



Visiting Observer Packet



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Greetings Prospective Host,

Thank you for contacting the Privacy Office regarding your upcoming visitor. As the Host for a Visiting Observer (VO), you will be responsible for completing the clearance process prior to the start of the visit. We are excited to share with you that we have redesigned the VO request and clearance process as of FY2023 to streamline your experience by including greater automation and improving our forms.

This packet contains important information and forms to be completed by you (the Host) and the VO. Only complete this packet once you have completed the online Visiting Observer Request Form and received guidance from our office. If you have not submitted an online request or if you need the link sent to your Stanford affiliated email address, please contact the Main Compliance line at (650) 724-2572 and ask to speak with a member of the Privacy team or email VisitingObserver@stanfordhealthcare.org.

The Privacy team cannot accept or review packets until a completed request form is received.

We routinely update this packet to ensure all forms are in compliance with current standards and regulations. Thus, it is important to ensure that you use the current packet for each visitor. You will receive a new packet emailed to you for each request, and as of FY2023, requests submitted through the online system will receive a packet with forms that contain the VO's information automatically filled. Otherwise, the most up-to-date packet is available on the Compliance Department intranet page:

<https://shconnect.stanfordmed.org/depts/ComplianceDepartment/Pages/Visiting-Observers.aspx>

In preparation for your upcoming visitor, 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. Visiting Observers may only observe for a period that is 30 *consecutive* days or less in a given 12-month period. For observations longer than a 30-day block of time, please refer to the SHC Hospital Non-employee Compliance Policy and direct any questions about that policy to SHC Human Resources.
4. 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. There is an abbreviated authorization form contained in this packet.
5. Enclosed are instructions for the Visiting Observer to obtain an identification badge from the Stanford Health Care or Stanford Children's Health Security Access Control Office. The Host is required to retrieve the identification badge from the observer at the end of each observation session.

As the Host, please complete the following tasks in the clearance process:

1. **HEALTH CLEARANCE:** Workforce Health and Wellness (WHW) must provide health clearance for this visit. The following WHW forms are enclosed:
 - Visiting Observer Health Screen Checklist (*example only*)
 - Tuberculosis (TB) Surveillance Questionnaire

The Privacy Office does not process the health clearance. Please upload the required health records and completed TB questionnaire to WHW's Upload portal (see instructions starting on p. 24).

2. **HOST ATTESTATION:** obtain all necessary signatures. Return the completed form to us by uploading it to the online portal before the observation date. The VO cannot observe until the completed host attestation is received.
3. **TRAINING:** The VO must complete both HIPAA and Code of Conduct Training. The HIPAA training material is included in this packet. The Code of Conduct training material will be provided as a separate document.
4. **VO CONFIDENTIALITY AGREEMENT:** The visitor must review and sign the Visiting Observer Attestation and Confidentiality Agreement. Return the completed form to us by uploading it to the online portal before the observation date.
5. **ID BADGE:** The Privacy Office does not process the security clearance. Please provide a copy of the signed Host Attestation form to the Security Access Control Office to obtain a badge.
6. **RECORDS:** 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 in a secure and confidential manner.

For additional resources and training videos on completing the new clearance process, please refer to this [Reference document](#).

We look forward to assisting you through this process. If you have any questions or concerns, please reach out to us at (650) 724-2572 or by email: VisitingObserver@stanfordhealthcare.org.

Thank You,

The Privacy Office



Visiting Observer Host Responsibilities

As Host, please remember that you are responsible for ensuring the visit is conducted in compliance with our policies and procedures.

Your key responsibilities as Host include:



Obtain approval for the visit

- The Privacy Office must approve the visit and advise on the clearance process.
- Workplace Health and Wellness must provide health clearance prior to the visitor coming on site.
- OR Administration approval is required if the visitor plans to observe in the OR.



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 their care

- Obtain the patient's consent before you allow the visitor to observe patient care or discuss the patient's care with the visitor.
- Find the two-page patient authorization specific to the Visiting Observer Program in the Visiting Observer packet.



Supervise the visitor 100% of the time

- As 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 travel through patient care areas without the Host.



Make sure the visitor does not photograph or record any patients

We value patient privacy. You are responsible for ensuring your visitor does, too. Ensure that the visiting observer does not take any photos or recordings of patients.



