Date

RE: Acknowledgement of Responsibilities within the Clinical Sponsored Observing Experiences (Shadowing)
Name of Observing Student:
Name of the Faculty Physician:
Start Date for Observing:
End Date for Observing:

Dear Erlanger and University of Tennessee officials:

I have read the Policy regarding Clinical Observing Requests for Physicians and Students and understand that:

1) The student must be at least 18 years of age and may not be a medical student in the last two years of clinical training and may not already be a physician.

2) If the clinical observation or shadowing is approved, it is limited to no more than two days.

3) The physician agreeing to sponsor the shadowing student must hold a faculty appointment with the University of Tennessee College of Medicine Chattanooga and must be a member of the Erlanger Health System Medical Staff in order for the student to be with the physician within Erlanger.

4) The observing student and the faculty physician agree that this is an observation experience only and that the student may not touch a patient or be involved in hands-on clinical care (physical exam, procedures, etc.).

5) The student must remain with the faculty physician throughout the clinical observing experience.

6) The student will not have access to the Erlanger electronic health record.

7) The student has provided all immunization record documentation required by Erlanger and has reviewed the Erlanger HIPAA Compliance training.

8) The student understands and agrees that any confidential information heard or observed during the experience must be kept confidential and not discussed with family or friends.

9) The student understands and agrees that he or she will wear the Erlanger-issued badge issued with the student’s photo through the clinical observing experience and will return the badge to the faculty member at the end of the experience.

__________________________________________  _______________________________________
Student’s Signature & Date Signed                Faculty Member’s Signature & Date Signed

Email this letter signed by both individuals to MSE@erlanger.org or fax it to (423) 778-3673.