

**International Visiting Scholar  
Information Packet**

**\* \* \***

**Clinical Observation Requests**

*Updated February 2021*

**Office of Global Health**

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376 W. 10th Avenue, Suite 165

Columbus, Ohio 43210

614-292-3684

Questions regarding First Advantage background check requests should be directed to the department HR contact

For J1 Visas you may contact Ryan Walker, Human Resources Global Services at Walker.863 @osu.edu

## **The Ohio State University Wexner Medical Center** **Guidelines for Clinical Access Requests**

Leadership of the OSU Wexner Medical Center have developed this set of eligibility criteria for visiting scholars, physicians, and faculty interested in pursuing observational or educational experiences at OSUWMC. If your visitor is coming on a J1 visa and/or will be here longer than 6 months, please contact the immigration specialist before completing the packet.

### **These criteria were designed based on the following goals:**

- Ensuring patient safety and quality of care
- Ensuring patient privacy and confidentiality
- Respecting the limits on OSUWMC's finite capacity for educational experiences
- Respecting the limits on the time of our faculty and staff to dedicate to these experiences
- Improving the ability of GME programs to evaluate and recruit high quality residency applicants
- Enhancing the relationship between OSUWMC and our affiliated international medical schools

**Incidental Patient Contact (i.e., observation and/or shadowing):** a purely observational educational experience that may include watching a credentialed OSUWMC clinician perform clinical work (e.g., obtaining personal histories, conducting physical exams, consultations, procedures, surgeries). The observer is not permitted to touch the patient, access the medical record, or participate in the procedure beyond a purely observational role. This may include incidental patient contact through approved OR access, clinical contact, or research-based contact.

#### **OR Access** (Operating room access for observation only):

Entering the operating room under the supervision and direction of a physician licensed to practice in the state of Ohio. Activities which may be acceptable include being present during therapies and treatment in ways that do not compromise the care of the patient; being present in the operating room but not performing procedures. The visitor must not have final responsibility for diagnosis and treatment. Making a diagnosis and entering it in a patient chart, prescribing treatment or medication administered by the physician or other health care professionals, or performing surgery is beyond the scope of acceptable actions. Requires scrubs for the visitor.

#### **Clinical Contact** (Patient observation in evaluation rooms only):

Entering into an evaluation of a patient under the supervision and direction of a physician licensed to practice in the state of Ohio. Activities which may be acceptable include being present during therapies and treatment in ways that do not compromise the care of the patient. The visitor must not have final responsibility for diagnosis and treatment. Making a diagnosis and entering it in a patient chart, prescribing treatment or medication administered by the physician or other health care professionals, or performing surgery is beyond the scope of acceptable actions. Requires scrubs and a white coat for the visitor.

#### **Research-Based Patient Observation** (Patient observation for research purposes only):

Primarily conducting research and potentially observing clinical care in the observation room or in an evaluation room in connection with a research project. Requires scrubs and/or white coat for the visitor.

### **Questions may be forwarded to one of the following applicable offices:**

- |   |              |
|---|--------------|
| • Immigration Specialist                          | 614-688-6697 |
| • Office of Global Health                         | 614-292-3684 |
| • Office of International Affairs                 | 614-292-6101 |
| • College of Medicine Office of Medical Education | 614-292-9063 |
| • Graduate Medical Education Office               | 614-293-7326 |

# Workflow for Clinical Access Requests

*Updated 2019*

## Step 1

If your visitor is coming on a J1 Visa and/or staying longer than 6 months, please contact Ryan Walker, HR Global Services, before completing packet.

