

UNIVERSITY HEALTH CARE

HOSPITALS AND CLINICS

GRADUATE MEDICAL EDUCATION

HOUSESTAFF POLICIES AND PROCEDURES

VISITING HOUSESTAFF POLICY

Section 5 No. 4 Rev. 7

Review Date: March 2009

Revision Date: April 2009

Chapter: Liability Coverage

I. PURPOSE:

To outline the requirements that must be met in order for the University of Utah to accept visiting housestaff from other training institutions.

II. POLICY:

Acceptance of visiting housestaff is optional. No program is required to accept visiting housestaff.

Liability insurance for visiting residents will be provided by the visiting resident's home institution or by the visiting resident. Liability insurance is not provided by the University of Utah Hospital or its affiliated training sites.

III. PROCEDURE:

If liability insurance is to be provided by the visiting resident's home institution, a letter from the home institution confirming coverage must be provided to the GME Office. If liability insurance is to be provided by the visiting resident, a letter from the covering organization must be provided to the GME Office. A statement regarding liability coverage must be included in the Training Agreement. The "Liability Coverage" section of the Visiting Housestaff Approval Form must also be completed.

A Visiting Housestaff Training Agreement must be executed prior to the visiting housestaff beginning the rotation at the University of Utah. Visiting housestaff Training Agreements may be between the two institutions and need not be department specific, therefore one executed agreement will cover all departments. Departments should coordinate with the Graduate Medical Education Office prior to initiating a training agreement. In addition to the training agreement, the "Visiting Housestaff Packet" must be completed and filed in the Graduate Medical Education Office before the rotation begins.

The visiting houseofficer must currently be a trainee in another ACGME-accredited program or AOA-accredited program in the United States and the home program director must sign the Visiting Housestaff Approval Form or provide a letter to be attached to the form. The University of Utah Program Director or Division Chief is required to sign the form indicating that the elective rotation will fall within the program guidelines, and an evaluation of performance will be provided upon completion of the rotation.

Visiting housestaff who have completed approval requirements are also eligible for the following University privileges: parking sticker, library privileges, campus recreation facilities, pager, computer account, medical dictation account.

A copy of the "Visiting Housestaff Packet" is attached to this policy.

Approval body: Graduate Medical Education Committee

Approval date: 3/06

Policy Owner: Graduate Medical Education

Historical Information:

Review dates: 10/05, 2/05, 3/07, 3/09

Revision dates: 2/01, 1/05, 10/05, 3/09

Approval dates: 10/85

(VISITING HOUSESTAFF KEEPS THIS PAGE FOR PERSONAL RECORD)

Dear Visiting Houseofficer:

Thank you for your interest in a visiting rotation at University of Utah Affiliated Hospitals. Before your rotation can begin there are a number of paperwork requirements which must be completed. In addition there must be a fully executed training agreement between the two institutions.

As visiting housestaff, during your rotation you will be authorized to have a University pager, library privileges, campus recreation privileges, parking privileges, a dictation account, and computer access to our electronic medical records programs. In order to qualify for these privileges, you must complete and return the attached forms. Please see the following instructions:

