

COMPLIANCE AND CONFIDENTIALITY ACKNOWLEDGMENT
St. Louis Children's Hospital

I, the undersigned hereby acknowledge my responsibility under applicable state and federal laws to understand and comply with BJC's Compliance Program, including the Code of Conduct, the Privacy Compliance Policies and any other applicable policies or procedure. I understand that my failure to comply with the policies may result in my dismissal from facility. I understand that I should raise any compliance concerns with my facility preceptor. I agree to keep confidential any information regarding the facility, the facility's patients, as well as all confidential patient information, including any electronic protected health information to which I may have access.

I also acknowledge that I have received and reviewed a copy of the Observation Expectations, and that the BJC Code of Conduct is available upon request.

Dated this _____ day of _____, 20__.

Observer's Signature

Printed Name

For students less than 18 years of age, parent/legal guardian signature is required. Signature indicates that student has reviewed and understands the expectations for the observational experience.

Parent/Legal Guardian Signature

As the sponsor and supervisor for the above-referenced Visitor, I understand and acknowledge that I must use my best efforts to maintain the confidentiality of patient information in compliance with BJC Privacy Compliance Policies. Information/expectations have been communicated to the observer and assigned staff member.

Observer Sponsor Signature Date

Printed Name

Document will be maintained:
By Clinical Education Department for 6 years for Student Observations.
By Human Resource Department for 6 years for Pre-Hire Observations.