

Approval Flow: Waiver for Visitors Observing in Clinical Areas

Observers will be allowed one full day or two clinic sessions (AM or PM) of shadowing. This form must be returned to the Office of Clinical Affairs for approval at least **2 weeks** in advance of the requested observation date(s).

Visitor Name: _____

Date(s) and session(s) of observation: ____ / ____ / ____ to ____ / ____ / ____

Clinic(s) for observation: _____

1. Copy of Driver's License or Passport

2. Proof of vaccinations (Must be translated into English):

- ✦ Measles
- ✦ Mumps
- ✦ Rubella
- ✦ Tdap: within the last 10 years
- ✦ Varicella

(Documentation of illness does not meet this requirement. Varicella Titer must be completed. If there is no immunity, the series must be started over)

- ✦ Hepatitis B
- ✦ Tuberculosis: PPD skin test or QFT blood test

(Chest X-Ray does not cover the requirement. If you have had BCG, you must get a QuantiFERON QFT test)

- ✦ Influenza (for visits October 1st - March 31st)

Signed Agreement to Appropriately Use Confidential Information
Faculty-signed Waiver for Visitors Observing in Clinical Areas

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For Clinical Affairs use only:

Date submitted to Clinical Affairs: _____

Not approved: _____

I approve of the above-named visitor to observe in the _____ Clinic.

Associate Dean of Clinical Affairs

Date

Waiver for Visitors Observing in Clinical Areas

This waiver details requirements that you must provide and procedures you must follow in order to protect the University and the staff, faculty and patients it serves. Observers will be allowed one full day or two clinic sessions (AM or PM) of shadowing.

- 1) All observers in clinical spaces must provide proof of their immunization status before entering the clinical areas of the Dental School. This is imperative to ensure the current medical surveillance program is not compromised as well as protecting the safety of individual and PDM patients, students and faculty.
- 2.) Each visitor must provide proof of the following:
 - ✦ **Copy of Driver's License or Passport**
 - ✦ **Proof of vaccinations (Must be translated into English):**
 - ✦ Measles
 - ✦ Mumps
 - ✦ Rubella
 - ✦ Tdap: within the last 10 years
 - ✦ Varicella

(Documentation of illness does not meet this requirement. Varicella Titer must be completed. If there is no immunity, the series must be started over)

 - ✦ Hepatitis B
 - ✦ Tuberculosis: PPD skin test or QFT blood test
 - (Chest X-Ray does not cover the requirement. If you have had BCG, you must get a QuantiFERON QFT test)*
 - ✦ Influenza (for visits October 1st - March 31st)
- 3.) You must get approval from the Associate Dean of Clinical Affairs before accessing any clinical areas. You are limited to the clinic area for which you have been approved to observe. Should you request admittance to any other clinical areas, you must get the approval from the Director of that clinic and they must also sign this waiver.
- 4.) You must agree not to interfere with any patient treatment and not to handle any dental instruments.
- 5.) You must agree to wear appropriate personal protective equipment, as directed by the clinic staff, and follow all Penn Dental Medicine policies on the disposal/sanitation of said materials.
- 6.) You must agree to follow all Penn Dental Medicine and University rules and regulations, including those regarding infection control and safety, and patient confidentiality based on HIPAA.

I understand and agree to the information mentioned above:

Visitor Printed Name

Legal Guardian's Printed Name (If visitor is under 18 years old)

Visitor's Signature

Legal Guardian's Signature (If visitor is under 18 years old)

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For Penn Dental use only:

I approve of the above-named visitor to observe in the _____ clinic.

Date(s) and session(s) of observation: _____

Group Leader/Clinic Faculty Signature: _____

Visitor's Agreement to Appropriately Use Confidential Information

As a visitor to Penn Dental Medicine at the University of Pennsylvania, I may encounter confidential and valuable data and/or use of data/voice systems. These data include, but are not limited to, Protected Health Information as described in the Federal Health Insurance Portability and Accountability Act. In order to ensure the security and proper use of confidential information and school resources, I agree to:

- I. Safeguard any and all patient information in my possession, regardless of format;
- II. Access only the minimum necessary information required in the course of my observation;
- III. Maintain in strictest confidence any data to which I have access. I understand that any confidential information must not be shared in any manner with others who are unauthorized to view such data;
- IV. I understand that the use of Penn Dental Medicine's systems and their data for personal purposes is prohibited;
- V. I understand that the use of patient protected health information (PHI) and other confidential data for personal purposes is prohibited;
- VI. Store confidential data in a place that is physically secure from access by unauthorized persons;
- VII. Keep all confidential material in its designated work area, never removing any PHI from Penn Dental Medicine;
- VIII. Dispose of confidential information in an approved method of destruction and never dispose of such information in a wastebasket or recycling bin.

I understand that any misuse or abuse of confidential information, abuse of access to the School's systems and their data, any illegal use or copying of software or patient numbers, or any misuse of the School's equipment may result in loss of access to the School's systems. Violations of this policy may result in termination of my observers and disqualification from future Penn Dental Medicine observation activities.

Visitor's Printed Name

Date

Visitor's Signature