

**Eastman Institute for Oral Health
Eastman Dental Center**

Short Term Observational Program Application

Complete this application and send it to the address below along with the following:

1. Signed letter of agreement - Attachment A (2 pages)
2. The Immunization/health review form - Attachment B (1 page)
3. Photo identification: copy of driver's license, passport or official government ID

**Office of Quality Improvement and Compliance
Eastman Institute for Oral Health
625 Elmwood Ave Box 683
Rochester, NY 14620**

Phone: 585-275-0485, Fax: 585-273-1372

Please Print

Applicants Name: _____ **School/Company:** _____

Address: _____

E-mail: _____

Phone Numbers Home: _____ Cell: _____

Work: _____ Fax: _____

Emergency Contact Information:

1. Name: _____ relationship to you: _____

Home phone: _____ Cell Phone: _____

2. Name: _____ relationship to you: _____

Home phone: _____ Cell Phone: _____

Preferred date(s) for visit: 1. _____ 2. _____ 3. _____

Please note your preferred dates for observation may not be available

Office use only

Date Division Chair /designee Informed: _____

Observational Mentor(s): _____ **Phone:** _____

Date(s) of Visit: _____ **Time of visit:** _____ am. _____ pm

Location(s): _____

**Eastman Institute for Oral Health
Eastman Dental Center**

**Letter of Agreement
Short-term Observational Experience**

Welcome to the Eastman Dental Center. We hope you find your observational experience pleasant and useful. To ensure that we provide a safe and comfortable environment for our patients, staff and visitor we ask that you take a few minutes to read this valuable information.

Emergency Situations. It is important that you know the codes for emergency situations and what you should do in the event of an emergency (see attachment C). Please review the listings of major categories identified as emergencies. You are not responsible for placing a call for an emergency situation. You are responsible for following the directions of the Eastman Dental Center employee to whom you are assigned.

Patient Rights. Eastman Dental Center provides each patient with a copy of their rights while receiving care in the Center. Please review the copy of our "Patient Rights" (attachment C).

Health. Eastman Dental Center is also responsible for ensuring that staff, volunteers and visitors are generally well and free of infectious disease when at any of our sites. If you know or suspect that you have a cold or virus or other contagious illness the day you are scheduled to attend, please reschedule. By signing below you are attesting that you do not suspect or know that you are contagious.

Confidentiality. Eastman Dental Center has a legal and ethical obligation to safeguard the privacy of all patients and to protect the confidentiality of their health information. While participating in our observational experience, you may have access to confidential patient information. It is very important that you keep this information confidential. Please review and sign the confidentiality statement below, to ensure that you understand your obligations to keep patient information confidential. Please note that if a patient does not grant permission for your observation, we will respect the patient's request.

Agreement re: Confidentiality and Health

1. I understand that federal and state laws and regulations require that patient information be kept strictly confidential, and that this includes information that is spoken, written or in a computerized format. These laws and regulations require that patient information be accessed, used and disclosed on a need-to-know basis. Confidentiality applies to any information at all about a person's physical or mental health, including the fact that they received health care and even basic information such as the patient's name or where they live.

2. I agree that I will keep all patient information confidential and will use it only while I am at Eastman Dental Center and for the reasons I am present in the Center, as follows:
 - a. I will NOT access confidential patient information that I have no reason to access or know, for example by reading any part of a patient's dental record without being told to do so by an appropriate staff member and
 - b. I will NOT discuss any patient information with any person except as part of the observational experience in which I am participating at the Eastman Dental Center.
3. I understand and agree that my obligation to keep this patient information confidential lasts forever.
4. I understand that there are legal penalties for violating the patient confidentiality laws and regulations and that these penalties may include payment of fines and imprisonment.
5. I also certify that I do not have any health problems that may pose a risk to Center patients or staff; I am free from contagious or infectious disease, do not have any symptoms of illness, and am feeling well.
6. Documentation of required immunization.
7. I have read and understand the orientation material in Appendix C

Please sign below that you have read and agree to the information above.

