

**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)