

# Visiting Observer Packet

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Greetings Prospective Host,

Thank you for reaching out to the Privacy Assurance Office regarding your upcoming visitor(s). If you are completing this packet, that means you have already been in touch with someone in our office and completed the initial Visiting Observer questionnaire for your upcoming visitor(s). If you have not completed the initial questionnaire, please contact the Main Compliance line at (650) 724-2572 and ask to speak with a member of the Privacy Assurance team or send an email to the following address:

[VisitingObserver@stanfordhealthcare.org](mailto:VisitingObserver@stanfordhealthcare.org). The Privacy Assurance team is unable to accept or review packets until the initial questionnaire has been completed.

Please note that this packet is updated routinely to ensure all forms are in compliance with current standards and regulations. To ensure your request is processed in a timely manner, please contact the Privacy Assurance Office or consult the Compliance Department website to receive a new packet for each visiting observer request.

In preparation for your upcoming visitor(s), please remember the following:

1. As the Host, you are responsible for supervising the Visiting Observer at all times.
2. The Visiting Observer is **not** allowed to take any videos, photography, or audio recordings or post images to social media of any activities they observe.
3. If the Visiting Observer will be following the host into patient exam rooms, the host must obtain the patient's written authorization form prior to the observer entering the room. Please note that patients can decline to have the visiting observer present in the exam room and this must be respected.
4. Enclosed are instructions for the visiting observer to obtain an identification badge from the Stanford Health Care or Stanford Children's Health Security Services Photo ID Office. The host is required to retrieve the identification badge from the observer at the end of each observation session.

Please complete the items listed below so we can promptly process your request:

1. The Hosting Department must coordinate the completion of all required paperwork and retain all original documents on file for six (6) years after the observation.
2. The Visiting Observer must complete both HIPAA and Code of Conduct Training.
3. The Host and Visiting Observer must sign their respective Attestation and/ or Confidentiality forms. Please return the completed form to the [VisitingObserver@stanfordhealthcare.org](mailto:VisitingObserver@stanfordhealthcare.org) email prior to the

observation date. The Privacy Assurance Office will not approve your observation until this information is received.

4. Enclosed are the forms required for medical clearance. The Privacy Office does not process the medical clearance. Please return the completed forms to Occupational Health Services.
5. The Privacy Office does not process the security clearance. Please provide a copy of the signed Host Attestation form to Security Services to obtain a badge.

We are excited to assist you through this process. If you have any questions or concerns, please don't hesitate to call us at (650) 724-2572 or reach us by email: [VisitingObserver@stanfordhealthcare.org](mailto:VisitingObserver@stanfordhealthcare.org).

Thank You,

The Privacy Assurance Office



# Visiting Observer Host Responsibilities

In preparation for your upcoming visit, please remember that as the Host, you are responsible for making sure the visit is conducted in compliance with our policies and procedures.

**Below are the key responsibilities of the host:**



## Make sure the visit has been approved

The visit must be approved by Privacy Assurance and the visitor must be cleared by Occupational Health Services prior coming on site. If the visitor is observing in the OR, clearance from OR Administration is required.



## Introduce the visiting observer to each patient and explain the visitor's role

If the visiting observer will be observing patient care or following you into patient exam rooms, you are responsible for introducing the patient to the visiting observer, explaining their role, and obtaining patient consent.



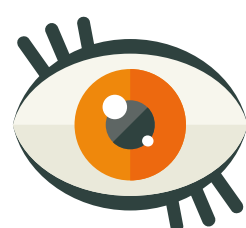
## Obtain the patient's written consent for the visitor to observe his or her care

Obtain the patient's consent before you allow the visitor to observe patient care or discuss the patient's care with the visitor. We have created a two-page patient authorization that is specific to the Visiting Observer Program and is included in the Visiting Observer packet.



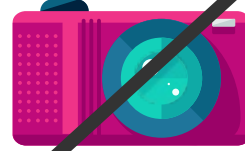
## Supervise the visitor 100% of the time

As the Host, you are responsible for supervising the visitor at all times. The visitor should not be left alone with a patient and should not be allowed to



## Make sure the visitor does not photograph or record any patients.

We take care to protect our patient's privacy. You are responsible for ensuring your visitor does too. Make sure the visiting observer does not take any photos or recordings of patients during their observership.



