

# RADIOLOGY DEPARTMENT OBSERVATION DOCUMENTATION

**Date:** \_\_\_\_\_

**This is to verify that** \_\_\_\_\_ **observed**  
**(applicant)**

**in the radiology department at** \_\_\_\_\_  
**(hospital)**

**from** \_\_\_\_\_ **to** \_\_\_\_\_ **on** \_\_\_\_\_ .  
**(time) (time) (date)**

**Signed:** \_\_\_\_\_  
**(observing technologist)**

Thank you for allowing this applicant to observe in your department.

Stephen C. Compton, M.S.Ed., R.T.(R)  
Hinds Community College  
Radiologic Technology  
1750 Chadwick Drive  
Jackson, MS. 39204

## **Patient Confidentiality and Release statement for observing Hinds Community College, Medical Radiologic Technology applicant.**

Every patient has the right to privacy and confidentiality. I understand that patients or confidential information will not be discussed in public places such as hallways, elevators, stairwells, cafeterias, or any area where you can be overheard by someone who does not have a need to know this information.

I also release \_\_\_\_\_ of any liability that may be occurred during my observation.

\_\_\_\_\_  
(Signature of Observing Applicant)