



International Student Cell Yenepoya (Deemed to be University)



Observers Confidentiality and Non-Disclosure Statement and Waiver of Liability

I, _____, wish to observe the activities of the

Department of _____, _____ College,
Yenepoya (Deemed to be University), in furtherance of my personal/ educational goals. I
understand that I will be under the supervision of _____ .

I understand that I will not be allowed to perform any clinical activities or other work,
including touching any patient, documenting in any medical record, or advising any care
providers or patients. I understand I am not to be in any patient care area without one of my
Supervisors being present with me. I understand that if I fail to comply with this requirement, it
will result in immediate termination of my observership.

I am also aware of the Hospital's and University Department's Regulations and Policies and I
agree to comply with Hospital Privacy Policies and Procedures which say:

- All patient information, including medical records, other medical information, billing
and financial data are confidential.
- Patient records cannot be permitted for publication.
- Hospital Privacy Policies and Procedures will apply to all patient information even
after the completion of observership.
- Any questions or concerns about the Privacy Rules and/or the proper use or
disclosure of patient information, should be clarified with the Supervisor, the Hospital
Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- Violating patient confidentiality by using or disclosing patient information
improperly may attract disciplinary action including immediate termination of
observership.

I understand that even though I will only be observing activities, I may be exposed to
certain risks of bodily injury and other dangers, including but not limited to, exposure to blood-
borne pathogens, biological waste and dangerous chemicals. I am aware of these risks and
voluntarily assume these risks.

For and in consideration of Yenepoya (Deemed to be University) allowing me to observe
the activities of the Department of _____, to further my
educational goals, I hereby release and forever discharge Yenepoya (Deemed to be University),
its officers and employees from all claims, demands, rights and causes of action of whatever kind



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or nature arising from any by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, these specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

Observer Name: _____

Signature with date: _____

Name of Witness in Full: _____

Address of Witness: _____

Signature of Witness with date: _____