



Job Shadow/Observation Policy

We are happy to have you observe in our practice and ask that you follow the guidelines listed below.

- Must wear office PPE that will be provided- lab coat, mask, safety glasses
- Must wear long pants and closed toe shoes
- We ask that you not be in close proximity to patients face/mouth.
- Please use discretion with conversation in front of patient- if unsure; please wait to ask your question until after the patient has been dismissed.
- Cell phones must be stored in break room while observing.
- You must honor HIPAA guidelines by not sharing any names, information, treatment, etc. with anyone outside of the WRR office.

I understand the expectations explained above and will comply with all WRR guidelines:

SIGNED: _____ date _____

Name: _____

Please email completed form to CourtneyM@gotta-smile.com

**** WRR employee:** Please ask each patient if they consent to having someone observe.

I have explained the guidelines to the Observer listed above.

WRR employee SIGNED _____ date _____

Please turn signed form into your team leader by end of Observer's day.