



ATTACHMENT A
Tufts Medical Center, Inc.

OBSERVER AGREEMENT

Tufts Medical Center Inc., and its affiliates have a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality and security of their health information. Observers must agree to certain obligations with respect to information disclosed to them while at Tufts Medical Center, including but not limited to patient health information disclosed in the course of patient care.

Understanding the above, by signing this document, I agree to the following:

1. I agree not to access any information other than that which I am specifically permitted to access.
2. I will not disclose to any third parties any patient or other proprietary information I learn during the course of my observership experience at Tufts Medical Center, and I will not discuss such information with anyone except in connection with discussions that I may have with appropriate Tufts Medical Center individuals.
3. To the extent I am permitted to access any patient or proprietary information, I will return all such information at the conclusion of the observership and will not make any copies or otherwise remove the information from the premises.
4. I will comply with all applicable policies of Tufts Medical Center, including infection control, safety, privacy, confidentiality and security policies.
5. I further understand that Tufts Medical Center may in its sole discretion deny or revoke permission granted to me to access health information.

Signature

Print Name

Date

Tufts Medical Center Supervisor: Andreas Klein, MD
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