Please Print

Applicant's Name: _____ **Date of Birth:** _____
Month/day/year

Signature of Applicant: _____ **Date:** _____
Month/day/year

Signature of Parent/Guardian: _____ **Date:** _____
if applicant 16-18 years of age
Month/day/year

Signature of Mentor: _____ **Date :** _____
Month/day/year

**Eastman Institute for Oral Health
Eastman Dental Center**

Short Term Observation Experience Immunization Requirement Checklist

Please Print

Name: _____ **Date of Birth:** _____ / _____ / _____
 _____ Month _____ Day _____ Year

Address: _____

_____ City _____ State/ Country _____ Zip Code

Information verified*: _____

Yes or No	Required Documentation Submitted with Confirmation from Physician or Health Care Facility	Date mo./day/year
	Documentation of Annual Flu Shot – seasonal. Required from October 1 st until New State Department of Health declares the season is over (usually April 1 st).	
	Written results of Tuberculin (Mantoux only) skin test (TST) administered within one year of read for the duration of the observational experience. If history of a positive TST reading, Documentation of one negative chest x-ray is required.	
	Documentation of Rubeola (measles verification, 2 doses after 1/1/1968) and /or immunity.	
	Documentation of Immunity to Rubella and /or immunity	
	Documentation of Mumps and /or immunity	
	Documentation of history of illness of Varicella (chickenpox) OR Documentation of 2 doses of Varicella vaccine, (4 weeks apart) and /or immunity.	
	Documentation of Hepatitis B vaccine series, or immunity or signed declination waiver	
	Documentation of Tetanus Diphtheria (Td) vaccination within 10 years	

Have you lived and/or traveled outside the United States within the 6 months? Yes: ___ No: ___

If Yes, have you traveled to Liberia, Sierra Leone, or Guinea? Yes: ___ No: ___

If Yes, list all the countries/areas where you have visited or lived within the 6 months with dates

Country / Area visited	Dates

***Observer to provide written documentation of immunizations from provider or school**

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Orientation Material to be read and kept by the participant

Patient Rights

As a patient of Eastman Dental you have the right to:

- ❖ Receive treatment without discrimination as to race, color, religion, sex, national origin disability sexual orientation, or source of payment.
- ❖ Receive considerate and respectful care in a clean and safe environment.
- ❖ Receive emergency care if you need it.
- ❖ Be informed of the name and position of your dental provider.
- ❖ Know the names, positions, and functions of any Eastman Dental staff involved in your care and refuse their treatment, examination or observation.
- ❖ A no-smoking environment.
- ❖ Receive complete information about your diagnosis, treatment and prognosis.
- ❖ Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- ❖ Refuse treatment and be told what effect this may have on your health.
- ❖ Privacy while at Eastman Dental and confidentiality of all information and records regarding your care.
- ❖ Participate in all decisions about your treatment.
- ❖ Review your medical record without charge. Obtain a copy of your medical record and/or x-rays for which Eastman Dental can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
- ❖ Receive an itemized bill and explanation of all charges.
- ❖ Participate in the consideration of ethical issues that arise in your care.
- ❖ Complain without fear of reprisals about the care and services you are receiving, and to have Eastman Dental Center respond to you and if you request it, a written response. You should first speak to your dental provider, and, if you remain dissatisfied, to the department administrator. In the event you require further assistance, you may contact the EIOH Associate Quality and Compliance Officer. If you are not satisfied with the Eastman Dental's response, you can complain to the New York State Health Department. Eastman Dental must provide you with the Health Department phone number.

If you have any questions about your rights, please speak with a staff member, especially the dentist caring for you."