1. **VISITING HOUSESTAFF APPROVAL FORM (return completed to GME Office)**
We need **all** the information on this form, including your social security number, date of birth, home training program, institution name, hire date, medical school graduation, etc. We need the exact dates of your visiting rotation. This form must also be signed by both your home Program Director, the University of Utah Program Director and the Director of the GME Office.
2. **CREDENTIALING ATTESTATION/CRIMINAL BACKGROUND CHECK (return to GME Office)**
Visiting housestaff must meet U of U credentialing standards. By signing the Visiting Housestaff Approval Form, you & your Program Director confirm that you have met the requirements listed in the form. If you have **not** had a criminal background check and/or drug screen performed by your training institution, the U of U will perform those. If applicable, please read the attached Criminal Background Check Policy, complete the authorization form, and return the form with the rest of the packet. Be aware that, if your program cannot attest to the required credentialing items, your Visiting Housestaff Approval Form will not be signed by the GME Director and you will not be allowed to do visiting rotation(s).
3. **ID Badges**
Forms to obtain an ID are included in this packet:
 1. UUHSC Confidentiality and Information Security (**GME retains**)
 2. A Non-staff Workforce & Volunteer ID Badge Data Sheet (**GME retains**)
 3. A Non-staff Workforce & Volunteer Photo ID Authorization Form (**Department signs, Ucard office retains**)
4. **UNIVERSITY PRIVILEGES FOR VISITING HOUSESTAFF**
Keep this form with you. Have the University Hospital Program Director sign this form upon your arrival. This letter, carried with you, will allow you to obtain a parking pass and utilize the library and campus recreation facilities.
5. **HIPAA CERTIFICATION**
University of Utah Hospitals and Clinics requires all residents to be HIPAA certified (this includes Visiting Housestaff). **Please provide us with a copy of your HIPAA certificate from your home residency.** The copy should be included with the rest of the paperwork. If you do not have your HIPAA certificate, you can complete the University of Utah's *eduCAT* training. In order to access *eduCAT*, click on the following link: <http://cis.utah.edu>. Enter your **uNID** (will be provided) and your date of birth as your **Password** (in the format of **mmddyy** - no slashes). At this point, you'll be prompted to change your password and set up your security questions. Once completed, please go to: <http://www.educat.utah.edu>, click on the **eduCAT button**, enter your **uNID** again and the newly created **Password**.
6. **PAGER (Visiting Housestaff rotating at PCMC will receive a pager from the program, not the GME Office)**
You must pay a \$35 deposit in the G.M.E. Office and fill out a Pager Contract in order to obtain a pager. When returned in good condition to the G.M.E. Office at the end of your rotation, your \$35 deposit will be refunded to you.

It takes approximately 2 weeks to process all the forms and obtain the appropriate account numbers and passwords. You must complete, sign, and return this paperwork before your arrival. Once we receive the packet of paperwork from you, we will submit to the GME Office. If you have any questions, please contact the _____ department at _____, or the GME Office at 801-581-2401.

(GIVE TO GME OFFICE ONCE COMPLETED)

<p>UNIVERSITY OF UTAH AFFILIATED HOSPITALS Office of Graduate Medical Education University of Utah Medical Center 50 North Medical Drive Salt Lake City, UT 84132 Phone: 801-581-2401 Fax: 801-585-2507 VISITING HOUSESTAFF APPROVAL FORM</p>
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Liability insurance for visiting housestaff will be provided by the visiting resident's home institution or by the institution where the resident will be rotating. This packet must be completed, approved, all signatures obtained, and must be on file in the Office of Graduate Medical Education **before** the first day of the rotation in order for liability insurance to be in place.

_____ FULL NAME (please print) (include medical degree)		_____ Social Security Number		_____ EMAIL ADDRESS	
_____ HOME ADDRESS		_____ CITY	_____ STATE	_____ ZIP	_____ DATE OF BIRTH

IF A FOREIGN MEDICAL GRADUATE:	_____ ECFMG NUMBER	_____ ECFMG CERT. DATE
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_____ NAME OF HOME RESIDENCY INSTITUTION	_____ NAME OF PROGRAM
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_____ HOME RESIDENCY INSTITUTION ADDRESS	_____ CONTACT NAME
--	------------------------------

_____ TRAINING LEVEL	_____ HIRE DATE	_____ HOME RESIDENCY PHONE #	_____ PROGRAM DIRECTOR NAME
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_____ NAME OF MEDICAL SCHOOL	_____ DATE OF MED SCH. GRADUATION
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_____ UNIVERSITY OF UTAH VISITING ROTATION (Type & Department)	_____ (Name of Training Institution where Rotating)
--	---

_____ DATES OF VISITING ROTATION (exact start and finish)	_____ NAME OF UUMC FACULTY SUPERVISOR
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***This resident and this rotation will be claimed on CMS cost report of the Training Institution.**

CREDENTIALING OF VISITING HOUSESTAFF

Visiting residents/fellows are **required** to meet University of Utah credentialing standards for all residents/fellows. The Program Director of the home institution must attest that ALL of the following items have been fully credentialed by the home institution.