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 ensure 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 Workforce Health and Wellness 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)):

Dates of Observation: _____ to _____

(not to exceed 30 consecutive calendar days in a 12-month period)

Please return both pages of this completed form, with all required signatures, to the Visiting Observer Program by uploading to the online portal when prompted.

VO Request ID:

REQUIRED FOR ALL VISITING OBSERVERS

Main Host's Name (Please print legibly) _____
Date

Signature _____
Pager No./Mobile No.

APPROVAL SIGNATURE Clinical Department Head or Service Chief for Host _____
Area
(Required to receive a badge from the Security Access Control Office)

ADDITIONAL SIGNATURES, AS NEEDED

APPROVED: _____
OR Region Nurse Manager (if OR observation) _____
Area

APPROVED: _____
Cath Lab Nurse Manager (if Cath Lab observation) _____
Area

#2 Host's Name (Please print legibly) _____
Date

Signature _____
Pager No./Mobile No.

#3 Host's Name (Please print legibly) _____
Date

Signature _____
Pager No./Mobile No.

#4 Host's Name (Please print legibly) _____
Date

Signature _____
Pager No./Mobile No.



Stanford
MEDICINE

Health Care



Stanford
MEDICINE

Children's Health

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.

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;
- Fax 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.

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.

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
- 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, LinkedIn, 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: Pursuant to SHC/SCH policies, visiting observers may not obtain access to electronic systems including, but not limited to, the electronic medical record, rightfax, etc., and may not fax or e-mail patient medical information or PHI. I will not use another individual's password to access patient information in electronic systems. I understand that SHC/SCH monitors, audits, and investigates inappropriate access of patient information.
- 8) I have reviewed SHC/SCH's Code of Conduct.
- 9) I have completed SHC/SCH's Patient Privacy training.
- 10) I understand that I cannot use this visiting observer experience on my résumé.
- 11) 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.

Başak Şaşmazer
Print Name

SHC/SCH Visiting Observer Program
Title/Department/Company/School

Signature of Visitor

10/19/23
Date

Signature of Visitor's Guardian (if under 18)

Date

Please return both pages of this completed form to your Host and/or your Host's delegate.

VO Request ID: 1434

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 are 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: _____

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, Relationship to patient Date
guardian, or legal representative of
patient

Witness: _____ Date: _____

VISITING OBSERVER HEALTH CLEARANCE

Standard Process

1. Host must contact the SHC Privacy Office to ensure the individual meets the criteria as a visiting observer by completing a Visiting Observer Request Form (via the online portal).
Email: VisitingObserver@stanfordhealthcare.org
2. When prompted, Host must answer the health clearance questions in the online portal. After completing the questions, a Visiting Observer Health Screen Checklist will be automatically generated and emailed to Workforce Health and Wellness (WHW) by the online portal.
3. Host must collect the required health records from the Visiting Observer (VO) and send the records to WHW via their upload portal, preferably **2 - 3 weeks** before the planned visit:
 - a. The Tuberculosis (TB) Surveillance Questionnaire is contained in this packet (p. 28). Please send the questionnaire to the VO to complete, sign, and return to their Host.
 - b. A list of clearance activities for which health records are required (immunizations, TB test results, etc.) appears on the checklist on the next page (p. 26) and a sample of the VO Health Screen Checklist form auto-generated by Smartsheet is contained below (p. 27).

Upload health records to this portal: <https://stanfordmedicine.app.box.com/f/2749625fdb5474e885ea4a7dea101a1>

4. WHW will respond to the Host directly:
 - a. If all required health records are received, then WHW will notify Host and the Visiting Observer Program via the online portal.
 - b. When items are missing, WHW will notify Host and the Visiting Observer Program via the online portal and WHW will separately contact Host for the missing items. Host is responsible for updating WHW about the observer's status for obtaining required health records within 10 days. After 10 days, WHW will assume the observer will no longer be visiting and may close out the request.
5. WHW will review health records within **3 to 5 business days** once all items are received. WHW will notify Host if health clearance is granted by emailing a signed and stamped Visiting Observer Health Screen Checklist.

FAQ

What information must the health records ((including radiology images and immunization records) contain?

- Health records must be translated into English—submit both original and translated documents.
- First and last name.
- Date of birth or Medical Record Number.
- Provider's name and signature.

Where can an observer complete immunization requirements?

