



Dear Parent or Legal Guardian,

Allegheny General Hospital's Cardiovascular Institute, located at 320 E. North Avenue, Pittsburgh, PA 15212, provides an open heart surgery observation field trip. Your child has been invited to participate in this exciting educational experience!

Upon arrival, the class will be met and escorted upstairs to the observation area. The observation room overlooks the operating suite and features a glass enclosed dome with benches around it. The patient will be draped and ready for surgery prior to student arrival.

Your signed permission and agreement to confidentiality (page following) is required for student participation.

Please note that the surgery observation may be cancelled at any time, including after the students have arrived, causing a change in field trip plans.

We look forward to providing this opportunity to your child. If you have any questions, please contact me.

Lori Walters

lori.walters@ahn.org

OBSERVATION DAY CONFIDENTIALITY STATEMENT

I, _____, understand and agree that all confidential information that I encounter during my observation day experience at Allegheny General Hospital will remain strictly confidential in order to preserve the rights of Allegheny General Hospital, its patients, providers, and others.

I understand that my confidentiality obligations apply to all forms of confidential information held by Allegheny General Hospital. I also understand that observation activities will be conducted in a private setting, as applicable, to prevent inadvertent access to or disclosure of confidential information.

I agree not to disclose any confidential information that I may acquire during my observation experience at Allegheny General Hospital unless previously authorized in writing by the Privacy Department. Further, I agree that I will not use confidential information for my benefit, or the benefit of any third party.

In addition to the confidentiality principles described above, I recognize that I am not an employee or agent of Allegheny General Hospital and I will not represent myself as such during my observation experience. I will not undertake any actions independently during my observation day experience.

I will not take any photographs, videos, or audio recordings of any information or remove any information from Allegheny General Hospital without specific written permission from Administration.

I recognize that Allegheny General Hospital has standards of conduct, behavior, and personal health. I understand that I will be expected to conform to those standards that apply to my observation day.

I further understand that I may be removed and will forfeit completion of the observation day if I fail to abide by Allegheny General Hospital’s rules or directions, and/or my conduct results in a breach of confidentiality.

I agree that photos and/or videos of me may be taken for purposes of documenting my experience at AHN and may be used by AHN in the normal course of its marketing/ public relations activities, including being published to AHN’s social media platforms. If I do not want to participate in any photography or videography, I will be escorted to an adjacent area by an AHN staff member and may thereafter return to the group. I further understand that I have no property right in any of the photographs or video/voice recordings taken of me, and that I will not be compensated for the same.

Signature below indicates understanding and acceptance of the contents of this statement.

Participant Name (printed)

Date

Signature

(Parent/Guardian signature required if observer is under 18 years of age)