



CONFIDENTIALITY REQUIREMENTS FOR OBSERVATION/VISIT

Obtaining Patient Approval of your Presence

As a visitor, you may be permitted to be present or to observe a patient's diagnostic/therapeutic treatment or procedure only with prior approval from the Attending Medical Staff Member and the patient. Your presence must also be accepted by the clinical manager of the treatment area. As a visitor, you must be introduced to the patient and the patient's verbal consent to your presence must be obtained.

Safeguarding Patient Health Information (PHI)

HIPAA's Privacy Rule requires you to "safeguard" PHI while you are shadowing a clinician at City of Hope. You must use the following practices to comply with the Privacy Rule:

- Speak quietly when you talk about patients as part of your observation; try to prevent others from overhearing the conversation.
- Whenever possible, hold conversations about patients in private areas.
- Do not discuss patients while you are in elevators or other public areas.
- Do not share or discuss names, patient or disease information or any other facts that could possibly identify a patient with anyone outside of City of Hope, including your family, friends and classmates, or social media.
- If you see a medical record in public view where patients or others can see it, report the matter to your sponsoring physician. The physician may cover the file, turn it over, or find another way to protect it.
- Never take copies of documents containing patient information, including any aspect of a patient's medical record from the City of Hope.

Use Only the Minimum Necessary Information

When you use PHI, you may only use or disclose the minimum amount or type of PHI necessary to achieve the goals of the use or disclosure. Ask yourself: "Is the PHI I am accessing necessary for the intended purpose?" or "Am I using or accessing more PHI than I need to?"

If you are unsure of the PHI you may use or access while shadowing providing health care for a patient at the City of Hope as a visitor/observer, please contact the Medical Staff Member sponsoring your visit, clinical manager in the specific treatment area, or the Privacy Officer.

I agree to abide by the aforementioned Confidentiality Requirements as it relates to PHI information. I also agree to comply with the City of Hope's Check-Out process, which includes the return of ID badge.

Signature of Visitor/Observer

Date



VISITOR/OBSERVER ACKNOWLEDGEMENT OF STATUS & CONFIDENTIALITY STATEMENT

Name of Visitor/Observer _____

Sponsoring Medical Staff Member/Division _____

Date(s) of Visit _____

ACKNOWLEDGEMENT OF VISITOR/OBSERVER STATUS: I have requested status as a visitor/observer at City of Hope for the above referenced period. As a condition to my "visiting" status, I have signed the Confidentiality Statement below and received, read and agree to abide by **Section 29.3 of the Medical Staff Rules & Regulations**, which concerns **Visitors, Physicians, AHP Staff, and Others**, as follows:

On occasion, a Medical Staff Member may request an individual with an interest in healthcare to observe patient care practice at City of Hope. The President of the Medical Staff will make a determination as to whether the request is reasonable and communicate his or her decision back to the Medical Staff Member. If the request is granted, the Member must notify the Medical Staff Services Department in advance and provide the following information: (a) the name of the proposed visitor; (b) the name of the Medical Staff Member who is sponsoring the visit; (c) the anticipated date(s) of the visit; and (d) a written statement from the proposed visitor that (i) he/she has completed a health screening within the last year and will provide evidence of medical clearance; (ii) he/she will simply observe patient care and will not render any services at the Hospital or at the Community Practice sites, and (iii) he/she will maintain the confidentiality of all patient care records and information.

A visitor is permitted to be present or to observe a patient's diagnostic/therapeutic treatment or procedure only with prior approval from the Attending Medical Staff Member and the patient. The visitor must be introduced to the patient and the patient's verbal consent to the presence of the visitor must be obtained and documented in the medical record. This requirement promotes a safe clinical environment and avoids confusion regarding the visitor's status and role.

A visitor has no medical membership or privileges. If this is desired, he/she must submit an application for appointment and independently qualify for membership in accordance with the Medical Staff Bylaws and the Rules and Regulations.

If an approved visitor spends more than thirty (30) consecutive days at City of Hope, the applicable Department Chair is responsible for preparing a status report on the visit, to be submitted on a quarterly basis to the Credentials Committee for information.

CONFIDENTIALITY STATEMENT: I agree to respect and to maintain the confidentiality of all patient care records and information including discussions. I will not, at any time either during or subsequent to my visit, disclose to others, use, copy or permit to be copied without City of Hope's prior written consent, any confidential or proprietary information of City of Hope, including but not limited to, information which concerns patients, costs, or treatment methods not otherwise available to the public. I agree to comply with all federal and state laws and regulations regarding the confidentiality of patient-related information, including the Health Insurance Portability and Accountability Act ("HIPAA") and the Confidentiality of Medical Information Act ("COMIA"). I understand that the City of Hope and its Medical Staff are entitled to undertake such action as is deemed appropriate to ensure that confidentiality is maintained, including application to a court of law for injunctive or other relief in the event of a breach, or a threatened breach of this Statement.

Signature of Visitor/Observer

Date