

REQUEST TO OBSERVE PATIENT CARE - UF Health Science Center and Affiliated Entities

OBSERVER INFORMATION	<i>Name:</i>	<i>Name and address of current institution, school, or employer</i>	
	<i>Current Occupation:</i>		
Type of Observers	<input type="checkbox"/> Visiting Scholar (clinical or otherwise) <input type="checkbox"/> Faculty/staff applicant (usually staying for a few days) <input type="checkbox"/> Student applicant <input type="checkbox"/> Other:		
Area(s) to Observe:	<input type="checkbox"/> Teaching Hospital <input type="checkbox"/> E.R. <input type="checkbox"/> O.R. <input type="checkbox"/> Other (clinic/institute name):		
Date Range	Starting by	Ending by	
Reason(s) for Observation	<input type="checkbox"/> Visiting Health Care Provider <input type="checkbox"/> Career Planning <input type="checkbox"/> Required Course Work (describe below) <input type="checkbox"/> Other:		
UF Dept. Contact	<i>Name:</i>	<i>Department:</i>	<i>E-mail:</i>
Sponsoring Faculty Submitting Request	<i>Name and Title:</i>		<i>Phone Number:</i>
	<i>College:</i>	<i>Department:</i>	<i>Division:</i>
Observer attests to the following: <input type="checkbox"/> Completed HIPAA / Privacy General Awareness <input type="checkbox"/> Signed Confidentiality Statement <input type="checkbox"/> Will display an "observation ID badge" while observing <input type="checkbox"/> Has received a flu shot within the past calendar year or will "mask up" in patient care areas.			
Observer signature: Observer Statement of Interest. Please describe your reason(s) for requesting to observe care and how this experience will enhance your clinical knowledge. Attach a statement if necessary.			
Sponsoring Faculty Member specifically agrees that: <ul style="list-style-type: none"> ➤ Observer may not provide patient care, must be accompanied by UF/UFH staff, that patients have consented, and ➤ The Sponsoring Faculty Member assumes full responsibility for the actions of the Observer(s) and agrees to ensure that the Observer(s) complies with applicable UF / UF Health policies while observing care. 			
Signature of Faculty Member Sponsor:		Date of Request:	
<i>Approved by Dean of College or Designee (signature):</i>	<i>Date Approved:</i>	▶▶ Return completed form plus attachments to: Gainesville COM: Sr. Assoc. Dean Clinical Affairs at Observe-UFHealth@ufl.edu All Other Colleges: UF Privacy Office at privacy@ufl.edu	
<i>Approved by UFH Shands Designee, if needed (signature):</i>	<i>Date Approved:</i>		