

YaleNewHavenHealth

Yale New Haven Hospital

PERIOPERATIVE SERVICES

REQUEST for CLINICAL SHADOW or OBSERVER in the OPERATING ROOM

This form must be received by 12:00 noon two (2) business days prior to the visit.

Fax - 203-497-0420

email - ORVisitors@ynhh.org

Office WP3-301

Requests after that time may not be honored.

Shadow/Observer's Name & Title _____

School or Company _____ Phone _____

Reason for Observation _____

Date(s) of Visit _____

ESCORT NAME _____

The individual listed above will be here strictly as an observer (shadow) for the period of time indicated. The Medical Staff member or hospital employee listed on this form agrees to be responsible for observer (shadow). The observer (shadow) will be accompanied AT ALL TIMES by the Medical Staff member, hospital employee, or designee while on YNHH premises. In addition the Medical Staff member, designee or hospital employee is responsible for introducing the observer (shadow) to the patient and obtaining appropriate written permission from the patient for the observer (shadow) to be present.

The observer (shadow) is permitted to observe only and will have no patient contact. To this end, he/she will be prohibited from engaging in any of the following: scrubbing in the OR, examining patients, providing opinions or consultations about any patient being treated at YNHH, reading or documenting in medical records, operating any machinery connected with patient care (with the specific exception of AICD/Pacemaker Vendors).

Video or audio recording and photographing are prohibited by observers (shadow).

- REQUIRED TRAINING, DOCUMENTS and INFORMATION
 - * Identification (preferably photo)
 - * YNHH or Yale University HIPAA training
 - * Confidentiality & Responsibility Agreement
 - * Immunization Record—PPD, Measles/Rubella vaccine, Chicken Pox or vaccine
 - * Visitor Contact and Emergency Contact Information
- For assistance with any of the above policy compliance, required training or documents contact the Service Line Educators in advance.
 - ✓ Jeanie Cacopardo, 203-688-4792, jeanie.cacopardo@ynhh.org
 - ✓ Rebecca Bathrick, 203-688-0775, rebecca.bathrick@ynhh.org
 - ✓ Simone Barabasz, 203-688-5092, simone.barabasz@ynhh.org
 - ✓ Rose Ann Miceli, 203-789-3658, roseann.miceli@ynhh.org

Signature of person requesting an observer in the OR

Date

Printed Name

Office Phone

The observer (shadow) will be accompanied AT ALL TIMES by the requesting Medical Staff member (or designee) or hospital employee while on YNHH premises.

THIS FORM MUST BE FILLED OUT COMPLETELY TO BE PROCESSED.

HIPAA Privacy & Security For Health Care Workers

Review

Name _____ Signature (required) _____

DIRECTIONS: For each question below circle the best response among the choices listed.

1. Under what circumstances are you free to repeat private health information that you hear on the job to others?
 - a) After you no longer work at the hospital
 - b) After a patient dies
 - c) Only if you believe the patient won't mind
 - d) When authorized for business purposes

2. What is the best response if you are working elsewhere in the hospital and you learn that your neighbor has just arrived in the emergency room for treatment after a car crash?
 - a) Contact the neighbor's spouse to alert them to the accident
 - b) Do nothing
 - c) Tell the charge nurse in the ER that you know how to reach to patient's spouse if the information is needed

3. True or false: Computer equipment that has been used to store patient health information must undergo special processing to remove all traces of information before it can be disposed of.
 - a) True
 - b) False

4. If you suspect someone is violating the hospital's HIPAA policies, you should:
 - a) Try to ignore the violation if it doesn't directly concern you
 - b) Watch the individual involved until you have gathered solid evidence
 - c) Report your suspicions to the privacy or security officer, or your supervisor as appropriate, as outlined in the specific hospital HIPAA policy

5. True or false: It is allowable under HIPAA to log in to the facility's system under a generic username and password.
 - a) True
 - b) False

6. Which of the following are ways to guard against computer viruses?
 - a) Not opening unknown attachments.
 - b) Documenting suspicious activity.
 - c) Using virus scanning software.
 - d) All of the above.

7. Software downloaded from the Internet, such as screen savers, music sharing programs, and games, can disable your computer or allow intruders to access data on our organization's network.
 - a) True
 - b) False

**YALE-NEW HAVEN HOSPITAL
PERIOPERATIVE SERVICES**

**CONFIDENTIALITY AND RESPONSIBILITY AGREEMENT
VISITOR or VENDOR**

- 1 I understand that patient data, medical records, computer hardware and software, information and patient appointment schedules are considered hospital property and are subject to and protected by Policy B:15 of the YNHH Human Resources Policy and Procedure Manual. I understand that I may not share the name or any other information regarding a hospital patient with anyone, and that any information I learn about patients is confidential.
- 2 I agree that I will not have patient contact of any kind, read or write in the medical record, scrub into the case or operate equipment connected with patient care.
- 3 I agree that I will stay in the designated area except as needed to visit the locker room.
- 4 I agree that I will not share with others any information about any patient, including the name or address of patients, or the fact that an individual is a patient at YNHH. This includes that I will not share this information with my family, friends or anyone not involved in the care of the patient.
- 5 I understand that any photography, video or audio recording is prohibited and will result in the immediate termination of my visit.
- 6 I understand that any violation of this policy may result in the termination of my visit and/or the refusal of a future visit.
- 7 I have reviewed, understand and have provided the following information during my orientation to Perioperative Services, at Yale-New Haven Hospital.
 - * HIPAA Training (YNHH)
 - * Identification, preferably photo

HEALTH SCREENING

- 8 Hepatitis B and Measles/Mumps/Rubella vaccinations, history of chicken pox or varicella vaccination are required. A tuberculin skin test within the past year is required unless know to be positive and have had a negative chest x-ray subsequent to the positive skin test.
 - I have received the hepatitis B vaccination.
 - I have received a tuberculin skin test within the past year.
 - I have received the Measles/Mumps/Rubella (MMR) vaccine.
 - I have had chicken pox or received the varicella vaccine.
 - I do not have fever, respiratory symptoms (sore throat, runny nose, new or worsening cough), nausea, vomiting, diarrhea, or acute rash.

Signature

Date

Printed Name

Phone

Emergency Contact

Phone