Patient Privacy and Confidentiality

Our patients trust us with some of their most personal health information, **HIPAA**, the Health Insurance Portability and Accountability Act provides rules to protect the privacy and security of that information. These requirements apply to any form of health information including oral communication and paper or electronic records. All health care providers as well as organizations that bill or pay for medical care (such as insurance companies) are mandated to follow HIPAA and train their employees in these regulations. We all share in the obligation to keep protected health information private and secure.

Protected Health Information (PHI) is defined as information that relates to:

- The past, present or future physical or mental health or condition of an individual
- The provision of healthcare to the individual
- The payment for the provision of healthcare to that individual.

An identifier is any information that can be linked to an individual patient. Examples of identifiers are name, birth date, address, medical record number or any other data that can identify a specific patient.

During your observational experience, you are responsible for making sure you do not release PHI to anyone who does not need to know it as part of his or her work. You must also protect PHI that is kept in an electronic format (ePHI) by safeguarding any computer, hand-held electronic device, digital camera or other device that you are responsible for so that PHI is not seen by anyone who does not need the information as part of their job. There are many security policies and procedures organizations must adhere to in order to safeguard the electronic storage and transmission of ePHI. You also have a responsibility to access or release only the **minimum necessary information** (the least amount needed for the purpose) to that person or organization that needs it to do their job.

Under HIPAA, a Patient:

- Must be given a Notice of Privacy Practices explaining how their healthcare information (PHI) may be used
- Has a right to view or receive a copy of their medical record
- Has a right to amend (change) incorrect/incomplete information in their record
- Must give authorization before information is released (with some exceptions)
- Has a right to file a complaint if they feel their privacy was not protected

Uses and Disclosures of PHI

PHI may be used without the patient's authorization:

- To provide treatment
- To send bills for that treatment
- For healthcare operations, such as quality improvement activities

Patient authorization is **required** to release PHI in most other circumstances, such as:

- To an attorney
- To an employer
- For research, such as drug trials

In certain limited circumstances PHI may be released **unless the patient directs us not to**, such as:

- If a patient is listed in the facility's directory, his or her name, location and condition can be released to those who ask for the patient by name.
- If a patient chooses to declare a religious affiliation, the religious clergy can receive limited directory information.
- To a family member or person identified by the patient as being involved in the patient's care.

PHI is released **regardless** of a patient's wishes when required by law:

- Child abuse is suspected
- Public Health issues are identified
- Specified law enforcement purposes
- Medical devices/supplies are recalled

Both HIPPA and New York State have laws concerning confidentiality of patient information. When they differ, we must comply with the law that is either *more protective* of patient privacy, or gives patients *more access* to their PHI. For example, the release of HIV information requires a special authorization form required by the State.

Breaches of Unsecured PHI

Unauthorized access, use, disclosure or acquisition of unsecured PHI may be a breach, including:

- Looking up PHI without a job-related reason
- Misdirected faxes or e-mails containing PHI
- Discussing patient care on a social networking site
- Loss or theft of PHI
- Improper disposal of PHI (computer files, paper, etc.)

There are both civil and criminal penalties for violations of the HIPAA regulations. A confidentiality violation may also result in a Type I recommendation from JCAHO and a citation from CMS.

REMEMBER...any information related to a patient's health cannot be used unless authorized by either the patient or someone acting on the patient's behalf, or unless permitted by regulations.

FOUR ACTIVITIES TO WATCH AS YOU WORK WITH PHI

SEEING – What might others see?

- You have a schedule on a clipboard in the open?
- You sent a fax containing PHI?
- Your computer screen is faced outward?
- Printed material is not hidden?
- Schedules are on public walls?
- Patient charts are not face down on your desk?
- You leave a copier unattended?
- You are discarding confidential records?

TALKING – What might others hear when?

- You communicate PHI in an open area?
- You don't ask to whom you are speaking on the phone?
- You share information with someone who doesn't have a need to know?
- You leave a message containing details regarding tests?

HEARING – What might you hear when?

- Overhead pages say names and facts?
- Others do not speak softly or in private places?
- Others are speaking about patients in an open area?