- Departmental contact is notified by sponsor of the intent to host a visitor with clinical access
  - Document A: Visitor Request Form
  - Document B: Sponsor Agreement Form

## Step 2

- Departmental contact sends "Welcome Email" to visitor\*
  - Document C: Application for Clinical Access form
  - Request for CV and copy of current passport/visa

## Step 3

- Departmental contact sends "Email to department HR person with required documents":\*
  - Document A: Visitor Request Form
  - Document C: Application for Clinical Access
  - CV/Resume
  - Copy of current passport/visa

## Step 4

- HR person reviews documents and initiates invitation to First Advantage\*
- HR person sends "Email to Proceed" to departmental contact to confirm invitation to First Advantage \*

\*Email template provided

# Workflow for Clinical Access Requests

*Updated July 2015*

## Step 5

- Departmental contact drafts "Letter of Invitation"\*, prints on letterhead, and routes for signature from sponsor
  - Document D: Letter of invitation
- Departmental contact forwards signed "Letter of Invitation" to Department Chair

## Step 6

- Departmental contact sends "Requirements Email"\* to visitor and attaches the following documents:
  - Document D: Signed Letter of invitation
  - Document E: Required immunizations list
  - Document F: Confidentiality statement
  - Document G: HIPAA slides and questions
  - Request for proof of current insurance

## Step 7

- Departmental contact grades HIPAA questions to ensure a passing grade (greater than or equal to 80%)
- Departmental contact emails HR person to confirm clearance of First Advantage

# Workflow for Clinical Access Requests

*Updated July 2015*

## Step 8

- Departmental contact sends "Email to the Chair"\*
  - Attachments to include list of "Required immunizations"
  - Proof of required immunizations in English, provided by the visitor
  - Document H: Application for Clinical Access - Approval Document
- Once reviewed, chair signs and dates Section I of Document H and returns to departmental contact

## Step 9

- Departmental contact sends "Email to the Office of Global Health" with completed packet for approval\*. All items must be included in order for the application to be reviewed. Please do not send the vaccination records.
  - Documents to include: A, B, C, F, H
  - Results of HIPPA test if applicable (not the test, just the results)

## Step 10

- Office of Global Health reviews application packet for completion and accuracy and routes to CMO or International Administrator for signature under Section II
  - Document H: International Visitors Clinical Access Request
- Office of Global Health forwards security questions for review
- Office of Global Health forwards confidentiality statement for review

\*Email template provided

# Workflow for Clinical Access Requests

*Updated July 2015*

## Step 11

- Upon approval, Office of Global Health sends "Approval Email " to departmental contact\*
- Departmental contact orders appropriate attire (e.g., white coat or scrubs).

## Step 12

- At least one week before arrival, departmental contact sends "Travel Email" to visitor\* and copies the sponsor, department administrator, and other relevant departmental personnel.

## Step 13

- Upon visitor's arrival, departmental contact obtains copies of immigration-related documents and notifies the Office of Global Health of arrival
- Departmental contact forwards approved "Clinical Access Request" (Document H) to the appropriate personnel

## Step 14

- Departmental contact notifies the Office of Global Health upon visitor's departure

\*Email template provided

## Checklist for Clinical Access Requests

Name: \_\_\_\_\_  
Gender: \_\_\_\_\_ Visitor's Home Country: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Faculty Advisor/Supervisor: \_\_\_\_\_  
Visitor's Personal Email: \_\_\_\_\_  
Departmental Contact Name: \_\_\_\_\_ HRA#: \_\_\_\_\_

Dept/Org: \_\_\_\_\_

Anticipated start date: (subject to change) \_\_\_\_\_

Anticipated end date: (subject to change) \_\_\_\_\_

Length of Stay: \_\_\_\_\_

### Checklist for Departmental Contact

- Obtain Visitor Request Form, filled out by faculty sponsor (Document A).
- Obtain Sponsor Agreement Form, filled out and signed by faculty sponsor (Document B).
- Send "Welcome Email" to visitor with attachment (Document C).
- Email department HR with required attachments.
- HR reviews initial documents and initiates invitation to First Advantage.
- Draft "Letter of Invitation" and obtain sponsor signature.
- Send signed "Letter of Invitation" to Department Chair.
- Send "Requirements Email" to visitor with attachments (Documents D, E, F; include G, if applicable).
- Email HR to confirm First Advantage clearance.
- Routes "Application for Clinical Access - Approval Document" to Chair for review and approval (Document H).
- Send completed application packet to Office of Global Health (Documents A,B,C,F,H).
- Office of Global Health sends approval email and includes fully approved Document H.
- Order white lab coat and/or scrubs for visitor, as appropriate.
- Send "Travel Email" at least 1 week prior to arrival, copy Chair and Administrator, others as appropriate.
- Send "Application for Clinical Access - Approval Document" to appropriate OR personnel, if applicable.