- Verification of medical school graduation
- Verification of all training and/or employment since medical school graduation
- Verification of ACLS training (does not need to be currently certified)
- Verification of immunizations (home institution standard requirement)
- Verification of completion of HIPAA training (home institution standard)
- Verification of clear National Practitioner Data Bank report
- Clear criminal background check*
- Clear drug screen*

*Please note: if the home institution has not performed a criminal background check and/or a drug screen, these items will be performed by the University of Utah prior to the start of the visiting rotation. The Program Director or authorized official must indicate below the status of the criminal background check and the drug screen by circling YES or NO and initialing.

___ YES/NO; A criminal background check has been performed for this individual.	_____ (program director or official initials)
___ YES/NO; A drug screen has been performed for this individual.	_____ (program director or official initials)

(GIVE TO GME OFFICE ONCE COMPLETED)

Visiting Housestaff Approval Form, Page 2

I certify that the information above is true and correct. I understand that any changes in the above will invalidate any approved liability coverage.

Signature, Visiting Houseofficer

I agree to accept the above house officer for training in my program for the dates listed above. He/she will receive credit for the rotation, and an evaluation will be sent to the home Program Director upon completion of the visiting training.

Signature, UUMC Program Director

I certify that the above houseofficer is a resident in the training program listed above, and will be receiving credit for this elective. I understand that the training institution will claim this rotation on its CMS resident cost report. I further certify that all credentialing items required by the University of Utah as indicated above have been completed.

Signature, Home Program Director

I certify that the above houseofficer has been approved as Visiting Housestaff per the Graduate Medical Education Committee policies and liability coverage will be provided for the dates listed.

Signature, UUMC Director of GME Date

LIABILITY INSURANCE COVERAGE

Liability insurance coverage, as specified in paragraph 3 of the Visiting Housestaff Training Agreement, for this visiting resident during the indicated rotation in the form above will be provided by:

(Name of Institution)

(Address of Institution)

(Name of Risk Management Officer)

Signature of Risk Management Officer Date

COPIES: Original in GME Office; 2 copies to hosting department; 1 copy to Program Director of hosting institution; 1 copy to Risk Manager of providing institution

(VISITING HOUSESTAFF KEEPS FOR PERSONAL RECORD)

UNIVERSITY OF UTAH HOSPITALS AND CLINICS

GRADUATE MEDICAL EDUCATION

HOUSESTAFF POLICIES AND PROCEDURES

CRIMINAL BACKGROUND CHECKS

Section 1 No. .07 Rev. 3

Review Date: March 2006

Revision Date: March 11, 2004

I. **PURPOSE:** The School of Medicine is committed to provide the public with well trained physicians who possess the traits of high moral character and standards. The purpose of this policy is to help ensure a safe environment for patients, employees, visitors and the general public as well as to protect property by conducting criminal background checks on all newly hired individuals.

II. **POLICY**

- a. This policy applies to all house officers receiving offers of employment from any facility or entity associated with the University of Utah on or after the effective date shown above.
- b. Authorization: Utah law (UCA 53-5-214) authorizes the University of Utah Office of Graduate Medical Education to conduct criminal background checks on potential employees based on the expected patient population which may include children or vulnerable adults.
- c. The University of Utah School of Medicine requires a criminal background check as part of the credentialing process for all housestaff.
- d. Background checks will be performed only after the applicant has received an offer of employment.
- e. All employment offers are contingent upon satisfactory results of a criminal background check.
- f. Criminal background information released to the School of Medicine will be used only for purposes of assisting in making hiring or other employment decisions.
- g. If a background check identifies issues which may preclude employment, the case will be referred to the School of Medicine Housestaff Credentials Committee for review and action.

