



# Field Doctor Statement of Understanding

I, Dr. \_\_\_\_\_ D.C., have read the provisions of the West Campus Field Training Program, and I am familiar with all of its ramifications and agree to abide by the Field Training Program's requirements. I agree that while the Student is participating in my office, I will be covered under my professional liability insurance policy. I understand that the Student has read and signed a separate statement regarding for this Preceptorship and that he/she has set aside any responsibility and/or liability of Palmer College of Chiropractic, West Campus. Students participating at my office will perform only those procedures that have been deemed ethical and legal by the California State Board of Chiropractic Examiners or the state in which the Field Training Program is being conducted. I agree to be on the premises at all times when the Student performs any chiropractic procedures in my office (if allowed by the state and considered appropriate by myself). I understand this agreement to be binding in its terms as long as I remain an active participating Preceptor.

## FIELD DOCTOR ACCEPTANCE LETTER

I have interviewed and agree to accept intern \_\_\_\_\_ into my office. In complying with the Field Training Program, I understand I am responsible for submitting the Midterm and Final report, along with the Hourly Accounting Sheet, on the student's performance. In the event I fail to do this, I understand that I will be discontinued as a field doctor and the intern will be removed from the Field Training Program.

## RIGHTS AND PRIVACY ACT OF 1974 AS AMENDED

Colleges and their faculties may neither disclose information about students or interns nor permit inspection of their records without the student's or intern's permission unless such action is covered by certain exceptions. Field doctors participating in the Palmer College of Chiropractic, West Campus Preceptorship programs are considered Adjunct Faculty and thus are covered by this Act.

Violations would include release of any information to anyone other than college officials, whether it be written or oral, without the interns written permission.

Field doctors should respect the intern's privacy as they would the privacy of their patients. The Field doctors should be acutely aware that discussing his/her intern's progress in general conversation is not allowed and should know that violation of the Act.

**By my signature and date below, I understand and accept the intern in my office and agree to abide by the provisions as described above:**

Doctor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_