MEDICAL RECORDS – How might others see PHI when

- Access is used to find out non-work related information?
- Your password is not a secret?
- You do not check the ID of a person you do not know?
- Your file rooms or cabinets are not kept locked?
- Your computer files are open on your screen?

Confidentiality of Patient Related Information

Every patient has a right to privacy and a right to know that the hospital personnel providing care will not share medical information with persons or students not involved in that care. Any information concerning the patient including source of payment, facts documented in the medical record, and information learned from other sources, is to be kept confidential.

Any patient information to which you are exposed during your observational experience may not be discussed with anyone who is not part of that experience.

It is the healthcare worker's responsibility to respect the patient's privacy, and to understand that the patient's right to confidentiality is protected by federal and state statute. Failure to maintain confidentiality can result in disciplinary measures being taken by the hospital. Refrain from discussing patients in public areas or social settings such as corridors, elevators, and cafeterias. It is also the healthcare worker's responsibility to report to the Department Manager any breach of confidential information they encounter.

Confidentiality of HIV-Related Information

The following persons are required to understand legal requirements prohibiting unauthorized disclosure of HIV-related information:

- Those who order HIV-related tests.
- Those who receive confidential HIV-related information in the course of providing any health or social services.
- Those who receive confidential HIV-related information pursuant to a release.
- Those who disclose any confidential HIV-related information in the course of providing any health or social services.

It is required that hospitals have a policy that includes the following provisions:

- Confidential HIV-related information must be recorded in the medical record so that it is readily accessible to provide proper care and treatment.
- No person who obtains confidential HIV-related information, in the course of providing any health or social service or prior to obtaining a release of confidential HIV-related information, may disclose or be compelled to disclose such information, except as permitted by law.
- All employees, contracted individuals, students, or affiliated persons at the hospital who may have HIV-related information disclosed to them in the course of their duties will receive in-service education regarding the policy.
- A list of job titles and specific employee functions within those titles for which employees are authorized to access such information is maintained by hospital administration. This describes the limits of such access to information, and employees receive this information during orientation, as required by law.

- Only employees, contracted employees, and students who have received such in-service education will be allowed access to confidential HIV-related information while performing authorized functions at a hospital.

The New York State Department of Health is now HIV-testing all newborn PKU samples. This requires hospitals to have a mechanism for written consent by the mother for the testing and the release of information.

Patients are entitled to have pre- and post-test counseling and may choose to have confidential or anonymous HIV testing.

Patients must sign a written consent for HIV testing and release of HIV-related information. There are some exceptions when testing is done without patient consent such as court-ordered testing or testing prior to organ and/or tissue donations.

Eastman Dental Center Specific

Purpose: All personnel will be able to contact University of Rochester Public Safety for the purpose of reporting emergency and non-emergency incidents

Objective: Upon completion of this section, you will know the correct numbers to contact University of Rochester Public Safety

Content: University of Rochester Public Safety may be contacted 24 hours a day, 7 days per week

To Contact University of Rochester Public Safety

Emergencies	Using an Eastman Dental Center Phone dial 13 You can also use any Blue light Emergency Phone located on or near pathways to the building, parking lots and each level of the Medical Center ramp garage. Picking up the phone will immediately connect you to Public Safety.
Non-emergencies	Using an Eastman Dental Center phone dial 5-3333. From outside the University or from your cell phone call 275-3333.

Regardless of the facility you are in, incidents that involve personal safety of students, volunteers, patients, employees and visitors should be reported to the appropriate Public Safety service immediately. Other incidents include but are not limited to

- Disturbances
- Structural failure
- Fire/explosion
- Utility emergency
- Chemical/biological/radiological contamination
- Medical emergencies
- Bomb threat
- Injuries
- Loss of inventory
- Traffic conditions/accidents
- Suspicious persons or activities
- Abduction
- Patient disappearance
- Physical crimes
- Theft weapons