## Maintain all documentation specific to the visit for six years

All documentation related to your visiting observer must be retained for a minimum of six years and must be readily available to produce to our regulatory bodies upon request.



### **HOST ATTESTATION AGREEMENT (VISITING OBSERVER)**

As a Host for a Visiting Observer, it is my responsibility to make sure that the Visiting Observer follows all Stanford Health Care (SHC) and/or Stanford Children's Health (SCH), policies and procedures.

I certify the following:

- ☐ It is my responsibility to introduce the Visiting Observer to each patient they will observe and fully explain their role in the appointment or procedure.
- ☐ I will obtain a signed patient authorization form from each patient that is observed by the Visiting Observer.
- ☐ I will ensure the Visiting Observer will not take any photographs or audio recordings of patients and/or procedures or videotape his/her observations.
- ☐ I will ensure the Visiting Observer obtains the appropriate badge from SHC/SCH Security. A Visiting Observer may not be in any clinic or patient care area without an appropriate badge.
- ☐ I will ensure the Visiting Observer has completed all documentation (i.e. Attestation Agreement and Confidentiality form) and training (i.e. HIPAA and Code of Conduct) prior to the observation.
- ☐ I will ensure the Visiting Observer has obtained medical clearance from Occupational Health prior to the observation.
- ☐ As the host, I will ensure that all documentation required for this observation is retained for six years. If I have questions about this requirement, it is my responsibility to contact the Privacy Assurance Office at 650-724-2572 to discuss.

**I agree to supervise and accompany (name of observer(s)):**

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**Dates of Observation:** \_\_\_\_\_

\_\_\_\_\_  
Host's Name (Please print legibly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Pager No./Cellular No.

**APPROVED:** \_\_\_\_\_  
Clinical Department Head or Service Chief for Host

**APPROVED:** \_\_\_\_\_  
OR Region Nurse Manager (if OR observation) Area

Please return this completed form to [VisitingObserver@stanfordhealthcare.org](mailto:VisitingObserver@stanfordhealthcare.org)





**Stanford**  
HEALTH CARE  
STANFORD MEDICINE



**Stanford**  
Children's Health

Lucile Packard  
Children's Hospital  
**Stanford**

# Protecting Patient Privacy

*... One patient at a time*





# Welcome to the “Protecting Patient Privacy” Training.

## ***Before you begin this training, please note the following:***

- For the purposes of this training, the term “Stanford” is used collectively to represent Stanford Children’s Health (SCH), Lucile Packard Children’s Hospital (LPCH), and Stanford Health Care (SHC).
- For the purposes of this training, the term “Patient” is used collectively to include patients at SHC, SCH, and all affiliated hospitals and practices.
- For purposes of this training, the term “Patient Information” is used collectively to include information about patients at SHC, SCH and all affiliated hospitals and practices.
- For the purposes of this training, visiting observers refers to approved individuals that Stanford has permitted to observe patient care and administrative functions outside of our formal training programs.

## ***Our Commitment to Protect Patient Privacy***

Patients and their families trust us with highly personal and sensitive information regarding their medical conditions. If patients and families do not feel confident that we will keep such information private, they may hesitate to discuss some health concerns with us, which can affect our medical decision making and hinder their medical care.

Stanford is committed to compliance with all applicable patient privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA), rules, and regulations and has policies and procedures in place for the protection of patient information. This commitment extends to each of us, regardless of our role in, or relationship with, the organization.

As part of this commitment, Visiting Observers are required to protect the privacy and confidentiality of our patients and families and to take conscious steps during your visit to prevent impermissible access to patient information, the unauthorized internal use of patient information, or disclosure of patient information outside the organization.