### Documents to Collect:

- Visitor Request Form (Document A)
- Sponsor Agreement Form (Document B)
- Application for Clinical Access Form (Document C)
- Curriculum Vitae
- Copy of current Passport/Visa
- Signed Letter of Invitation (Document D)
- Proof of Immunizations, in English
- Confidentiality Statement (Document F)
- Proof of current insurance with international coverage
- HIPAA Questions (Document G) Grade: \_\_\_\_\_  
(Required grade of 80% or better)

### Important Dates:

- First Advantage Invitation: \_\_\_\_\_
- First Advantage Clearance: \_\_\_\_\_
- Approval granted: \_\_\_\_\_  
(Fully-signed Document H)
- Actual Arrival: \_\_\_\_\_
- BCI/FBI clearance: \_\_\_\_\_
- Actual Departure: \_\_\_\_\_
- OGH Notified of Departure

Please complete and return to your departmental contact to initiate the process to host a visitor with clinical access.



**Visitor Request Form**

**SPONSOR GENERAL INFORMATION**

Physician name:

Physician Department:

Departmental contact responsible for coordinating visit:

**VISITOR GENERAL INFORMATION**

Visitor name:

Visitor Email address:

Requested date to begin:  Date to end:

Purpose of visit:

**Clinical access category requested for visitor (Check all that apply):**

The observer is not permitted to touch the patient, access the medical record, or participate in a procedure beyond a purely observational role. This applies to all clinical access categories.

- OR Access** (Operating room access for observation only):  
Entering the operating room under the supervision and direction of a physician licensed to practice in the state of Ohio. Activities which may be acceptable include being present during therapies and treatment in ways that do not compromise the care of the patient; being present in the operating room but not performing procedures. The visitor must not have final responsibility for diagnosis and treatment. Making a diagnosis and entering it in a patient chart, prescribing treatment or medication administered by the physician or other health care professionals, or performing surgery is beyond the scope of acceptable actions. Requires scrubs for the visitor.
- Clinical Contact** (Patient observation in evaluation rooms only):  
Entering into an evaluation of a patient under the supervision and direction of a physician licensed to practice in the state of Ohio. Activities which may be acceptable include being present during therapies and treatment in ways that do not compromise the care of the patient. The visitor must not have final responsibility for diagnosis and treatment. Making a diagnosis and entering it in a patient chart, prescribing treatment or medication administered by the physician or other health care professionals, or performing surgery is beyond the scope of acceptable actions. Requires scrubs and a white coat for the visitor.
- Research-Based Patient Observation** (Patient observation for research purposes only):  
Primarily conducting research and potentially observing clinical care in the observation room or in an evaluation room in connection with a research project. Requires scrubs and/or white coat for the visitor.





Visitor Name:

Department:

**Sponsor Agreement Form for Clinical Access Requests**

The purpose of this experience is to allow international observers, graduates, and faculty who are not part of a formal training program at The Ohio State University Wexner Medical Center to observe OSU faculty members, residents, or interns for a predetermined period of time to be approved by the Department Chair.

1. Each visitor must receive the required immunizations and provide immunization and
2. communicable disease history information as outlined in the visitor application packet.
3. An appropriate visa is required.

