

**CAREER SHADOWING REQUEST FORM**

Hawaii Permanente Medical Group, Inc. (HPMG) has developed this Career Shadowing Program as a valuable opportunity to offer an orientation to the medical field. The shadower will be able to observe an HPMG staff provider's work in accordance with this agreement. The shadower understands and agrees to abide by all requirements, provisions, terms and conditions of this agreement in consideration to participate in the Career Shadowing Program with HPMG.

---

**I. Shadower Information**

First Name: \_\_\_\_\_ Middle Initial(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Emergency Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Shadower: \_\_\_\_\_

**Current or Most Recent School Information**

School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Major(s): \_\_\_\_\_ Graduation Date: \_\_\_\_\_

International Student:    YES    NO

**How did you hear about this program?** HPMG Provider       Current Preceptor       Volunteer Services       AHEC

Please list who or how you found this program: \_\_\_\_\_

**II. Shadowing Request Information**

Please provide a brief explanation of the purpose of your request to shadow an HPMG provider, including your interests as related to the medical field:

**Shadowing Availability**

The program will work to find a shadowing match before your requested shadowing end date, taking into account when all documents were submitted, shadower and provider availability, and other approvals.

Requested Shadowing Start Date: \_\_\_\_\_

Requested Shadowing End Date: \_\_\_\_\_

Please check all options available for shadowing:

			Notes	Please note when you anticipate parking at a KP Facility
Mondays	AM	PM		
Tuesdays	AM	PM		
Wednesdays	AM	PM		
Thursdays	AM	PM		
Fridays	AM	PM		
Weekends (only available in certain departments)	AM	PM		

**Requested HPMG Shadowing Host Information**

In order of preference, please list the HPMG staff provider(s) you would like to shadow along with their specialty and location (i.e. Bradley Chun, MD Continuing Care/ Moanalua Medical Center). You will work with the approved host(s) regarding reporting.

1. Provider Name: \_\_\_\_\_ Department/ Location: \_\_\_\_\_

2. Provider Name: \_\_\_\_\_ Department/ Location: \_\_\_\_\_

3. Provider Name: \_\_\_\_\_ Department/ Location: \_\_\_\_\_

### III. Career Shadowing Program Criteria

The HPMG Career Shadowing Program provides participants with practical and real-world career related experience and allows for the opportunity to observe providers in a professional setting while exploring careers. Certain criteria must be met in order to participate in the Career Shadowing Program:

1. The shadower is **NOT** allowed to have “hands on” contact with the patient or access to the member’s medical record;
2. Patients/ members **MUST be informed of and grant permission** to have a shadower present;
3. The shadowing experience is for the benefit of the shadower;
4. The shadower will not be performing any work of the regular employees and will observe under close supervision of existing staff;
5. The employer; and on occasion its operations may actually be impeded;
6. The employer and the shadower understand that the shadower is not entitled to wages for the time spent in the Shadowing Program.

If at any time the shadower feels that any of the above criteria are not being followed, the shadower is encouraged to discuss the matter with their shadowing host, program administrator, or the Director of Human Resources immediately. Contact information is as follows:

Samantha Kojima  
Program Administrator,  
Undergraduate & Affiliated Med Ed  
Hawaii Permanente Medical Group, Inc.  
Mapunapuna Medical Office  
2828 Pa'a Street, Honolulu, HI 96819  
808-432-5777 x1551

Laura Katase, SHRM-SCP  
Executive Director, Human Resources &  
Administrative Services  
Hawaii Permanente Medical Group, Inc.  
Kaiser Permanente – HPMG Regional Headquarters  
711 Kapiolani Blvd., Honolulu, HI 96813  
808-432-4618

PERSONAL CONDUCT – The shadower agrees to:

- Continue to uphold high moral values as the shadower will be representing HPMG;
- Become familiar with the HPMG culture in order to have a complete understanding of how to follow shadowing guidelines;
- The policies of HPMG specific to the administration, applicable to the shadower’s experience; and
- An immediate dismissal from the shadower’s opportunity in the case of any policy violations.