## ***The Importance of Following Privacy Rules***

- Stanford must comply with privacy rules mandated by both the federal government, such as the Health Information Protection and Accountability Act (HIPAA) and state law enforced by the California Department of Public Health.
- Non-compliance with either law can result in fines for covered entities and personal liability for employees or others that violate the law.
- **Example: CDPH Enforcement Action:**
  - An employee in a hospital's admissions office allowed a visitor to sit at his workstation inside the admissions department where the visitor was able to observe and overhear the employee's conversation with three different patients during the registration process. CDPH noted that the incidents had the potential for unauthorized persons to use patient information for identity theft or other uses not authorized by the patient. The fine of \$75,000 was the maximum allowed under the law (3 x \$25,000).
- **Example: HIPAA Enforcement Action:**
  - Memorial Healthcare System (MHS) has paid the U.S. Department of Health and Human Services (HHS) \$5.5 million to settle potential violations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules and agreed to implement a robust corrective action plan. MHS is a nonprofit corporation which operates six hospitals, an urgent care center, a nursing home, and a variety of ancillary health care facilities throughout the South Florida area. MHS is also affiliated with physician offices through an Organized Health Care Arrangement (OHCA).
  - MHS reported to the HHS Office for Civil Rights (OCR) that the protected health information (PHI) of 115,143 individuals had been impermissibly accessed by its employees and impermissibly disclosed to affiliated physician office staff. This information consisted of the affected individuals' names, dates of birth, and social security numbers. The login credentials of a former employee of an affiliated physician's office had been used to access the ePHI maintained by MHS on a daily basis without detection from April 2011 to April 2012, affecting 80,000 individuals. Although it had workforce access policies and procedures in place, MHS failed to implement procedures with respect to reviewing, modifying and/or terminating users' right of access, as required by the HIPAA Rules. Further, MHS failed to regularly review records of information system activity on applications that maintain electronic protected health information by workforce users and users at affiliated physician practices, despite having identified this risk on several risk analyses conducted by MHS from 2007 to 2012.

## ***Information Protected Under the Law***

- Information that is protected under the law is often referred to as Protected Health Information (PHI) and applies to both living and deceased patients. PHI is defined as individually identifiable health information that relates to a patient's past, present or future physical or mental health or condition, the provision of health care to a patient, or the past, present, or future payment for health care provided to a patient.
- Any single element, standing alone or in combination with other information, is considered PHI and is protected under the law. The fact that a person is a patient or a research participant at Stanford is considered PHI, as is a patient's location while at the hospital. Information derived from identifiers such as those listed on the next page are also PHI. For example, patient initials or the last four digits of a social security number are considered PHI and are subject to the same privacy protections as full names.

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***PHI examples on the next page . . .***

## ***Information Protected Under the Law***

At a minimum, the following information about a patient or a patient's relatives, employers or household members is considered PHI:

- Names;
- Social Security Numbers;
- Telephone numbers;
- Addresses and all geographic subdivisions smaller than a State;
- All elements of dates (except year), including birth date, admission date, discharge date, date of death; and all ages over 89;
- Electronic mail (e-mail) addresses;
- Medical record numbers;
- Health plan beneficiary numbers;
- Account numbers;
- Certificate/license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs );
- Internet Protocol (IP) addresses;
- Biometric Identifiers, including finger and voice prints;
- Full face photographic images and any comparable images; and
- Any other unique identifying number, characteristic or code.

## ***Minimum Necessary***

Patient privacy laws and our privacy policies require that the host actively make a determination about what is the minimum amount of patient information that you need access to during your visit. Visiting Observers are not permitted to use or disclose patient health information.

Although Visiting Observers will not have access to any hard copy or electronic patient information, the minimum necessary principle applies to conversations about patients as well. The host will actively consider what patient information should be shared during your visit.



## ***Need to Know***

If you do not need patient information for your role at Stanford, then the privacy laws prohibit you from accessing the information, internally using the information, or disclosing the information outside of Stanford. All access to patient information is on a need to know basis.

Accessing patient information out of curiosity or because you want to study certain records for your own benefit are not considered legitimate purposes under the law.

Although Visiting Observers will likely be exposed to patient information during their observation, observers do not have a need to access hard copy or electronic patient information.

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***If the information is not specifically required for your role at Stanford, then you do not have a need to know.***

## ***Authorized Uses and Disclosures***

Accessing, using or disclosing patient information must be authorized. Authorized use and disclosure of PHI can occur in two ways:

1. The use or disclosure of PHI is authorized by state or federal law; or
2. The use or disclosure is authorized by the patient.

Any other use or disclosure that is not authorized specifically by the patient or the law is considered unauthorized and would be a violation of the law and of Stanford policies, which could result in a termination of your observation.