Additionally, during the period of the visit the following conditions as stated in the Code of Federal Regulations 22 CFR 514.27(c)(1)(ii) will be observed:

4. Any incidental patient contact will be under the direct supervision of an U.S. citizen or resident alien and who is licensed to practice medicine in the State of Ohio.
5. The program is predominately involved with observation, teaching or research.
6. The foreign medical graduate/student will not be given final responsibility for the diagnosis and treatment of patients.
7. Any activities of the foreign medical graduate/student will conform to the State of Ohio licensing requirements for medical and health care professionals in the State of Ohio.
8. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

Lastly, the following conditions and information apply:

9. The Ohio State University is governed by guidelines of the Accreditation Council for Graduate Medical Education. For this reason, it is important that international observer activity not interrupt or adversely affect the training experience of OSUWMC residents or students.
10. All visiting scholars are invited to attend any conferences that occur during their appointment.
11. The department will coordinate the acquisition of white coats or scrubs, and required OSUMC identification badges and library cards as appropriate.
12. University keys and door codes may not be issued to visitors.

**By signing below, I confirm that I have read and agree to abide by the guidelines stated above.**

Sponsor Name:

Signature

Date:

**Step 2**  
**- Welcome email -**  
**Template**

**Visitor's name:**

My name is **Name** and I assist with clinical access requests for the Department of **Name** at the Wexner Medical Center at The Ohio State University. I understand you would like to join **sponsor name** for **duration**, beginning **Month day, year**. I am happy to help you with the paperwork to join us. Please confirm the dates of your stay so I can draft your letter of invitation.

This offer is contingent upon the university's verification of credentials and other information required by law and/or university policies or practices, including but not limited to a criminal background check. This background check consists of completing an on-line request sent via an e-mail link from First Advantage. Once you receive the First Advantage email, you have 72 hours to complete the information requested. Please check any junk or spam folders for the First Advantage link. If you have issues with the First Advantage link or completing the required information, you will need to contact technical support for First Advantage at 1-800-888-5773.

In addition, please **fill out the attached "Application for Clinical Access"** to the best of your ability and return to me as soon as possible. When you respond, please also include your most recent CV and copy of your current passport/visa. Once you have responded, we will be able to proceed with your application.

Please let me know if you have any questions or need additional information. We look forward to meeting you and working with you during your stay!

Best,  
**Name**



**Application for Clinical Access**

**INTERNATIONAL VISITOR INFORMATION**

Full name:  Date of Birth:

Place of birth (city & country):  Passport number:

Name of medical school:

Name of other advanced degree schools:

Name of employer:

Email address:  Telephone:

Home address (street, city, state):

Country of residence:  Citizenship:

Requested date to begin:  Date to end:

**INTERNATIONAL VISITOR GUIDELINES**

1. Each applicant must provide the required immunization and communicable disease history information in English.
2. Each applicant must complete HIPAA training and sign the visitor confidentiality form.
3. The sponsoring department, and/or The Ohio State University Office of International Affairs will assist with the visa process as appropriate.
4. Participants are required to carry international health insurance for the duration of the appointment. If the scholar does not have this item before arrival, then the insurance can be obtained at OSU for a monthly fee once the scholar arrives in Columbus, Ohio.
5. Proficiency in written and spoken English is required.
6. Visiting appointments are non-salaried without benefits.
7. During the period of the visit the following conditions as stated in the Code of Federal Regulations 22 CFR 514.27(c)(1)(ii) will be observed:
  - a. Any incidental patient contact will be under the direct supervision of an U.S. citizen or resident alien and who is licensed to practice medicine in the State of Ohio.
  - b. The program is predominately involved with observation, consultation, teaching or research.
  - c. The visiting scholar will not be given final responsibility for the diagnosis and treatment of patients.
  - d. Any activities of the visiting scholar will conform to the State of Ohio licensing requirements for medical and health care professionals in the State of Ohio.
  - e. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

I understand that I am not permitted to have any physical patient contact. This experience is for observation purposes only.

I understand that I could be exposed to blood, body fluids and/or communicable disease including but not limited to Hepatitis B, Hepatitis C Tuberculosis (TB), Methicillin-resistant Staph aureus (MRSA), and Human Immunodeficiency Virus (HIV). I am voluntarily assuming this risk and understand The Ohio State University Wexner Medical Center, its staff and/or its patients are not responsible for any such disease or injury that may result from my presence during this visit/observational experience.

