## **Observer Agreement**

Observer Name:	Department:	
Date:	Start Time:	End Time:

The Froedtert Health Affiliate has agreed to allow the unglessi Observer to observe patient care after meeting the establish requirements. In consideration of the Observer being allowed the opportunity to observer bratethert Health Affiliate, the undersigned Observer hereby agrees to the following:

Confidentiality - The Observer agrees that any information or knowledge ræchor received during the course of the observation, including but not limited to patient care information and informacontained in patient care records, shall be treated has exercised and shall not, unless required by lawoth revise specifically permitted by the Froedtert Health Affiliate, be disclosed or dues ing or after the Observer's observation at fine edtert Health Affiliate whout the prior written consent of the Froedtert Health Information.

Release/Indemnification - The Observer agrees to and hereby does release, indemnify and hold harmless the Froedtert He Affiliate, its members, directors, officeremployees and representatives from any and all responsibility and obligation obligation on to hold the Froedtert Health Affiliate liable for any oringiluries, losses, damages or express which may occur as autes of any act or omission of the Froedtert Health Affiliate, its members, directors, officers, employees or representatives, or warise may from the Observer's observation experience at the Froedtert Health Affiliate.

Illness - The Observer hereby forever releases and shall discharge all claims and **causies** whatsoever, present and future, against the Froedtert Health Affiliate, it relictors, officers, employees and agenetisated to or arising out of any illness is ease or health condition the individual may contract, develop or come into contact with while on the premises of the Froedtert Health Affiliate.

Medical Treatment - The Observer agrees the Froedtert Health Affiliate shall tional Safety and Health Administration (OSHA) r

Medical Conditions – To avoid exposure of risk to any of the Froedtertl Heaffiliate's patients or staff the observed from any communicable disease(s).

## Observer Signature

I certify that the information in this doment and any attached documents is troop, ect, and complete. I understand and egr