## ***Applying Privacy Principles to Your Observation***

### ***Conversations:***

As you go about your visit, remember to:

- Keep voices down to a reasonable level
- Assess surroundings:
  - If you are in a public area such as a waiting room, look for a private place to talk. If a private area is not available, try positioning yourself in a manner that prevents others from overhearing.

**Note:** Public elevators and cafeterias are not considered private.

- In patient care areas, such as shared patient rooms or the Emergency Department, sometimes it is difficult to prevent other people from overhearing a conversation. In these situations do your best to keep your voice to reasonable levels.
- Remember, you are to discuss PHI only with individuals who are authorized by their job to receive the information and you are to discuss the least amount of information necessary to achieve the intended business objective of the conversation.

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***Remember, don't snoop – don't gossip***

## ***Applying Privacy Principles to Your Observation***

### ***Patient Rights- Under HIPAA, patients have the right to:***

- Inspect and obtain a copy of any medical record
- Control, with certain limitations, the release of their medical information through authorization.
- Request an "accounting of disclosures"
- Add an addendum to or correct their medical record
- Request restrictions on certain uses or disclosure of their medical information
- Request confidential communication
- Receive a copy of the Notice of Privacy Practices which describes how Stanford protects patient's privacy.

Visiting Observers are not allowed to discuss or handle any of these requests. If a patient happens to approach you about exercising their privacy rights, immediately refer them to your host.

## ***Applying Privacy Principles to Your Observation***

### ***Visiting Observers Guidance:***

Special procedures are in place and must be followed for the protection of patients and patient information.

- Visiting observers are required to follow HIPAA (and California state regulations, to the extent they are more stringent than HIPAA), the policies of Stanford and the directives of Stanford personnel to protect the confidentiality of our patients' information.
- Signed patient authorizations are required when the observation is not part of an official Stanford training program.
- Visiting observers must be properly identified when observing in our facilities. Stanford security-issued badge are required. In addition, observers must be accompanied and supervised at all times by their host or a designee.

## ***Applying Privacy Principles to Your Observational Visit***

### ***Visiting Observers Guidance, Continued:***

- Visiting observers must not discuss patient information with their family, friends, Stanford employees who do not have a job-related need to know, or other unauthorized individuals.
- Visiting observers may not obtain access to Stanford's computer systems and may not fax or email patient medical information or PHI.
- Visiting observers must not take photographs of patients or of patient family members.
- Visiting observers may not use information received in connection with the observation for marketing, fundraising, or any type of business development purpose.
- Visiting observers are not allowed to use any information obtained during their observation for any publications, including any academic or research publications and research papers.



## ***Duty to Immediately Report***

You are required to immediately report suspected or actual violations of patient privacy to the Stanford Compliance Department's Privacy Office. Delays in reporting or failure to report immediately to the Privacy Office may result in termination of your observation. The Privacy Office will evaluate all reports promptly, completely and fairly.

You can report privacy concerns to the LPCH/SHC Privacy Office in one of the following ways:

- Contact the Compliance Department's Privacy Office directly by calling 650-724-2572
- Email your concern to [PrivacyOfficer@stanfordhealthcare.org](mailto:PrivacyOfficer@stanfordhealthcare.org)
- Fax your concern to 650-723-3628
- Call the Compliance and Privacy 24 hour Hotline at 1-800-216-1784, including making anonymous reports

### **VISITING OBSERVER ATTESTATION and CONFIDENTIALITY AGREEMENT**

As a visiting observer to Stanford Health Care (SHC), Stanford Children's Health (SCH), or their affiliated hospitals or practices, I will be observing patient care and administrative functions for medical/professional education, training or other purposes. I understand and agree that I will not use or disclose patient information, whether written, electronic, or verbal, related to patient(s) at SHC/SCH for any reason.

I will maintain the confidentiality of all discussions, deliberations, records, and other information to which I have access, and will make no voluntary disclosures of such information except to persons authorized to receive it in the conduct of Medical Staff affairs or SHC/SCH business or educational activities.

I will comply with all laws and regulations and follow the directives of SHC/SCH personnel. Furthermore, I understand that no patent right, copyright or other proprietary right of SHC/SCH are transferred to me or my agents or assigns. I will not enter into any agreement creating copyright or patent obligations or rights based on my observation during any SHC/SCH patient care or administrative/educational activities.

