

Request to Observe Provider/Practitioner at Children's of Alabama

The general purpose of an observation is to allow an interested observer to “shadow” a person performing their job duties.

Print Name of Observer: _____

Address: _____

Email address: _____

Phone/Cell: _____

**** The Observer is responsible to obtain permission from the person being observed.****

If NO permission from Person Being Observed, then please do not proceed further.

If **YES**, there is permission from Person Being Observed, please include the following details:

Name of Person Being Observed: _____

Department: _____

Email: _____

Phone/Cell: _____

Date(s) of the Observation: _____

Does the person being observed have an office assistant who is helping you with the observation?

If so, please provide name/contact information: _____

Other comments: _____

There is an observation packet which must be completed prior to the observation and turned into the Person Being Observed.

Observer Signature: _____ Date: _____

****PLEASE RETURN/SCAN COMPLETED FORM TO HIPAA@ChildrensAL.org****