



Clinical Preceptorship or Healthcare Observer Form

Healthcare Observations are intended as a time limited arrangement to allow persons to precept/observe clinical or non-clinical staff for education purposes. Prior to preceptorship/observation opportunities, a student must ensure there is an affiliation agreement between their learning institution and Summit Medical Group, PLLC. Once a student secures placement with a site location please print, complete, and return this packet to the site manager and forward a copy to the HR Department at: Summit Medical Group, attention: Talent Acquisition Specialist, 1275 Dick Lonas Road NW, Knoxville, TN 37909 or email to hrdepartment@summithealthcare.com.

*****It is the responsibility of the student/affiliation to find placement at a Summit Medical Group clinic site. Summit Medical Group location information can be found on the "locations" tab*****

The following must be complete before the preceptorship/observation event can start:

_____ Current affiliation agreement signed and on file with Summit Medical Group, PLLC.

_____ Confirmation of SMG location accepting preceptorship/observation

_____ Review/sign/return the fact sheet entitled HIPAA Training Students/Observers

_____ Review/sign/return the Confidentiality and Waiver of Benefits Agreement

_____ Produce evidence of the following immunizations:

- TB test within the last year prior to placement at SMG or a negative chest x-ray within the last year of TB skin test is positive
- Documentation of 2 doses of MMR vaccine or documentation of positive antibody titers
- Documentation of Tdap (tetanus, diphtheria and pertussis) vaccine, unless Td (tetanus and diphtheria toxoids) vaccine has been received within the past 2 years or less
- Documentation of positive history of chickenpox, or positive antibody titer; if negative history and/or titer, 2 doses of varivax vaccine is required.
- Documentation of seasonal flu vaccine
- Hepatitis B Vaccine or signed SMG declination. ***Hepatitis vaccine is the only exception for non-clinical placements.***

Key Points- *applies to clinical preceptor and healthcare observer*

- Approved clinical preceptorships, should refer and/or follow the guidelines set forth and covered by the affiliation agreement between SMG and the student's learning institution.
- Healthcare Observers do not participate in patient care in any manner.
- Arrive on time to the designated location.
- Dress should be appropriate to the setting and/or as specified when scheduled.
- Should not carry cell phones or other electronic personal devices during patient encounters.
- Observation experiences are not allowed or will be suspended in the event of type of incident such as a disaster.
- Observation experiences are not allowed if the preceptor/observer has evidence of any illness such as cough, fever, etc.
- Once all requirements are met the observation experience will be scheduled.
- Expectations to be respectful of patients, staff, and others they encounter.
- Patients have the right to refuse having an observer in their room; respect this right and remain flexible if a patient is uncomfortable having you observe.

Health Information (HIPPA) Training for Observers

As an observer at Summit Medical Group, I am committed to protecting any Individually Identifiable Health Information in its possession against unauthorized disclosure, inappropriate use or improper application in accordance with the privacy and confidentiality requirements of the administrative Simplification provisions of the Health Insurance Portability and Accountability act [HIPPA].

It is the obligation of all observers to recognize the privacy concerns of patients and take the necessary steps to respect and maintain the privacy of all health information.

Summit's policies provide for the following rights and protections related to a patient's confidential health information:

- The patient will be informed of how Summit will use or handle their health information through a Notice of Privacy Practices.
- Patients will be given access to their own health information as required by law.
- Patients may authorize their own health information to be shared with others.
- Summit may share a patient's health information without the patient's authorization in certain situations.

All observers are required to follow Summit's policies to ensure that the privacy of health information is protected as required by law.

Below are some of the steps you can take to maintain the confidentiality of health information to which you have access:

- Discuss patients or their health information only in areas where you are certain you cannot be overheard by other patients or visitors
- Do not leave medical records, patient financial information, or reports open in areas they can be viewed.
- Report any unauthorized release of confidential information to your mentor.

Observer Signature _____

Date _____

CONFIDENTIALITY AND WAIVER OF BENEFITS AGREEMENT

The Summit Medical Group ("Summit") Associate ("Associate") whose signature appears below is in a position to have access to important proprietary, organizational and protected health information, the confidentiality of which is considered by Summit to be integral to the business operations and ongoing success of the organization.

For the above stated reason, the Associate hereby agrees to keep any information viewed or otherwise acquired during the course of working with Summit strictly confidential. The Associate further agrees that Summit may hold the Associate personally responsible for any reckless or willful dissemination of such information. The Associate further agrees that any information obtained from Summit will not be used or supplied to others for the purpose of soliciting patients, other associates, members or others associated with Summit. The Associate will take all steps reasonable to maintain the confidentiality of the information obtained in the course of their relationship with Summit.

If the Associate is compelled to disclose information obtained through their relationship with Summit by any law, court order, or other legal or regulatory means, Summit will be notified prior to such disclosure and the Associate will allow Summit's involvement to the fullest extent possible in the disclosure of such information.

Associate shall not have any claim under this Agreement or otherwise against Summit for vacation pay, sick leave, retirement benefits, social security, workers' compensation, health, disability or unemployment insurance benefits.

The terms of this Agreement will survive Associate's relationship with Summit and the Associate shall continue to be bound hereby regardless of the existence or nonexistence of a relationship with Summit. By signing below the Associate indicates agreement with the above statements and consents to be bound by the covenants contained herein.

Print Name

Signature

Date