I understand that SHC/SCH and the Medical Staff(s) are entitled to undertake such action as is deemed appropriate to ensure that the terms of this attestation and confidentiality agreement are maintained, including application to a court for injunctive or other relief in the event of a threatened breach of this agreement.

The obligations set forth in the Visiting Observer Attestation and Confidentiality Agreement shall survive the term of my time at SHC/SCH.

In addition to the above provisions, I agree to the following:

- 1) I will not discuss patient information with my family, friends, employees who do not have a job-related need to know, or other unauthorized individuals. When asked by such individuals, the appropriate response is "patient information is confidential."
- 2) I will not make references to any patient in any way that would go against my commitment and responsibility to protect patients. This requirement extends to any means of communication. I understand that discussing or mentioning patients in social settings or on social networking sites e.g. Facebook, Instagram, or blogging sites, in any way, shape, or form, is prohibited.

- 3) I will not take photographs, videos, or audio recordings of patients or of patient family members. I understand that only authorized staff can take photographs for limited purposes, such as treatment, using hospital approved equipment. Personal cell phones, iPads, or other electronic devices are never to be used to take photographs.
- 4) I will not respond to media inquiries concerning patient information. I will refer any such calls or inquiries to Communications and Media Relations at (650) 723-6696 immediately.
- 5) I will comply with all applicable federal and state laws and regulations, as well as SHC/SCH policies and procedures concerning patient privacy and confidentiality at all times. In addition, I understand that violation of federal and state privacy laws may result in fines, penalties, and imprisonment.
- 6) I will notify the compliance line at (650) 724-2572 if I have knowledge about any breach of patient confidentiality or think there may be a problem involving patient privacy. I understand that I may report concerns anonymously by contacting the Compliance and Privacy hotline at (800) 216-1784. SHC/SCH will not retaliate against any individual who reports potential violations of laws or hospital policy in good faith.
- 7) Electronic systems: I will not use anyone else's password to access patient information in electronic systems. If granted approval to access electronic system:
  - a. I will not access patient information (written or electronic) for non-work-related purposes.
  - b. I will log out of my computer when I step away from the computer to prevent inappropriate access.
  - c. I will not give anyone my username or password to access SHC/SCH electronic systems. When legitimate, the requestor may seek access in his/her own right.
- 8) I understand that SHC/SCH monitors, audits, and investigates inappropriate access of patient information.
- 9) I have reviewed SHC/SCH's Code of Conduct.
- 10) I have completed SHC/SCH's Patient Privacy training.
- 11) I understand that I cannot use this visiting observer experience on my résumé.
- 12) I understand that if I present with a cold, fever, or communicable disease that would pose a risk to others, SHC/SCH may terminate or postpone my observation.

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Print Name

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Title/Department/Company/School

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Signature

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Date

Please return completed form to [VisitingObserver@stanfordhealthcare.org](mailto:VisitingObserver@stanfordhealthcare.org)

## **PATIENT AUTHORIZATION FOR VISITING OBSERVER**

With the permission of the patient, Stanford Health Care (SHC), Stanford Children's Health (SCH), and its affiliated practices allow people who are interested in patient care and administrative functions for medical or professional education, training, and other purposes to observe health care providers as they meet and/or treat patients.

By signing this authorization, you are permitting the persons named below to "shadow" your health care provider as they meet with and/or treat you and allowing your health care provider to disclose your protected health information (PHI) to the observer(s) during your appointment today. Any person observing your treatment is bound by the same confidentiality rules as your health care provider. However, please be aware that SHC and SCH cannot guarantee that the observer(s) will not re-disclose your health information to a third party.

By signing this authorization, you agree that you have read and fully understand this document and that you are entitled to receive a signed copy of this document. You may withdraw your authorization at any time in writing or during your appointment. This authorization expires immediately following your appointment today and you may ask that the observer(s) be prevented from observing any aspect of your care that you wish. Your participation in this observation is voluntary and you are not required to sign this authorization form to receive treatment, for payment of your care, or for your enrollment in a health plan or eligibility for benefits. If you do revoke this authorization, it will not have any effect on disclosures of your PHI made by SHC and/or SCH before we received your revocation.

