



**Desai Medical Center**

3290 N .Ridge Rd., Suite 100

Ellicott City, MD 21043

**P** (410) 313-9292 **F** (410) 313-9293

**E** [drdesai@desaimedicalcenter.com](mailto:drdesai@desaimedicalcenter.com)

**Consent to Student Physician Shadow**

Desai Medical Center provides educational opportunities for students in the health field.

Around the year, we have students shadowing Dr. Desai to meet their educational needs in an office setting to their career in the health field. This opportunity allows students to gain insight and experience in the clinical setting.

What this means is you will see these students shadowing Dr. Desai during your appointment.

Please note, before any student starts their shadowing opportunity at Desai Medical Center, they are provided training on our Office Policies, HIPAA, patient-confidentiality, and appropriate office conduct.

If you have any questions, comments, or concerns, please let Dr. Desai know before your appointment begins.

By signing below, I certify that I have read Desai Medical Center's Consent to Student Physician Shadow Form and any question regarding student physician shadows have been discussed. My signature also certifies my understanding of and agreement to comply with the above notice.

\_\_\_\_\_

Print

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date