

NORTH BROWARD HOSPITAL DISTRICT
d/b/a
BROWARD HEALTH

OBSERVATIONAL EXPERIENCE ACKNOWLEDGEMENT

For and in consideration of the benefit provided the undersigned below ("Observer") in the form of an observational experience at the North Broward Hospital Broward Health d/b/a Broward Health, a special taxing district of the State of Florida ("Broward Health"), does hereby covenant, acknowledge and/or agree to do the following:

1. Limit experience solely to observation at the specific facilities and times approved by Broward Health. Under no circumstances will Observer participate in, provide or make any decisions relating to the evaluation, care or treatment of any Broward Health patient. All decisions relating to the evaluation, care and treatment of each individual patient will be made solely by Broward Health physicians, nurses or other authorized Broward Health personnel.

2. Abide by all policies, procedures, rules and regulations of Broward Health..

3. Present and conduct himself/herself in a manner that is professionally and ethically appropriate and that does not interfere with or create any risk of harm to Broward Health, its patients, employees, agents, or any persons on Broward Health premises..

4. Maintain the absolute confidentiality of all information (whether in oral, electronic or paper form) that Observer may have access to during his/her experience at Broward Health.

5. Reimburse and indemnify Broward Health for any damages or other injuries caused by Observer while participating in his/her observational experience at Broward Health.

6. Refrain from representing himself/herself as an agent, representative or employee of Broward Health at any time.

7. Assume all risks of, and be solely responsible for, any injury or illness, including medical care and treatment expenses, while participating in his/her observational experiences at Broward Health.

8. Vacate the premises if Broward Health determines that my observational experience is not in the best interest of its patients or personnel.

9. Assume the risk of possible expose to hazards that could result in personal injury, illness, or death.

Dated this _____ day of _____, 202__.

Signature

Print Name: _____

Witness