**NAME(S) OF OBSERVER(S)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(observer)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(observer)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(observer)

**PATIENT AUTHORIZATION**

I, \_\_\_\_\_ hereby provide my consent to the  
(patient name)

presence of the above-named observer(s) in the SHC/SCH \_\_\_\_\_  
(department name)

during my treatment and/or procedure on \_\_\_\_\_.  
(date)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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**THIRD PARTY AUTHORIZATION IF PATIENT HAS A PERSONAL REPRESENTATIVE**

I hereby execute this document on the patient's behalf. I represent and verify that I am authorized to execute this document on behalf of the patient named above.

\_\_\_\_\_  
Signature of parent of minor patient,  
guardian, or legal representative of  
patient

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Date

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### Standard Process for Visiting Observer Medical Clearance

1. Sponsors are to contact Sondra Hornsey [visitingobserver@stanfordhealthcare.org](mailto:visitingobserver@stanfordhealthcare.org) to ensure observer meets the criteria for being a visiting observer.
2. Sponsors are to contact and provide Occupational Health Services (OHS) with visiting observer's immunization records preferably **2 weeks** before the scheduled visit. Email the following OHS staff:  
[ZZarate@stanfordhealthcare.org](mailto:ZZarate@stanfordhealthcare.org)  
[MZee@stanfordhealthcare.org](mailto:MZee@stanfordhealthcare.org)  
[MariaDPineda@stanfordhealthcare.org](mailto:MariaDPineda@stanfordhealthcare.org)
3. OHS will review medical records within **2-3 business days** and will inform sponsors of the items that need to be completed in order for the visitor to be medically cleared for the visit.
4. Sponsor is responsible for updating OHS about observer's status for obtaining required medical records within 5 days. After 5 days, OHS will assume the observer will no longer be visiting the Health Care Center.
5. Medical records Requirements (Radiology images and Immunization Records)
  - a. Medical records must be translated into English—submit original medical and translated medical record
  - b. First and last name
  - c. Date of birth or Medical Record Number
  - d. Provider's name and signature
6. Visiting Observers may complete their immunization requirements in OHS by paying out of pocket or providing a payment authorization from the sponsoring department.
7. Visiting Observers in the Operating Room
  - a. Contact [ORAdministration@stanfordhealthcare.org](mailto:ORAdministration@stanfordhealthcare.org) to inquire about the OR clearance process.
8. Extension requests and returning observers
  - a. OHS keeps medical records for 1 month after the end date of observer's visit.
  - b. Sponsors are to inform observers to keep their medical records if they plan to return in the future. Observers will need to provide medical records again and a new clearance form will need to be created annually.
  - c. Medical clearance forms are good for 1 year.
  - d. Sponsoring departments are responsible for ensuring observer is up-to-date with annual flu and tuberculosis requirement.

#### Questions:

Zoraida Zarate, MA Occupational Health Services Phone: 650-724-1980 Fax: 650-498-7748 <a href="mailto:ZZarate@stanfordhealthcare.org">ZZarate@stanfordhealthcare.org</a>	Rose Lopez, MA Occupational Health Services Phone: 725-8739 Fax: 650-498-7748 <a href="mailto:RLopez@stanfordhealthcare.org">RLopez@stanfordhealthcare.org</a>
Sondra Hornsey Associate Privacy Officer, Compliance Department Phone: 650-723-2533 <a href="mailto:SHornsey@stanfordhealthcare.org">SHornsey@stanfordhealthcare.org</a>	Maria Pineda, RN MSN Assistant Patient Manager OHS Phone: 498-6936 <a href="mailto:MariaDPineda@stanfordhealthcare.org">MariaDPineda@stanfordhealthcare.org</a>



**SHC/LPCH Non-Hospital Employee MEDICAL CLEARANCE FORM FOR MEDICAL  
CENTER ACCESS (MDs, Visitors, Students)**

Name (Print)		
Last	First	Middle
Preferred Phone Contact	Preferred e-mail Contact	DOB
Sponsoring Department	Sponsor Contact Name	Sponsor Phone Number
Period of time present at SHC	Start Date	End Date

**IMMUNIZATIONS HISTORY**

☐ Visiting Faculty USA Hospital credentialed: ☐ Yes letter of compliance adequate.

