

OPTIMUM THERAPIES, LLC

Job Shadow/ Observation Guidelines & Request form

We expect all those who wish to shadow our therapist to follow the guidelines set below. These guidelines have been established to provide professional, quality, personalized care to our clients, community and referring physicians.

How to request observation/shadowing with a therapist

- Complete items below, email to: tricia@optimumtherapies.com click on Send a Copy
- Optimum Therapies will email or phone you confirmation of your day and time to observe
- Arrive on time.
- Inform the receptionist who you are and that you are here to observe from (time) to (time) today.
- You will be given a tour of our facility and introduced to therapist and others.

First Name:	Last Name:
Phone:	Email:
Date Request for initial observation:	Time frame: (start/end time)
Will you need forms completed or letters of recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for observation:	
Your Goals from observation:	
Area of therapy you are interested in:	

Dress Code: Collared shirts, sweaters, Dress pants, Dockers, knee length or longer skirts, Dress shoes, Socks or nylons, *absolutely NO Jeans, T-shirts, Sweatshirts, flip flops, tennis shoes*

Rules:

1. Personal belonging will remain in waiting room or staff break-room.
2. Interaction with the client, focus on condition and treatment; hold non-related questions for time when therapist is not treating client.
3. NO food or drink in clinic or in front of patients.
4. Remember Patient Confidentiality; what you see/hear related to clients remains in the clinic.
5. Bring any forms to be completed with you to the first meeting.
6. Future/Subsequent observation hours to be discussed with the office manager.

Confidentiality Agreement:

As a student observer you may/will be exposed to confidential patient and clinic information. By signing below you agree to keep all information, people you may see or observe in the clinic confidential. Questions or concerns about this can be directed to the office manager or the therapist you are working with. Thank you.

Signature

Date