical Observer wears a white lab coat in the presence of a patient or in any patient care areas, it will not have embroidery on it or other identifying marks or imprints;
- The ID badge for the Clinical Observer must list only his/her name and will display the title "Observer." It will not carry the designation "Dr." and may not include any academic degrees. A department may be indicated below his/her name;
- In the presence of a patient or in any patient care areas the clinical observer will not be asked or allowed to answer specific questions about a patient's care or treatment, or otherwise provide medical or professional opinions;
- Will not perform any patient services, including, without limitation, writing patient orders or writing in patient charts; interpreting, writing, or reporting test results, x-rays, etc., as part of the treatment of a patient; performing or assisting in any procedures on a patient; taking medical history or performing physical exam, prescribing or administering drugs; or billing for services
- Will not be indemnified/insured by The University of Chicago or The University of Chicago Medical Center for malpractice purposes.
- Agrees to fully comply with any applicable laws or regulations.
- Agrees to follow all Hospital and University policies, rules and regulations including, specifically, those regarding infection control and Safety, confidentiality, and the policies and procedures of the IRB.
- Is responsible for own personal transportation, accommodations, meals, medical insurance (if necessary), required immunizations and any other personal expense incurred while at UCMC.
- Shall not be entitled to any of the rights or benefits of employees or students of the Hospitals or the University.
- A clinical observership may be terminated (or its duration change) by the observer of the UCMC sponsor at any time.

(Clinical Observer's signature and date)

(UCMC Sponsor's signature and Date)

(Section Chief's signature and date)

(Department Chair's/VP's signature and Date)

THE UNIVERSITY OF CHICAGO and the
UNIVERSITY OF CHICAGO MEDICAL
CENTER
ACCEPTANCE OF RISK for Clinical Observers

As a clinical observer at the University of Chicago Medicine including surgery and/or as a participant in research for purposes of my own academic development and training, I recognize and acknowledge that there may be certain risks of physical injury including, but not limited to death, which may arise from these activities. I have no physical condition that would present a risk of injury to me through my participation as a clinical observer or researcher. Notwithstanding any instruction or consultation by the University of Chicago and the University of Chicago Medical Center I agree to assume responsibility for any such injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the clinical observation or research except if caused by the sole negligence of The University of Chicago or the University of Chicago Medical Center. I hereby release, waive and discharge the University of Chicago and the University of Chicago Medical Center, their trustees, officers, agents or employees from any and all liability, claim, damages and losses arising out of any loss, damage or injury that maybe sustained by me or to any property belonging to me while participating in these activities. I acknowledge that the University and Medical Center are providing me with an educational opportunity and I further agree to indemnify and hold The University of Chicago and the University of Chicago Medical Center harmless for any occurrence resulting there from except if caused by the sole negligence of The University of Chicago or the University of Chicago Medical Center. It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs and assigns. This agreement shall be construed in accordance with the laws of the State of Illinois. I further agree that participation in any activity will be at my own discretion and judgment. I also understand that the University does not provide health, accident or liability insurance to me. I certify that I have health insurance that will cover medical services that might be necessary and agree that I will not participate in clinical observation or research activities should I become uninsured. I further understand that The University of Chicago or the University of Chicago Medical Center may, but is not required to, terminate my participation at any time for any reason. I am 18 years of age or older. I have read and fully understand the above Acceptance of Risk and I voluntarily sign this agreement.

Signature of Clinical Observer

Date

Printed Name

THE UNIVERSITY OF CHICAGO MEDICAL CENTER
CONFIDENTIALITY OBLIGATIONS

I, _____, will be a Clinical Observer at the University of Chicago Medical Center. I may have access to certain information which is either non-public, confidential or proprietary in nature, including information about UCMC's patients:

Any and all such information furnished to or accessed by me or provided to me whether by a patient or UCMC in connection to my being a Clinical Observer shall be considered confidential and shall be referred to as "Confidential information." As a condition to UCMC allowing me to be a Clinical Observer, I agree:

- I will not access confidential information that I have no need to know.
- I will keep Confidential Information confidential and will not in any way disclose, copy, release, sell, loan, revise or destroy any Confidential Information without UCMC's and/or the individual patient's prior written consent.
- I will safeguard and will not disclose any authorization given to me that allows me to access information.
- I will not misuse confidential information or fail to safeguard confidential information, including allowing unauthorized persons to obtain or access confidential information.
- I understand that my obligations will remain in effect at all times during my participating as a Clinical Observer and continue after my termination or expiration of my participation.
- I understand that I have no right or ownership interest in any confidential information referred to in this Agreement. UCMC may at any time revoke my authorization or access to Confidential Information.

I have read this statement. I understand my obligation to confidentiality and I agree to follow that obligation. I understand that if I breach my obligation to maintain confidentiality, I will be asked to immediately leave UCMC.

Signature

Print Name

Address (Street, City, State, Zip Code)

Telephone

Cell Phone

Email Address

Date

Department