☐ Visiting MD Foreign and all other visitors:

Official medical records required. Reported history is not adequate.

- |  |  |   |
|--|--|---|
| 1. Varicella (Chickenpox)                              | <input type="checkbox"/> Pos. Titer or | <input type="checkbox"/> Evidence of 2 Varicella vaccines |
| 2. Measles   | <input type="checkbox"/> Pos. Titer or | <input type="checkbox"/> Evidence of 2 MMR vaccines       |
| 3. Mumps   | <input type="checkbox"/> Pos. Titer or | <input type="checkbox"/> Evidence of 2 MMR vaccines       |
| 4. Rubella   | <input type="checkbox"/> Pos. Titer or | <input type="checkbox"/> Evidence of 2 MMR vaccines       |
| 5. Flu Vaccine Nov 1 – March 31                        |  | <input type="checkbox"/> Yes date                         |
| 6. Tuberculosis Screening Questionnaire                |  | <input type="checkbox"/> Yes date:                        |
| and <u>one</u> of the following within 1 year of visit |  |   |
| a. Tuberculin Skin Test (TST)                          |  | <input type="checkbox"/> Yes date:                        |
| b. Quantiferon Test (QFT)                              |  | <input type="checkbox"/> Yes date: or                     |
| c. Chest x-ray for history of + TST or +QFT            |  | <input type="checkbox"/> Yes date:                        |

**SPONSORING DEPARTMENT or OHS ATTESTATION CERTIFICATION**

<input type="checkbox"/> Cleared for badge access. I certify that I have reviewed the records for _____ and attest that this person is in compliance to Title 22, and the CDC recommendations for Health Care Personnel. The information I have provided is true and complete.		
Signature of Medical /Clinical Examiner	Telephone	Department
Medical/ Clinician Examiner Name	<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> MA	
Medical /Clinician Provider License or Certification No.	Date of Review: ____ / ____ / ____	

PATIENT NAME DATE OF SERVICE MEDICAL RECORD NUMBER  ADDRESSOGRAPH STAMP OR LABEL	OCCUPATIONAL HEALTH SERVICES 300 Pasteur Drive, M/C 5205 Stanford, CA 94305  <b>TUBERCULOSIS (TB)          SURVEILLANCE QUESTIONNAIRE</b>
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**To Be Completed By Employee/Volunteer/Contrator:**

Name (Print):		Today's Date:	
Job Position/Title:		Date of Birth:	
Department:	Phone:	Manager:	
When was your last TB test? <sup>1</sup>		<input type="checkbox"/> It was a skin test. <input type="checkbox"/> It was a blood test.	
Have you experienced any of the following symptoms:			
1) Persistent coughing (3 weeks or more)?	Yes	No	
2) Coughing up blood or bloody sputum?	Yes	No	
3) Night sweats (soak the sheets)?	Yes	No	
4) Unexplained weight loss?	Yes	No	
5) Fever of unknown origin?	Yes	No	
If yes, please describe:			
Have you ever been diagnosed with an immune disorder or illness? <sup>2</sup> (e.g. HIV/AIDS or other immune deficiency)		Yes	No
Have you received a live vaccine in the past 6 weeks? <sup>3</sup> (e.g. measles, mumps, rubella, polio, chickenpox, or shingles)		Yes	No
Have you ever had a positive skin or blood test for TB? <sup>4</sup> If yes, what year: _____ Date of last chest x-ray: _____		Yes	No
Have you ever taken medication for TB? <sup>4</sup> What med(s)? _____ When? _____		Yes	No
Have you ever had a BCG vaccine? <sup>5</sup> (Used where TB is prevalent, BCG is not routinely used in the U.S.)		Yes	No
<b>I certify that the information I have provided is complete and true to the best of my knowledge.</b> <b>Signed:</b>			

**To Be Completed By OHS Staff:**

<b>Exam Type:</b>	<i>Baseline</i>	<i>Annual/Routine</i>	<i>Exposure-Initial</i>	<i>Exposure - Follow-up</i>	<i>Confirmatory</i>
<b>Test Type:</b>	<i>Symptom review only</i>	<i>QFT (IGRA) Blood Test</i>	<i>Tuberculin-PPD Skin Test (TST)</i>		
<b>N-95 Respirator Fit Testing &amp; Training Due:</b>	<i>Now</i>		<i>On _____</i>		
<b>Reviewed by:</b>	Date: _____		<input type="checkbox"/> Yes (See Clinician) <input type="checkbox"/> No (Proceed)		

