



## Physician Absence Coverage Form

Date: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Time Away From Facility			Covering Physician(s)	
From Date	To Date	Comments	Physician	Phone

Effective December 1, 2009 physicians are to notify the Medical Staff Office whenever they are away from the facility. The Physician Absence Coverage form must be completed and submitted to the Medical Staff Office (fax 760-323-6857).

Physicians must include covering physician's name(s) for the time they are away from the facility. The covering physicians should indicate coverage for private patients and for HMOs/DOHC/etc.

Physicians will be able to view "Physician Absence Coverage" via the Physician Portal – My Portal page.

***One of the options below MUST be initialed:***

\_\_\_\_\_ The above coverage information can be displayed on [www.etenet.com](http://www.etenet.com) for all employees and physicians to view.

\_\_\_\_\_ Please limit the communication of the above coverage information to the Medical Staff office, Medical Records, and the Emergency Department only. I understand by selecting this option, I will be responsible for notifying every area of the Hospital where I may possibly have a patient. If there is a problem with coverage because of lack of notification in any of these areas, it will be my responsibility.