



## ECHO Idaho Participation Agreement

I understand the ECHO Idaho Program is a unique opportunity for learning. I agree to the following:

1. I pledge to actively participate in ECHO sessions with my camera turned on to the greatest extent possible.
2. I pledge to present at least 1 case during an ECHO forum, or if I do not provide direct patient/client care, encourage others in my organization to do so as appropriate.
3. I agree to complete session evaluations and other survey material.
4. I pledge to share my learnings from Project ECHO Idaho with my colleagues.
5. I pledge to keep all protected health information confidential.
6. I pledge to be solely responsible for the treatment of my patients/clients and understand that all clinical decisions rest with me regardless of recommendations provided by ECHO panelists or participants.
7. I understand all ECHO sessions are recorded and posted online for asynchronous review. By participating in sessions, I consent to potentially appearing on published recordings.
8. I understand that Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO® programs. While my individual data will be kept confidential, these data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.
9. I understand that Project ECHO is a service for clinicians, pharmacists, educators, and health professions students. Due to the sensitivity of data discussed, ECHO Idaho will ask that everyone on the call identify themselves. If I am connecting by phone only, I will announce my name upon connection or [email ECHO Idaho](#) so staff can link my phone number to my name. I understand that if I am not a clinician, pharmacist or student, ECHO Idaho reserves the right to remove me from the teleconference. Anybody is welcome to access and view recorded sessions on our [YouTube channel](#).

To learn more about Project ECHO Idaho and its programs, visit our website, [www.uidaho.edu/echo](http://www.uidaho.edu/echo).

If you have questions or concerns about the Participation Agreement, please contact ECHO Idaho, [echoidaho@uidaho.edu](mailto:echoidaho@uidaho.edu) or call, (208) 364-4072.