

Appendix B

Sample letter for physician to sign acknowledging use of a summer student.

Below is an example of what you could provide your physicians for them to acknowledge that your practice will be using a student to clean up EMR data. You will want to create your own agreement and you may already have this in place, but if not please use this as a starting point.

Family Health Team Logo

Family Health Team Name

I _____<Physician name>_____ acknowledge and accept the use of student(s) in the task of cleaning up data in our EMR. I am aware that I too will have tasks for reviewing patient information in a timely manner so the student may continue the work.

Date

Signature of Physician

Witness name

Signature of Witness

February 2015

