

AGREEMENT BY AND BETWEEN
TULANE UNIVERSITY HOSPITAL AND CLINIC and
Physician Observing Name, M.D.

This Agreement is made and entered into this ? day of Month 2012, by and between Physician Observing Name (“Physician Initials”) and UNIVERSITY HEALTHCARE System, L.D., d/b/a TULANE UNIVERSITY HOSPITAL AND CLINIC (“TUHC”).

WHEREAS Physician Initials from above is a Physician Specialty from Physician location and is not currently a medical staff or allied health member of TUHC;

WHEREAS TUHC has granted permission for Physician Initials from above to observe Surgeon Name, M.D. in the Operating Room on Date of Procedure.

WHEREAS TUHC is ready, willing, and able to assist Physician Initials from Above in this endeavor under the circumstances set forth in this agreement;

Now therefore the parties agree as follows:

1. As a clinical observer, Physician Initials from Above will provide no patient care of any kind (direct or indirect). **The observing physician’s activities in the Operating Room are strictly limited to observation.** Physician Initials from Above will not engage in performing any surgical activities, procedures or treatment or make any notes or entries in the patient’s medical record;
2. Physician Initials from Above will not be permitted to observe the surgery of these patients, unless the patient or the patient’s legal representative shall first have given written permission for Physician Initials from Above to observe such care;

3. At all times and for all purposes under this agreement, **Physician Initials from Above** is not an employee, agent or representative of TUHC nor is **Physician Initials from Above** functioning as a healthcare provider. **Physician Initials from Above** will provide no service to TUHC under this agreement and will not be compensated by TUHC;
4. **Physician Initials from Above** has provided evidence of health insurance to TUHC and agrees to maintain such insurance during the term of this agreement: **Physician Initials from Above** hereby certifies that she is in good health and is free of any known communicable diseases and that she will not present himself to the Operating Room to act as an observer if she develops any communicable disease;
5. **Physician Initials from Above** agrees that she will abide by any requests or instructions given to her by the Operating physician, including but not limited to leaving the premises, if requested to do so by the Operating Room physician or a member of TUHC's Administration;
6. **Physician Initials from Above** understands and agrees that in connection with her position as a clinical observer under this Agreement, she will be privy to confidential, medical information regarding patients at TUHC. **Physician Initials from Above** agrees that any patient information, including but not limited to a patient's name or other demographic information, obtained in connection with her position as a clinical observer under this agreement, is to be held in strictest confidence by **Physician Initials from Above** and is not to be disclosed by **Physician**

Initials from Above to anyone, under any circumstances, except by order of a court of competent jurisdiction.

7. **Physician Initials from Above** hereby agrees to release, indemnify, defend, and hold harmless TUHC and its employees, staff, and patients from and against any liability for personal injury or damage of any kind to **Physician Initials from Above** arising out of or in any way related to NHF's position as a clinical observer under this Agreement. **Physician Initials from Above** further agrees to indemnify, defend, and hold harmless TUHC and its employees from and against any liability for damage to persons or property arising out of the acts or omissions of **Physician Initials from Above** in connection with her position as a clinical observer under this Agreement; and
8. The provisions contained in paragraph 7 and 8 of this Agreement will survive termination of this Agreement.

OBSERVER

By: _____
Observing Physician Name, M.D.

TUHSC

By: _____
Attending Surgeon Name, M.D.

TUHC

By: _____
Danita Sullivan, RN, BSN, MBA
Chief Nursing Officer

PATIENT CONSENT TO OBSERVATION

_____, M.D. is a licensed physician who is requesting to observe the surgical procedure on patient _____ on April 6, 2011 at Tulane University Hospital and Clinic.

I understand that _____, M.D. will not be providing any care to me but I give my permission for _____, M.D. to observe the surgical procedure to be performed on me in the Operating Room.

Date

Signature of Patient or Patient's
Legal Representative

Witness