CAREER SHADOWING AGREEMENT – The shadower agrees to:

- Comply with the office routines of the business and follow any reasonable instructions that the shadower may be given verbally or via email;
- Not to divulge any information obtained in the course of shadowing work to unauthorized persons and not to publish any company information without written consent from Hawaii Permanente Medical Group, Inc. (HPMG);
- Submit all completed documentation required for the Career Shadowing Program **PRIOR** to the first shadowing day;
- **NOT** report to shadowing if the shadower suspects or knows that the shadower has a communicable illness (such as a cold, cough, diarrhea, skin rash, shortness of breath or difficulty breathing, flu symptoms, fever or chills, etc.) and to **CALL** the provider to reschedule the experience;
- Report for shadowing dressed in professional clothing and covered shoes;
- Park in the designated locations and abide by all parking rules;
- The understanding that the shadower will not be paid for providing service as a shadower at HPMG;
- The understanding that the shadower’s status at HPMG is not that of an employee and that compensation is not expected in any form in connection with shadower’s activities at HPMG;
- Hold HPMG and its employees blameless for any personal injury that the shadower might experience during the period the shadower chose to be in the office.

- Acknowledge and accept responsibility for the shadower's own acts and will hold HPMG blameless should the shadower's conduct lead to the physical injury or property damage of others;
- Follow all HPMG policies and practices regarding conduct and ethics, which apply to all HPMG employees; and
- The understanding that the shadower's participation in the Shadowing Program may be terminated at any time without a cause and without right to appeal.

#### WAIVER OF LIABILITY AND INDEMNITY

- **Indemnity.** The undersigned shadower and parent and/or legal guardian each, jointly and severally, hereby releases, waives the shadower's and parent's and/or legal guardian's rights to recover against, and agrees to indemnify, defend, and hold harmless HPMG, and all of its operators, and parent, subsidiary and related entities, and its and their respective officers, directors, employees, agents and insurers (hereinafter jointly referred to as the "Indemnitee") from and for any and all claims or causes of action for any losses, damages, property damage, property loss or theft, costs, expenses (including attorney's fees and opinion witness fees), complaints, personal injury, death or other loss arising from or relating in any way to the shadower's participation in the Career Shadowing Program, including, without limitation, shadower's travel to, from and during the Program, and wrongful acts of others that are harmful to the shadower.
- **Waiver.** The undersigned shadower and parent and/or legal guardian each waive any and all claims that may arise against HPMG, and all of its operators, and parent, subsidiary and related entities, and its and their respective officers, directors, employees, agents and insurers as a result of or in any way related to the shadower's participation in the Career Shadowing Program, including, without limitation, shadower's travel to, from and during the program, and wrongful acts of others that are harmful to the shadower, including but not limited to claims alleging negligence, gross negligence, and/or willful and wanton negligence. The undersigned shadower and parent and/or legal guardian each further to agree to waive the protection afforded by any statute or law in any jurisdiction the purpose, substance and/or effect of which is to provide that a general release shall not extend to claims, materials or otherwise, which the person giving the release does not know or suspect to exist at the time executing the release. This means, in part, that the undersigned is releasing unknown future claims.
- **Covenant not to sue.** The undersigned shadower and parent and/or legal guardian(s) each agree that they will not sue HPMG, or any of its operators, or parent, subsidiary and related entities, or its or their respective officers, directors, employees, agents and insurers for any damages, losses, claims, causes of action, suits, demands, costs, complaints, including those resulting from the undersigned's illness, injury, and/or death, released and waived in the two preceding paragraphs. The undersigned student and parent and/or legal guardian each further agree that HPMG may plead this agreement as a full and complete defense to any suit brought in violation of this promise.
- **Agreements Not Limited by Actions of HPMG.** The undersigned shadower's and parent's and/or legal guardian's agreements and obligations under the three preceding paragraphs shall not be limited or reduced in any way because any of the losses, damages, property damage, property loss or theft, costs, complaints, personal injury, death or other loss, including those resulting from the undersigned's illness, injury, and/or death, arise or result, in whole or in part, from the negligence of, or breach of any express or implied warranty or duty by HPMG, or any of its operators, or parent, subsidiary and related entities, or its or their respective officers, directors, employees, agents and insurers.

**IV. Signatures**

I acknowledge that the information included on this request form is complete and accurate and that any misrepresentation or omission could lead to the dismissal from the Career Shadowing Program. I understand that, if accepted into the Career Shadowing Program, the shadower may be required to submit to a background check conducted by a third party. If the shadower is subject to a background check, I will agree to authorize this in advance.

By signing below, the person(s) signing agrees to abide by the terms and conditions expressed in this contract.

\_\_\_\_\_  
Shadower Signature

\_\_\_\_\_  
Date

**If the Shadower is Under 18**

I am the parent or legal guardian of the shadower, have read the complete document “Career Shadowing Request Form,” am and will be legally responsible for the obligations and acts of the shadower and agree for myself and the shadower to be bound by the terms of this contract.

\_\_\_\_\_  
Parent/ Legal Guardian Name (print)

\_\_\_\_\_  
Relationship to Shadower

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date