

Office of Graduate Medical Education 960 East Third Street, Suite 104 Chattanooga, TN 37403

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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.