I. SCOPE

To establish consistent guidelines for visitor observation of patients and their Protected Health Information (PHI). This policy applies to all University Covered Components (the “Component” or “Components”) having PHI as defined and designated in Policy 07-02-01.

II. POLICY

It is the policy of the University that Visitors (as defined herein) access to patients and PHI (as defined herein) be limited, based on the guidelines set forth in this policy.

III. DEFINITIONS

For the purpose of this policy, the following definitions shall be used:

A. A “Visitor” means an individual who is not a patient, is not visiting a particular patient, or has no assigned duties at the University, or is not enrolled in a formal health related education program at the University. For example, a visitor may include, but not be limited to, a visiting physician, dentist, individual(s) touring a University facility, or undergraduate students in a non-affiliated program who may be accompanying a physician or dentist during patient care activities, an employee of a University Business Associate or prospective Business Associate.

B. “Protected Health Information” is given the same definition as defined by the HIPAA Privacy Rule (see 45 CFR 164 § 501).

IV. GUIDELINES

1. A Visitor shall be sponsored by an individual from a University management level position.

2. A Visitor shall be accompanied by a University staff member at all times during the visit.

3. Sales Representatives of the University’s suppliers shall comply with all University Policies.

4. Visitors should receive instructions regarding privacy considerations and behavioral expectations prior to arrival at the facility.

5. If a Visitor is expected to come into contact with patients or PHI during the visit, the University staff member shall have the Visitor sign the attached University Visitor Confidentiality Agreement prior to the visit and/or no later than the day of the visit prior to the visit taking place. The Visitor Confidentiality Agreement obligates the individual to keep the protected health information confidential. This form should be used for purposes such as tours, demonstrations, etc.

Should the Visitor come into direct contact with a patient, then the University staff member shall get approval from the patient prior to Visitor having such contact.
Whenever possible, the University staff member shall also document, in the patient’s record, the patient’s verbal approval.

Solely where the Visitor is to come into contact with a patient (rather than participating in a tour, demonstration, etc.), it is adequate for the University staff member to get approval from the patient prior to Visitor having such contact and to document the patient’s verbal consent in the patient’s record.

6. It is the responsibility of the sponsoring University staff member to maintain the signed University Visitor Confidentiality Agreement for a period of six (6) years.

V. REFERENCES

Attachment A - University Visitor Confidentiality Agreement