Medical Staff Services
Bon Secours Community Hospital • Good Samaritan Hospital
St. Anthony Community Hospital

BON SECOURS CHARITY HEALTH SYSTEM
A member of the
Westchester Medical Center Health Network

Request for Observation or Clinical Rotation Privileges

Date: _____

In the interest of furthering my education regarding _____, I

_____ request to ☐ observe or ☐ perform a clinical rotation with _____.

If performing a clinical rotation, please indicate the school name: _____.

** A current executed agreement with Bon Secours Charity Health System must be on file.*

Requested time period from: _____/_____/_____ to _____/_____/_____.

The following terms and conditions of my hospital experience and status apply:

1. Observers – Absolutely **no hand-on patient care is to be provide by me at any time**.
2. Patients under the car of the physician are to be notified of my status.
3. Patient confidentiality must be maintained at all times as stipulated by the rules and regulations established by the Confidentiality Agreement regarding patient privacy as outlined in Federal Law.
4. I release, discharge and relieve Bon Secours Charity Health System and its' employees from any and all claims whatsoever of any nature arising out of / as a result of his / her participation with Bon Secours Charity Health System and all related activities.

Student attestation:
I agree to the terms as outlined above.

_____ _____
Student Signature Date

_____ _____
Email Mobile Phone

_____ _____
Emergency Contact Name Phone

Licensed Independent Practitioner and / or Department Manager attestation:
I understand the above named observer / student has been granted permission as set by the terms and conditions described above. I understand that Observers will provide no hands-on patient care at any time.

_____ _____
Department Manager, Print Name Date

_____
Department Manager, Signature

_____ _____
Licensed Independent Practitioner/Physician, Print Name Date

_____
Licensed Independent Practitioner/Physician, Signature

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Authorized by:

_____ _____
System Manager, Medical Staff Services or Designee Date