Visiting observers may complete their immunization requirements with their own provider or in WHW by paying out of pocket or by providing payment authorization from the sponsoring department. Stanford University students may obtain immunizations at Vaden Health Services and provide documentation to WHW.

What is the process for visiting observers to observe in the SHC Adult Operating Room?

Fewer categories of visitors may observe in the OR. Contact ORAdministration@stanfordhealthcare.org to inquire about the clearance process.

What is the process for returning observers?

Visiting observers may only observe for 30 consecutive calendar days in a 12-month period. Thus, any returning observer must obtain a new medical clearance. WHW keeps health records for one month after the end date of the observer’s visit. Hosts should inform observers to keep their health records if they plan to return. Returning observers will need to again provide health records and obtain a new medical clearance from WHW annually.

Is COVID-19 vaccination required?

Yes, COVID-19 vaccine documentation is required, but booster is currently optional. WHW reserves the right to change this requirement without advance notice.

Are flu and tuberculosis documentation required?

Hosting departments are responsible for ensuring the observer is up to date with annual flu and tuberculosis requirements.

Declinations or Accommodations

Host must review and submit any request for accommodations for required vaccinations along with health records. Requests for accommodations will be reviewed and approved on a case-by-case basis by WHW administrative director and medical director.

Who is the “sponsor” in the health clearance process?

For purposes of the health clearance process, “Hosts” are referred to as “Sponsors” and “Hosting Departments” are referred to as “Sponsoring Departments” on health clearance forms.

Contacts

Workforce Health and Wellness	
Phone	650-724-1980
Email	WHW-HealthClearance@stanfordhealthcare.org
Visiting Observer Program, facilitated by the Privacy Office	
Phone	650-724-2572
Email	VisitingObserver@stanfordhealthcare.org

Required Health Records for the Health Screening of Approved Visiting Observers

All Visiting Observers coming into Stanford Medicine Health Care or Stanford Medicine Children's Health must obtain health clearance **prior** to the start of their approved observation visit. It is in your best interest to give this your prompt attention, as this is the longest part of the clearance process and any delays on your part could result in the start date being pushed back or the cancelation of the visit altogether, at the Visiting Observer Program's discretion.

Please review the checklist (below) for all the required health records. Collect copies of the following records directly from the Visiting Observer via email. If any records are not in English, then these must be *translated* to English, and sent along with copies of the original document(s) that has/have been signed and/or stamped by the Visiting Observer's health care provider(s).

Once received, please send directly to Stanford Medicine Health Care's Workforce Health and Wellness (WHW) via their new upload portal to perform the health screening. If there is any missing or incomplete information or records, please correspond directly with the Observer to obtain the missing information and inform WHW via the Smartsheet links provided in the notification emails.

- Varicella: Positive titer **-or-** evidence of two (2) Varicella vaccines
- Measles: Positive titer **-or-** evidence of two (2) Measles vaccines
- Mumps: Positive titer **-or-** evidence of two (2) Mumps vaccines
- Rubella: Positive titer **-or-** evidence of one (1) Rubella vaccine
- Influenza: Evidence of Flu vaccine (if visit occurs Aug. 1 – May 31) **-OR-** request flu declination
- COVID-19: Evidence of COVID-19 vaccine (booster is optional)
- Tuberculosis: within **one (1) year** of visit date, either one (1) QunatiFERON test (QFT) **-or-** two (2) Tuberculin Skin tests (TST). If you have a history of positive QFT or TST, then you must also submit either Chest X-ray **-or-** completed TB medication.

This is an example of the form that will be automatically filled out and emailed to WHW once you complete the medical clearance questions in the online portal. Below is a list of the VO's health records you need to provide via WHW's Upload Portal.

Visiting Observer Health Screening Checklist

Name (Last, First): Doe, Jane		Today's Date: 12/01/2022	
Date of Birth: 01/01/2000	Visit Start Date: 01/01/2023	Visit End Date: 01/31/2023	
Email: janedoe@example.com		Phone: (555) 555-5555	
Mailing Address 1234 Main St	City: Hometown	State: CA	Zip: 00000
Sponsor Contact Name: John Smith		Sponsor Email/Phone: johnsmith@example.com	
Sponsoring Department Example Department			

WHW Staff Only:

Clearance Activity: Requirements: (Official medical records are required – reported history is not accepted)

Varicella
(Required vaccination/immunity)
 Positive titer OR
 Evidence of 2 Varicella vaccines on ___ / ___ / ___ and ___ / ___ / ___