III. **PROCEDURE**

- a. Application: The Application for Appointment to the Housestaff includes an inquiry about criminal convictions. Applicants who refuse to complete this section or do not answer truthfully and completely, will not receive offers of employment, or employees will have their employment terminated. Any Houseofficer Agreement already signed will be cancelled.
- b. Waiver/Consent: The Application for Appointment to the Housestaff will include a Consent form for a Criminal Background Investigation. Refusal to provide adequate/correct information or to provide consent for investigation will result in withdrawal of offer of employment.
- c. Inquiry:
 - i. The background check will be initiated by the Graduate Medical Education Office as part of the routine credentialing of housestaff prior to appointment.
 - ii. A copy of the informed consent form will be faxed to the company authorized to perform the background check.
 - iii. The authorized company will be instructed to provide results to authorized individuals only.
- d. Convictions:
 - i. If an applicant truthfully discloses conviction(s) on the application, an evaluation of each conviction will be made before making a conditional offer of employment.
 - ii. The existence of a conviction does not automatically disqualify an individual from eligibility for employment. Relevant considerations may include, but are not limited to: the date, nature and number of convictions; the relationship the conviction bears to the duties and responsibilities of the job; and successful efforts toward rehabilitation. Any decision to reject or accept an applicant with a conviction is solely at the discretion of the School of Medicine.
 - iii. If the background check identifies a criminal conviction not disclosed on the employment application, the applicant will be notified and the offer of employment withdrawn.

(VISITING HOUSESTAFF KEEPS FOR PERSONAL RECORD)

- iv. Failure to disclose all previous convictions other than minor traffic convictions will be considered falsification of records and will be the grounds for automatic dismissal or withdrawal of offer of training to an applicant.
 - v. If the University of Utah becomes aware that a current employee has not completed the application truthfully, he/she will be subject to disciplinary action up to and including termination.
- e. **Results:**
- i. **Confidentiality:** Reasonable efforts will be made to ensure that results of criminal background checks are kept as confidential as possible with a limited number of persons authorized to review results.
 - ii. **Access to Results:** The Director of Graduate Medical Education will review all criminal background checks. If adverse information deemed to be relevant to the applicant's suitability for employment is contained in the background check, the Director of Graduate Medical Education will notify the applicant in writing and will refer the report to the Housestaff Credentials Committee. The Housestaff Credentials Committee will make any negative decisions relative to employment.
 - iii. **Information Available Through Background Checks:** The criminal background check will include a record of all arrests and convictions. In almost every case, only conviction information will be considered. If the check reveals information that could be relevant to the suitability for the job, the Housestaff Credentials Committee may request additional information from the applicant. If the check reveals anything more than minor traffic convictions, it shall be forwarded to the Housestaff Credentials Committee.
 - iv. **Ability of Applicant to Review Information:** The applicant may review the criminal background check received by the University by contacting the Director of Graduate Medical Education in writing.
 - v. **Right to Respond to Adverse Report:** The applicant will be asked to review any adverse information and to provide a written response for the Housestaff Credentials Committee. When appropriate, the resident may be asked to meet with the committee in person to answer questions.
 - vi. **Right to Change and/or Terminate Policy:** Reasonable efforts will be made to keep employees informed of any changes in the policy. However, the University of Utah reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

Approval body: Graduate Medical Education Committee

Approval date: April 2004

Policy Owner: Graduate Medical Education

Historical Information:

Review dates: 4/05, 3/06, 3/09

Revision dates: October 27, 2000, March 11, 2004, March 23, 2009

Approval dates: August 1998

(GIVE TO GME OFFICE ONCE COMPLETED)

**Informed Consent/Release
For
Criminal Background Investigation**

I hereby authorize the University of Utah Office of Graduate Medical Education, or any qualified agent of the University of Utah, to obtain the following in connection with my appointment as house officer: criminal background information including copies of my past and present law enforcement records. This criminal background investigation is being conducted for the purpose of assisting the University of Utah Housestaff Credentials and GME Committees in evaluating my suitability for appointment to the housestaff. The release of information pertaining to this criminal background investigation is expressly authorized.