**To Be Completed By OHS Clinician:**

Two step TST	Chest X-Ray	Date Ordered: _____	Other: _____
Comments:			

- 1-QFT or 2-step TST is required if there is no documentation of a negative test within the past 12 months.  
 2-If immune deficient, testing may be falsely negative.  
 3-If a live vaccine was recently received, testing should be deferred until 6 weeks after vaccination.  
 4-Documentation of appropriate evaluation and treatment must be provided prior to clearance for work.  
 5- If BCG was received, a QFT is preferred to a TST.





Lucile Packard  
Children's Hospital  
Stanford

OCCUPATIONAL HEALTH SERVICES  
300 Pasteur Drive MC 5205  
Stanford, Ca. 94305-5513

**PAYMENT AUTHORIZATION**

SHC's Occupational Health Services will not provide services to any individual who is not an employee of Stanford or Packard Hospitals unless this or a similar Payment Authorization form is presented at or before the time services are rendered.

**Employee/Visitor Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Dept.: \_\_\_\_\_

**Employer/Sponsor Information:**

Company/Organization Name: \_\_\_\_\_ SHC \_\_\_\_\_ LPCH \_\_\_\_\_ Stanford University

\_\_\_\_\_ Other: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Payment Options:**

\_\_\_\_\_ Charge to this SHC/LPCH or SU Cost Center/GL Account : \_\_\_\_\_

\_\_\_\_\_ Charge to this '98' or PTA Account: \_\_\_\_\_

**Services you authorize Stanford Hospital and Clinics to provide this employee:**

\_\_\_\_\_ Health Screening consistent with SHC/LPCH Visitor and Volunteer protocols  
(Call for appointment).

\_\_\_\_\_ Pre-employment Physical Exam and Health Screening consistent with SHC/LPCH new hire  
protocols (Call for appointment).

I, the Employer/Sponsor representative, am authorized to incur these expenses:

\_\_\_\_\_ Print Name

\_\_\_\_\_ Sign Name

\_\_\_\_\_ Date

My phone number is: \_\_\_\_\_

## OCCUPATIONAL HEALTH SERVICES

### Contractors Shortcut

- **American Mobile**---Offer ALL services---**Requires Payment Authorization Form**
- **Traveler/contractor**---Offer QFT, Rubeola, Rubella, Varicella, HBsAB, HBsAG, QFT, HepB, Drug/BAT, TBST, Mumps, MMR, Varivax, TDAP, Influenza---**Requires Payment Authorization Form or Pay by cash or check without Payment Authorization Form**>>> DO NOT COVER NEW HIRE PHYSICAL OR CHEST X-RAY FOR POSITIVE QFT<<<<

### VACCINATIONS:

40510182	<input type="checkbox"/>	<b>MMR:</b>	\$58.00
40519117	<input type="checkbox"/>	<b>Varivax:</b>	\$85.00
40510174	<input type="checkbox"/>	<b>Hepatitis B:</b>	\$52.00
40510190	<input type="checkbox"/>	<b>TDAP (Tetanus Diphtheria Pertussis):</b>	\$41.00
40510141	<input type="checkbox"/>	<b>Influenza:</b>	\$30.00

### TITERS:

<input type="checkbox"/>	<b>Quantiferon:</b>	\$70.00
<input type="checkbox"/>	<b>TB Skin Test:</b>	\$25.00
<input type="checkbox"/>	<b>TB XRAY:</b>	\$120.00
<input type="checkbox"/>	<b>Mumps:</b>	\$46.00
<input type="checkbox"/>	<b>Rubeola:</b>	\$66.00
<input type="checkbox"/>	<b>Rubella:</b>	\$63.00
<input type="checkbox"/>	<b>Varicella (Chicken Pox):</b>	\$75.00
<input type="checkbox"/>	<b>Hepatitis B Surface Antibody (HBsAB):</b>	\$65.00
<input type="checkbox"/>	<b>Drug/BAT Testing:</b>	\$40.00