Measles
(Required vaccination/immunity)
 Positive titer OR
 Evidence of 2 MMR vaccines on ___ / ___ / ___ and ___ / ___ / ___

Mumps
(Required vaccination/immunity)
 Positive titer OR
 Evidence of 2 MMR vaccines on ___ / ___ / ___ and ___ / ___ / ___

Rubella
(Required vaccination/immunity)
 Positive titer OR
 Evidence of 1 MMR vaccine on ___ / ___ / ___

Influenza (flu)
(Required vaccination or declination during annual flu season: August-March each year)
 Evidence of Flu vaccine on ___ / ___ / ___ (valid only if within the annual flu season: Aug-May) OR
 Request Flu Declination (submit request via Sponsor)
 Not Applicable (select if start date is outside of the flu season vaccination window: June – July)

COVID-19
(Required primary series or approved accommodation)
 Evidence of COVID-19 primary series OR
 Manufacturer's name: Pfizer Moderna Janssen Other: _____
 1st dose completed on ___ / ___ / ___
 2nd dose completed on ___ / ___ / ___
 Request Medical/Spiritual Accommodation from primary series (submit request via Sponsor)
 Booster doses completed – COVID-19 Boosters are not a requirement for visiting observer health clearance but records are requested, if available
 ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___

Tuberculosis
(Required test)
 WHW Tuberculosis Questionnaire AND
 ONE of the following: (valid only if within 1 year prior to visit date)
 QuantiFERON Test (QFT) on ___ / ___ / ___
 Tuberculin Skin Test (TST) on ___ / ___ / ___ and on ___ / ___ / ___

The following are needed for those with a history of positive QFT or positive skin test (TST):
 Chest x-ray on ___ / ___ / ___
 Completed TB medication (if any)

WHW Staff Only:

Cleared for badge access.
 I have reviewed the records for _____ and attest that this person has completed requirements for Visiting Observer health clearance.

Clinician Signature	
Clinician Name	Date of Review

WHW Stamp

Patient Label
Patient Name
DOB



Tuberculosis (TB) Surveillance Questionnaire

Name (Last, First):		Şaşmazer, Başak	Today's Date: 10/19/23
Date of Birth:	Email: basaksasmazer@gmail.com	Phone:	
Position Title: Visiting Observer	Department: Medicine, Endocrinology		

Work/Placement Arrangement (check one): My place of work/placement is always or sometimes at clinical facility or laboratory
 My place of work/placement is never in a clinical facility or laboratory

What was your place of birth? City: _____
Country: _____

Have you ever had a BCG vaccine for TB? Yes No
(Used where TB is prevalent. BCG is not routinely used in the U.S.)

Have you ever had a positive skin or blood test for TB? Yes No
If yes, which year? _____ Date of last chest x-ray: ___/___/___

Have you ever taken medication for TB?
If yes, list medication name(s): _____
Which year is/was the treatment course? _____, How long is/was the treatment course? _____
Did you complete the treatment course? Yes No

When was your most recent TB test? ___/___/___

What type of test did you receive? Blood Test
 Skin Test

What was the test result? Positive
 Negative
 Indeterminant
 I don't know

Are you currently experiencing any of the following symptoms?

1. Persistent coughing (3 weeks or more) Yes No
2. Coughing up blood/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 to any of the questions, please describe:

I certify that the provided information is complete and true to the best of my knowledge.

Signature: _____ **Date:** ___/___/___

To Be Completed by WHW Staff:

Exam Type:	<input type="radio"/> Pre-Placement	<input type="radio"/> Annual Surveillance	<input type="radio"/> Confirmatory	<input type="radio"/> Post-Exposure (Initial)	<input type="radio"/> Post-Exposure (Follow-up)
Test Type:	<input type="radio"/> Symptom Review Only		<input type="radio"/> QFT (IGRA) Blood Test		<input type="radio"/> Tuberculin-PPD Skin Test (TST)
N-95 Respirator Fit Testing and Next Training Due: ___/___/___			Training Due Now On: ___/___/___		
Reviewed by (print name):		Escalation needed? <input type="radio"/> Yes <input type="radio"/> No		Reviewed Date: ___/___/___	

To Be Completed by WHW RN:

Chest X-Ray Date Ordered: ___/___/___
Reviewed by (print name): _____ Date: ___/___/___
Comments