



Allegheny General Hospital
320 East North Avenue
Pittsburgh, PA 15212-4772
Tel 412.359.3131

OBSERVER POLICY FOR PHYSICIAN OBSERVERS MEDICAL STAFF OFFICE

Physician observers are accepted by Allegheny General Hospital once a sponsoring physician on the medical staff of Allegheny General Hospital has been identified (the Medical Staff Office does not help in identifying the sponsoring physician), the observer has completed and signed the application for observership (attached) and has provided all accompanying documentation as listed below:

- Current CV
- Current proof of TB testing and results
- Proof of Covid Vaccination (showing Shot #1 and #2 for Pfizer/Moderna or 1 shot of Johnson and Johnson) or the COVID Vaccine accommodation (medical or religious).
- Proof of required Immunity Measles, Mumps, Rubella and Varicella
- Proof of current malpractice
- Copy of current license
- One letter of recommendation from a peer

The observership period needs to be time limited (not more than one month) and a fee of \$300 paid prior to the beginning of the observership.

On the observer's first day, he/she will need an observer ID badge. Please provide a photo, headshot please.

The sponsoring physician must also sign the observer application prior to the observer arriving at the Hospital. No benefits are given to the observer for this period of time.

The completed application can be submitted by fax to: Barb Amadio at 412-442-2109 or submitted as a pdf on email to Barb.Amadio@ahn.org. Contact Barb with questions at 412-359-3325.

ALLEGHENY
GENERAL
HOSPITAL

APPLICATION TO OBSERVE AT ALLEGHENY GENERAL HOSPITAL

APPLICANT STATUS (Check one)

☐ Licensed Independent Practitioner ☐ Other

APPLICANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Gender _____ M _____ F Date of Birth _____

Most recent school attended _____

Graduation Date _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone _____

Department where you will be observing _____

Preferred Dates _____

REASON FOR OBSERVATION REQUEST (Please explain why you are interested in this observation opportunity)

Allegheny General Hospital Sponsor

Last Name _____ First _____ M.I. _____ Title _____

Disclaimer and signature

By signing this application,

- I request consideration for a period of observation (not to exceed one month) at Allegheny General Hospital
- I understand that I will **not** be permitted to engage in patient care.
- At any time, I will not be asked or allowed to answer specific questions about a patient's care or treatment, or otherwise provide medical or professional opinions.
- I understand that through my sponsor I will be expected to follow all of Allegheny General Hospital's policies, rules and regulations, specifically those regarding infection control, safety and confidentiality.
- I agree to follow the directives of my sponsor. I understand that I must remain with my sponsor at all times.
- I understand that I am on Allegheny General Hospital property at my own risk and insurance coverage, that I will not be indemnified/insured by Allegheny General.
- I understand that if I breach any policies or obligations, my permission to act as an observer will be withdrawn and I may be asked to leave immediately.
- I certify that my answers are true and complete to the best of my knowledge. If this application is approved, I understand that I am responsible for submitting all required documents.
- I am enclosing a copy of my CV, current proof of PPD testing, COVID Vaccination record, proof of malpractice insurance, current copy of your state license and one letter of recommendation from a peer.

Applicant Signature _____ Date _____

Please submit application and \$300 fee (payable to Allegheny General Hospital) to:

**Allegheny General Hospital Medical Staff Office
320 E. North Avenue, Suite 214
Pittsburgh, PA 15212**

Questions regarding the Shadow/Observer Program can be emailed to [Barb Amadio](mailto:Barb.Amadio@ahn.org) (Barb.Amadio@ahn.org).

Applications can be faxed to 412-442-2109 or pdf emailed to Barb.Amadio@ahn.org

Incomplete applications will not be processed.

OBSERVATION DAY CONFIDENTIALITY AGREEMENT

I, _____, understand and agree that all information that I encounter during my observation day experience at an Allegheny Health Network facility or entity will remain strictly confidential.

I understand that the principles of confidentiality are applicable to all patients and to all medical record information regardless of the format or technology used to collect, store or release the information. I also understand that all verbal, written or electronic collection and dissemination of patient data will be conducted in a setting of maximum privacy precluding inadvertent disclosure.

I agree not to disclose any information that I may acquire during my observation experience at any Allegheny Health Network facility or entity unless previously authorized in writing by the system/facility/entity. Further, I agree that I will not use confidential information to my benefit or the benefit of any third party.

In addition to the confidentiality principles described above, I recognize that I am not an employee or agent of Allegheny Health Network and I will not represent myself as such during my observation experience at the system. I will not undertake any actions independently during my observation day experience.

I recognize that Allegheny Health Network has rules of conduct, behavior and personal health standards and I will be expected to conform to those rules that apply to my observation day.

I further understand that I will forfeit completion of the observation day if confidentiality is breached.

Signature below indicates understanding and acceptance of the contents of this statement.

Signature Date

Signature Date