

## Job Shadowing Approval & Agreement

### Part I – Approval of Job Shadow Request

I, \_\_\_\_\_, hereby approve \_\_\_\_\_  
**name of manager or delegate** **name of job shadower**

to take part in job shadowing in the \_\_\_\_\_ from  
**name of department**

\_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_  
**date** **date**

\_\_\_\_\_  
**Signature of Manager or delegate**

\_\_\_\_\_  
**Date**

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### Part II – Job Shadowing Agreement

In consideration of being permitted to take part in job shadowing at Nova Scotia Health, I,

\_\_\_\_\_, understand and agree to the following:  
**name of job shadower**

- If I am under 19 years old, my parent/guardian will provide consent to my participation in the job shadowing experience. If I am 19 years old or above, I will provide my own consent to participate in the job shadowing experience.
- I will respect the confidential nature of the information obtained through job shadowing at the Nova Scotia Health (NSH). I will not, at any time during or after my job shadowing experience, disclose any information about patients, clients, staff, or the business affairs of NSH to anyone, with the exception of employees of NSH who are authorized to receive such information. I agree to abide by the Nova Scotia Health Pledge of Confidentiality (see Part III below).
- My job shadowing experience will be under the direction and supervision of a manager (or delegate) and will be limited only to observation. At no time will I provide personal care to patients / clients or assist staff in performing their duties.
- I am responsible to abide by all instructions and directions of NSH staff. I agree to abide by all NSH policies. I understand that my failure to follow any instructions, directions, or policies may result in me not being able to take part in job shadowing.

- Job shadowing cannot compromise patient care or the service objectives of NSH. NSH may need to reschedule or cancel job shadowing, in which case job shadowing may be rescheduled at a later date.
- I agree to release and hold harmless the Nova Scotia Health, its employees, agents, and contractors from any and all claims, liability, damages, or costs that I may have in relation to my participation in job shadowing at NSH.
- Termination of this Job Shadowing Approval & Agreement will be at the discretion of the manager (or delegate) of the department in which the job shadowing experience is taking place.

Job Shadower Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (19 or under): \_\_\_\_\_ (Please Print)

Parent/Guardian Signature (19 or under): \_\_\_\_\_



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### Part III – Pledge of Confidentiality

#### NOVA SCOTIA HEALTH PLEDGE OF CONFIDENTIALITY

I pledge to keep confidential any information obtained during the performance of my duties at the Nova Scotia Health (NSH), whether as an employee or an associate<sup>1</sup>. I understand that confidential information includes, but is not limited to, information relating to:

- Patients (such as health records, conversations, registration information, financial history, etc.);
- NSH employees and other associates (such as employee records, disciplinary action, etc.);
- NSH business information (such as contracts, memos, peer review information, etc.).

I agree that I will read and comply with NSH's policies on privacy, confidentiality, and security of confidential information. If I require help in retrieving or understanding these policies, I will seek help from my manager or NSH's Privacy Office.

I also understand and agree that:

- I will collect, access, use and disclose confidential information on a “need to know basis” only, and only the minimum amount required, as required for my role, or as required by law. I will not communicate confidential information either within or outside NSH, except to persons authorized to receive such information.
- I will not access the confidential information of family, friends, co-workers, or any other individual, unless they are under my direct care, or I need to as part of my official duties at NSH.
- I will only access my own personal health information in the custody or control of NSH through the method approved for the public in the *Release of information from the Health Record* policy.
- I am responsible for protecting my passwords to electronic information systems, including my computer. I will not share my passwords with anyone. I am responsible for all actions performed when the electronic information system has been opened or accessed using my password.
- I will access, process, and transmit confidential information using only authorized hardware, software, or other authorized equipment.
- I shall not remove confidential information from NSH premises except as authorized. In transit, I shall securely store the information and ensure it is in my custody and control at all times.
- I will not alter, destroy, copy or interfere with confidential information, except with authorization and in accordance with NSH policies and procedures.
- I shall immediately report all incidents involving loss, theft or unauthorized access to confidential information to my immediate supervisor and to NSH's Privacy Office.
- I understand that the NSH will conduct regular audits to ensure confidential information is protected against unauthorized access, use, disclosure, copying, modification, or disposal.



Associates means learners/students, physicians, volunteers, NSH Board members, contractors, and other authorized representatives or agents.

I further understand that any breach of my duty to maintain confidentiality or any breach of the above provisions of this pledge may result in corrective action up to and including significant disciplinary action. Action taken may include, but is not limited to: retraining, loss of access to systems, suspension, reporting my conduct to a professional regulatory body or sponsoring agency, restriction or revocation of privileges, and immediate dismissal.

I understand and agree to abide by the conditions outlined in this agreement, and they will remain in force even if I cease to be employed by or have an association with NSH.

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Name of Job Shadower (PLEASE PRINT)

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Signature of Job Shadower

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Date

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Signature of Witness