I understand that information contained in the criminal background report may result in the withdrawal of my offer of training. I also understand that any such withdrawal may be appealed to the Graduate Medical Education Committee.

I understand that I have a right to review the information that the University of Utah Housestaff Credentials Committee receives in this criminal background investigation by putting a request in writing, and that I may respond to the information. I understand that all reasonable efforts will be made by the University of Utah to protect the confidentiality of this information. I further understand that the results of the criminal background check will be reviewed by the University of Utah Housestaff Credentials Committee.

If negative information is contained in my report, I understand that I will be notified by the Director of Graduate Medical Education and will be asked to provide information in writing to the Housestaff Credentials Committee. In the case of a negative decision by the Housestaff Credentials Committee, I understand that I may appeal any decision to the University of Utah Graduate Medical Education Committee.

I hereby release those individuals or companies from any liability or damage in providing such information. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

I hereby further release the University and its agents and employees from any and all claims, including but not limited to, claims of defamation, invasion of privacy, wrongful termination, negligence, or any other damages of or resulting from or pertaining to the collection of this information.

Signature of Applicant

Date

Print Name (First, Middle, Last)

Date of Birth

Social Security Number

Complete Address (Street, City, State, Zip)

(VISITING HOUSESTAFF KEEPS FOR PERSONAL RECORD)

Staff, faculty, students, trainees, and all other individuals (hereafter referred to collectively as “workforce members”) under the control of the University of Utah Health Sciences Center (“UUHSC”) are required to maintain the confidentiality of patient, clinical, financial, or other sensitive information. UUHSC workforce members will be held personally responsible for safeguarding security log-in processes, passwords and electronic signatures. UUHSC workforce members must strictly adhere to standards that govern authorized access to, use and/or disclosure of sensitive and confidential information. Failure to do so may result in disciplinary action, up to and including termination of employment. (You are required to sign this document as a condition of employment.)

I ACKNOWLEDGE, UNDERSTAND, AND AGREE:

1. **The types and categories of (written, verbal, electronic or printed) considered to be confidential (“CONFIDENTIAL INFORMATION”) includes, but is not limited to: (a) hospital medical records; (b) clinic medical records; (c) physician's private patient records; (d) medical records received from other health care providers; (e) correspondence addressed to or from workforce members of the UUHSC concerning a specific, identifiable patient; (f) patient information verbally given to me by the patient or other persons; (g) diagnoses; (h) assessments; (i) medical histories; (j) operative reports; (k) discharge summaries; (l) nursing notes; (m) medications; (n) treatment plans; (o) follow-up care plans; (p) requests for and results of consultations; (q) results of laboratory, radiologic, or other medical tests; (r) demographic data; (s) financial/funding information; and (t) all other types and categories of information to which I know or have reason to know the UUHSC intends or expects confidentiality to be maintained.**
2. Services provided by the UUHSC for its patients and all documents and information related to such services are considered private and CONFIDENTIAL INFORMATION.
3. **Patients furnish information to the UUHSC with the understanding and expectation that it will be kept confidential and used only by authorized persons, within the scope of his/her employment, as necessary, to provide needed services.**
4. CONFIDENTIAL INFORMATION stored in electronic form must be treated with the same medical/legal care as data in the paper chart.
5. **My access to CONFIDENTIAL INFORMATION subjects me to legal guidelines and obligations.**
6. I will comply with all information security policies and procedures in effect at the UUHSC.
7. **I will access data only in accordance with policies and standards.**
8. My security code (logon, password and electronic signature) is equivalent to my legal signature. I will be personally accountable for all access or use performed under these codes.
9. **By reason of my duties or in the course of my employment I may receive or have access to verbal, written or electronic information concerning patients, staff and services performed by the UUHSC. I will not inappropriately access, use, or disclose (verbally, in written form, or by electronic means) to any person, or permit any person to inappropriately access, use, or disclose any reports or other documents prepared by me, coming into my possession or control, or to which I have access, nor any other information concerning the patients, staff or operations of University of Utah UUHSC at any time, during or after my employment.**
10. If and when my employment or assignment with the UUHSC ends, I will not inappropriately access, use, disclose, retain, or copy any reports or other documents prepared by me, coming into my possession or control, or to which I have access, nor any other information concerning the patients, staff or operations of the University of Utah.

