

## Duke University Medical Center

### VISITING OBSERVER AGREEMENT

I, \_\_\_\_\_, will be participating as a visiting observer for  
(name)  
the department of \_\_\_\_\_ beginning on \_\_\_\_\_, 20\_\_\_\_  
(department name) (day/month) (year)  
and concluding \_\_\_\_\_, 20\_\_\_\_.  
(day/month) (year)

As a visiting observer, I understand that I do not have any clinical privileges and will not engage in any type of clinical activity while I am at Duke University Medical Center. I also understand that in the event that I am requested to participate in any clinical activity that I must decline.

I will be participating in certain learning activities at Duke University Medical Center. In Conjunction with these activities, I will have access to confidential patient information.

In consideration for my being allowed to participate in this project, I hereby acknowledge and agree that I will in no way copy or preserve by paper writing, electronic or by any other means any patient specific information nor any patient identifying information.

Further, I acknowledge and agree that I will not communicate nor discuss any patient specific information with anyone except those involved with learning activities who are also employees or faculty members of Duke University. I promise and agree to keep confidential all patient information and to respect the privacy of the patients at Duke University Medical Center.

I make these promises and representations freely and voluntarily and I understand that others are acting in reliance on them.

\_\_\_\_\_  
Signature of Visiting Observer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsor Pharmacist

\_\_\_\_\_  
Date