

Confidentiality and Health Agreement and Liability Waiver

I, _____ (print name), agree that in connection with the course of my activity at Ann & Robert H. Lurie Children's Hospital of Chicago, its subsidiaries and affiliated locations (collectively, "Lurie Children's"), I will not use or disclose patient's Protected Health Information obtained or observed directly or indirectly as a result of such activity and will maintain patient and family confidentiality at all times. I understand that an exception to this is if the patient or the patient's legal guardian has consented to the disclosure through a valid and written authorization. Protected Health Information includes, but is not limited to, patient name, patient images, and specific details of my experience or any other identifier that could identify the patient or family. I guarantee the confidentiality of information I may receive from others or obtain from my own observations regarding patients or families, private records, and other non-public information.

I also agree that if I have an active infection or signs and symptoms of a cold (or other respiratory infection), fever, rash, nausea, vomiting or diarrhea, or I live with someone who does, I will cancel my tour and reschedule. I acknowledge that I am not permitted to enter patient rooms, especially isolation rooms, unless I have express authorization and am accompanied by a clinician. I realize that I may come into contact with viral illnesses in the hospital setting.

I agree that if I am visiting during influenza season (December – April) and have not received the current influenza vaccination, I will wear a mask covering both my nose and mouth while in the facility.

I, for myself and for my heirs, executors, administrators and assigns, hereby release Lurie Children's and their respective officers, directors, employees, volunteers, and agents from any and all claims or causes of action of whatever nature that I or my heirs, executors, administrators or assigns every may have against any of them on account of or arising from my activities at Lurie Children's and hereby waive any and all such claims and causes of action.

In the course of my activities, I understand that this agreement will be effective for one year from the date signed.

Signature: _____
(Legal Guardian, if covered person is under 18 years of age)

If signed by Legal Guardian, relationship to covered person: _____

Date: _____

Name of Employer, if applicable: _____