



Observation Experience Agreement--Minors

Observer Name _____ Date of Birth _____

- 1) **Permission:** My child may participate in an Observation Experience at Logan Health. I understand that a school representative might not be present while my child is an Observer.
- 2) **Confidentiality.** Observers must comply with confidentiality. In the course of learning experiences, Observers may be exposed to private and confidential information about LOGAN HEALTH patients and/or employees. Observers must understand that this information may NOT be shared outside of the Observation Experience with any member of the public. The intentional breach of confidentiality regarding patients and/or organization employees is considered gross misconduct and reason for termination of the Observation Experience and may subject Observers to personal liability up to the maximum penalty under applicable (e.g.,HIPAA) laws. I have reviewed and understand the HIPAA Education provided to me and agree to maintain the confidentiality of LOGAN HEALTH patients and employees, and their private information.
- 3) **Medical Release:** I hereby give my consent, in the event of injury or illness, for emergency medical/dental treatment, hospitalization or other treatment as may be necessary for the welfare of my child by a physician, dentist, licensed nurse and/or other hospital employee during all periods of time in which my child is participating in an Observation Experience at Logan Health. Further I hereby waive, on behalf of my child if under the age of 18, any liability of on the part of LOGAN HEALTH, its directors, agents and employees, arising out of such medical treatment. I also agree to pay for any charges that may be incurred for such treatments.
- 4) **Photo Release:** I do hereby, consent to the use of Observer’s name, picture, silhouette, caricature, video/film reproductions of physical likeness, and/or verbal statements in print and/or audio reproduction in the marketing communications or education programs of LOGAN HEALTH, and I hereby release LOGAN HEALTH from any liability resulting therefrom. I irrevocably waive the right to compensation for such uses.
 - _____ I grant permission to photograph Observer for promotional and marketing purposes only.
 - _____ I do not provide permission to photograph the Observer.

I acknowledge and agree to items 1-4 above.

Parent/Legal Guardian Print Name _____

Parent/Legal Guardian Signature _____ Date _____

Observer’s/Minor’s Signature _____ Date _____