(VISITING HOUSESTAFF KEEPS FOR PERSONAL RECORD)

11. **I will not destroy or erase any data or information in any form located in or stored in UUHSC computers or files unless it is part of routine computer maintenance.**
12. I will use discretion to assure conversations that include CONFIDENTIAL INFORMATION cannot be overheard by persons who do not have a "need to know" when information must be discussed with others in the performance of my duties.
13. **I will adhere to UUHSC procedures governing proper handling or disposal of printed material containing individually identifiable information.**
14. I will notify my supervisor and the UUHSC Privacy Officer (at 7-9241 or at uuhsc.utah.edu/privacy) immediately, but not later than one business day, of any actual or suspected inappropriate use, access, or disclosure of CONFIDENTIAL INFORMATION, whether by me or anyone else, whether intentional or accidental. There will be NO retaliation for filing a complaint.
15. **I will maintain the confidentiality of all information concerning patients, staff, or operations of the University of Utah regardless of the method of retrieval, including information obtained on homebased or off-site personal computers.**
16. The inappropriate access, use, or disclosure of information by me may violate state and/or federal laws and may subject me to civil damages and criminal prosecution, and to disciplinary action, up to and including termination.
17. **All documents, encoded media, and other tangible items provided to me by the UUHSC or prepared, generated, or created by me in connection with any activity of the UUHSC are the property of the UUHSC.**
18. The UUHSC as the holder of data, reserves the right to, and may monitor and audit, all information systems for security purposes.
19. **Security codes (logon, password and electronic signature) are the user's way to verifying his/her identity and should be difficult for someone else to guess. Use of names, birth dates, phone numbers, etc. is not allowed. I will choose security codes carefully and not disclose them to anyone.**
20. I will not disclose security codes to anyone nor will I attempt to learn another person's security codes. Any misuse of my confidential security code will be a violation of UUHSC policy and will subject me to disciplinary action, up to and including termination.
21. **Security codes must not be written on paper that is accessible to anyone but the user and must not be visible around the terminal/workstation.**
22. I may access my own health information via an electronic application, pursuant to established policies, but I may not access that of my spouse, children, family members, or co-workers unless I am involved in their direct care.
23. **I will not access data on patients or other individuals for whom I have no responsibility or for whom I have no business related "need to know". Audit trails will track unauthorized access.**
24. I will immediately contact the ITS Call Center to obtain a new security code if I have reason to believe the confidentiality of my security code has been breached.
25. **Regardless of the site of access, information must be treated as confidential. Unauthorized access or release of confidential information will subject me to disciplinary action, up to and including termination.**

(VISITING HOUSESTAFF KEEPS FOR PERSONAL RECORD)

26. I will take reasonable steps, such as using a screen saver with a password, to keep my workstations and logins as secure as possible to minimize the risk of unauthorized use of either.
27. **I will refrain from making unauthorized copies of data or applications. Loading of viruses, unauthorized queries, and other interference with computer resources will subject me to disciplinary action, up to and including termination.**
28. If I receive access to information stores such, as the ITS data warehouse, or other databases containing CONFIDENTIAL INFORMATION, I will utilize that access only for the intended and stated purpose and will not provide access to 3rd parties without the explicit written permission of the data steward. I will utilize data obtained from such information stores in conjunction with data use policies.
29. **I am required to complete Privacy and Security Training.**
30. This signed document will become a part of my permanent personnel and/or volunteer record.
31. **Information Technology personnel will never ask for your password. If someone does ask for my password, I will report it immediately to the ITS Information Security Office at 7-9241.**

(GIVE TO GME OFFICE ONCE COMPLETED)

**UNIVERSITY OF UTAH HEALTH SCIENCES
CENTER CONFIDENTIALITY AND INFORMATION
SECURITY AGREEMENT**

This form is a condition of employment and must be signed by all new staff, faculty, students, or volunteers (i.e. 'workforce' members) within 7 days of employment. This document does not constitute an employment agreement.

