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|--|--|---|--|-----------|---|--|---|--|--|--|--|---|--|--|---|--|---|--|--|--|
| <b>SINGLE OBSERVER</b>   | Name:  |   | Street Address:  |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
|  | Title or Position:   |   | City, State / Province   | Country   |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
|  | <b>UF Students / Staff / Faculty Only</b>                        | College:  | Department:  | UFID#:    |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| <b>GROUP OBSERVATION</b>   | Institution, Group, or Company Name:<br>Address:<br>City, State: |   | Complete the Group Observation Roster listing all the names and addresses of participants. Attach the Roster to this Request. Keep a copy of the roster for the group members to sign when they arrive. Forward the <u>signed</u> Roster to the appropriate Privacy Office in Gainesville or Jacksonville. |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| <b>SPONSORING FACULTY SUBMITTING REQUEST</b>   | Name:  |   | Department:  | Division: |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
|  | Phone Number:  |   | Office Location (Building & Room #):   |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| <b>Reason for Observation:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Resident Applicant</td> <td style="width: 25%;"><input type="checkbox"/> Faculty Applicant (&lt;2 days)</td> <td style="width: 25%;"><input type="checkbox"/> Visiting Faculty (&gt;2 days)</td> <td style="width: 25%;"><input type="checkbox"/> Visiting Health Care Provider</td> </tr> <tr> <td><input type="checkbox"/> Graduate/Doctoral Applicant</td> <td><input type="checkbox"/> Staff Applicant</td> <td><input type="checkbox"/> Student Career Planning</td> <td><input type="checkbox"/> Demonstration of Medical Equipment</td> </tr> <tr> <td><input type="checkbox"/> Medical/Pre-Med Student Applicant</td> <td><input type="checkbox"/> Other Applicant(describe)</td> <td><input type="checkbox"/> Scheduled Workshop / Teaching Session (describe below)</td> <td><input type="checkbox"/> Required Educational Course Work (non-HSC student) (describe below)</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other / Description: _____</td> </tr> </table>  |  |   |  |           | <input type="checkbox"/> Resident Applicant | <input type="checkbox"/> Faculty Applicant (<2 days) | <input type="checkbox"/> Visiting Faculty (>2 days) | <input type="checkbox"/> Visiting Health Care Provider | <input type="checkbox"/> Graduate/Doctoral Applicant | <input type="checkbox"/> Staff Applicant | <input type="checkbox"/> Student Career Planning | <input type="checkbox"/> Demonstration of Medical Equipment | <input type="checkbox"/> Medical/Pre-Med Student Applicant | <input type="checkbox"/> Other Applicant(describe) | <input type="checkbox"/> Scheduled Workshop / Teaching Session (describe below) | <input type="checkbox"/> Required Educational Course Work (non-HSC student) (describe below) | <input type="checkbox"/> Other / Description: _____ |  |  |  |
| <input type="checkbox"/> Resident Applicant  | <input type="checkbox"/> Faculty Applicant (<2 days)             | <input type="checkbox"/> Visiting Faculty (>2 days)   | <input type="checkbox"/> Visiting Health Care Provider   |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Graduate/Doctoral Applicant   | <input type="checkbox"/> Staff Applicant                         | <input type="checkbox"/> Student Career Planning  | <input type="checkbox"/> Demonstration of Medical Equipment  |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Medical/Pre-Med Student Applicant   | <input type="checkbox"/> Other Applicant(describe)               | <input type="checkbox"/> Scheduled Workshop / Teaching Session (describe below)   | <input type="checkbox"/> Required Educational Course Work (non-HSC student) (describe below)   |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Other / Description: _____  |  |   |  |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| Procedures to be Observed (i.e. surgery, hospital rounds, clinic activities, labs, research, etc.)   |  |   |  |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| Date(s) Observer(s) will be Present at the Health Science Center – cannot be more than 21 continuous days:<br>Single Visit:            to            (M/D/YY)            Multiple Visits Between the dates of:            and            (M/D/YY)  |  |   |  |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| <b>Sponsoring Faculty Member and Observer(s) agree that:</b> <ul style="list-style-type: none"> <li>➤ Each Observer has completed <i>HIPAA at UF: Privacy &amp; Security for Visitors and Vendors</i> and has signed the <i>University of Florida Confidentiality Statement</i> at <a href="http://privacy.health.ufl.edu/">http://privacy.health.ufl.edu/</a>. (Copies of the Certificate of Completion for <i>HIPAA at UF</i> and a signed Confidentiality Statement are attached to this Request.)</li> <li>➤ Observers staying for 15 days or more should be prepared to present documentation of appropriate vaccinations (check with the College being visited for specific requirements), and training in basic Infection Control, prior to entering patient care areas. (An acceptable online tutorial is available at <a href="http://www.engenderhealth.org/ip/index.html">http://www.engenderhealth.org/ip/index.html</a> if needed.)</li> <li>➤ Prior to observation, patients' attending physicians must obtain each patient's consent to the presence of the Observer(s); that consent shall be recorded in the medical record in accordance with University of Florida privacy policies and Shands HealthCare policies, if applicable.</li> <li>➤ For any Observer under 18 years of age, specific written permission from the Observer's parent or legal guardian to observe the procedure(s) set forth above is attached to this Request form. NOTE: Observers under 18 years of age, not enrolled in a University of Florida or affiliated student program, are prohibited from observing or shadowing in patient care areas.</li> </ul> |  |   |  |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| <b>Sponsoring Faculty Member specifically agrees that:</b> <ul style="list-style-type: none"> <li>➤ <u>The Observer(s) shall not participate in patient care.</u></li> <li>➤ The Sponsoring Faculty Member assumes full responsibility for the supervision of the Observer(s) and agrees to ensure that the Observer(s) complies with all policies and procedures of the University of Florida and Shands HealthCare, if applicable, and all applicable state and federal laws and regulations while observing at the University of Florida.</li> </ul>  |  |   |  |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| Signature of Faculty Submitting Request to Observe:  |  |   | Date of Request:   |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| The following approvals must be obtained from the appropriate deans and executives, depending on where the observation is to take place. See the Policy for "Shadowing" or Observing Patient Care in the UF Privacy Manual for more information.   |  |   |  |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| Approved by Dean of College or Designee:   | Date Approved:   | <b>▶▶ Return completed form plus attachments to:</b><br><b>Gainesville: COM:</b> Sr. Assoc Dean, Clinical Affairs<br>Box 100192, Gainesville 32610<br><b>All Other Colleges:</b> UF Privacy Office<br>Box 100014, Gainesville 32610<br><b>Jacksonville:</b> HIPAA Compliance Mgr, LRC-4 <sup>th</sup> Fl<br>653-1 West 8 <sup>th</sup> St., Jax 32209 |  |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| Approved by Shands HealthCare Designee:  | Date Approved:   |   |  |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |
| Approved forms go to: •Requester •Sponsor •UF Self-Insurance Program •UF Privacy Office •Shands Privacy Office   |  |   |  |           |   |  |   |  |  |  |  |   |  |  |   |  |   |  |  |  |