Non-UUHSC Workforce Members: This form is not required for employees of agencies, companies, or vendors where a Business Associate Agreement is in place between UUHSC and your company. Supervisors: contact us at 587-9241 to inquire as to whether an agreement is in place with a particular group.

Instructions:

1. This form must be signed by the individual after an offer is made, but prior to beginning employment or service with the University.
2. All information must be completed on this form.
3. This original, signed document **MUST** be maintained in the workforce member's file by their supervisor.

For student's, this document will be maintained in the student's file.

Questions about this form can be referred to the Privacy Office at 7-9241.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT that I have read and understand the UUHSC Confidentiality and Information Security Agreement, in its entirety.

Name (Please Print): _____

Assigned Unit: _____

Date: _____

Signature: _____

Supervisor's Name (Please Print): _____

Date: _____

(GIVE TO GME OFFICE ONCE COMPLETED)

University Health Care

Non-Staff Workforce & Volunteer ID Badge Information Data Sheet

NAME: _____

ORGANIZATION: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

SPONSOR INFORMATION: Every non-staff and volunteer requires at least one Sponsor within the University Health Care Organization who is a manager or above. The Sponsor must sign below.

Sponsor's Signature

Please Print name

Sponsor Organization: _____ phone # _____

Areas Visited: _____

Workforce Duties: _____

I have read the HIPPA Security Agreement and agree to follow the guidelines

Applicant's Signature: _____

Vendor only – I have read the Vendor Guidelines and agree to follow them.

Applicants' Signature: _____

University Health Care Representative Completing this form:

Signature

Date

* This form will be retained by the sponsoring Organization

University Health Care

Hospitals & Clinics

**Non-Staff and Volunteer
Photo ID Authorization Form**

Name: _____

Job Title: Visiting Housestaff

Organization: _____

Proximity Card required **yes** **no**

Non-Staff / Volunteer ID Number: _____

Sponsoring Dept: _____

Program Name to be listed on the ID Badge

Sponsor Ext.: _____

Sponsoring Dept. Representative

Printed Name

Sponsoring Dept. Representative

Signature

Date: _____

Form to be used by: Students, Per Diem/Contract Agency Staff, Vendors, Volunteers and Contractors.

The Hospital U Card Office is located in the Cafeteria on "A" Level. You must have a valid picture ID to obtain your new U Card.

*There is NO FEE to obtain your U Card

*This form will be retained by The U Card Office

(VISITING HOUSESTAFF KEEPS TO SHOW TO THE 3 LOCATIONS BELOW)

TO: 1. Circulation Department, Eccles Health Sciences Library
2. Campus Recreation
3. University Parking Services

RE: University Privileges for Visiting Housestaff

The visiting houseofficer listed below is training at University of Utah Affiliated Hospitals for the period indicated. Please extend University privileges listed above for that time.

Name Social Security Number

Name of Home Residency Program and Institution

Address of Home Institution City State Zip

I will be at the University of Utah during the following period of time:

From (month/day/year) To (month/day/year)

Type of rotation (department or specialty) at (Name of hospital)

Salt Lake City address

Phone Pager

I, the University of Utah Program Director, certify that the above information is true and correct. Please extend University privileges to this visiting houseofficer at this time. I will be responsible for any library materials checked out and not returned by either retrieving them from the houseofficer or reimbursing for the cost of the materials.

University of Utah Program Director Date