I understand the policies outlined in this application and agree to abide by them.

Signature  Date:

**Step 3**  
**- Email to Immigration Specialist**  
**Template**

Attached you will find a request for clinical access for **Visitor Name** under the direction of Dr. **Sponsor** in the Department of **Name**.

I have ensured the following documents are included:

- Document A: Visitor Request Form
- Document C: Application for Clinical Access
- CV/Resume
- Copy of current passport/visa

Please let me know if you have any questions or need additional information.

Thank you,

**Name**

**Step 4**  
**- Email to proceed -**  
**Template**

Name:

Thank you for submitting a request to host a visitor with clinical access. We have reviewed the submitted documents and agree to proceed with the invitation to First Advantage. Please continue with the remaining steps of the process to request Clinical Access for the individual detailed below.

Please email me to confirm clearance of this background check prior to submitting the final application to the Office of Global Health (Applicant number: \_\_\_\_\_).

- Name
- Sponsor
- Department of Name
- Start date
- End date

Please let me know if you have any questions or need additional information.

Best,

Name

**Step 5  
- Letter of Invitation -  
Template**

Date

Name

Address Line 1

Address Line 2

**Letter of Invitation**

Dear Name:

I am pleased to invite you to be a visitor at The Ohio State University Wexner Medical Center in the Department of Department. This offer is effective from start month day, year through end month day, year. During this time you will be involved in insert information from sponsor. I understand you will be providing your own funding to take care of your expenses.

This invitation and dates of participation are contingent upon the university's verification of credentials and other information required by law and/or university policies, including but not limited to a domestic and/or international criminal background check and approval by the Department Chair.

For housing recommendations and other useful tips , please refer to the link below or contact me for additional details. I look forward to meeting you and working with you during your visit.

<http://oia.osu.edu/int-scholars-life-at-ohio-state/living-in-columbus.html>

Sincerely,

Sponsor name

Sponsor email

CC: Department Chair



**Required Immunizations for International Visitors Clinical Access**

Each visiting scholar must provide immunization and communicable disease history information. Proof of the following immunizations/tests **in English** are required:

Rubella. Individuals born after 1957, must have positive titer or be revaccinated if they have not been vaccinated since 1980. If born in or before 1957, they must have a history of Rubella; if they have a negative titer, they must be vaccinated.

Rubeola. Individuals born after 1957 must have positive titer or be vaccinated if they have not been vaccinated since 1980. If born in or before 1957, they must have a history of Rubeola; if they have a negative titer, they must be vaccinated.

Hepatitis B. Documentation of positive protective antibody titer or vaccination series is necessary.

Chicken Pox. Individuals must provide a positive or negative history of the disease. If history is unknown or negative, a titer should be performed. Those individuals who have negative titer are required to receive varivax immunization unless precluded from doing so for a medical condition.

Tuberculosis. Individuals must have proof of a Tuberculosis skin test within 12 months prior to the visiting scholar appointment. Those individuals with a positive PPD test must have a chest x-ray and certification from a licensed physician that they are free of active Tuberculosis.

Seasonal influenza vaccine. Individuals must have proof of having received the seasonal influenza vaccine within the same flu season that the visiting scholar will be at Ohio State.

Mumps Immunization. If individuals have a negative titer or a negative history of the disease, they must receive this immunization. The individual must have gotten at least one shot within the last 30 days, or two shots at least 28 days apart.

The following immunization is recommended:

Tetanus/Diphtheria Immunization. Individuals must receive this immunization within the last ten years.

**Step 6**  
**- Requirements Email -**  
**Template**

**Name,**

Thank you for your interest in joining **Dr. Sponsor** as a visitor in the Department of **Name**. Attached you will find a letter of invitation and additional information and documents required for your stay.

Please complete and sign the following and return to me at your earliest convenience:

- Obtain proof of required immunizations translated into English (list attached)
- Review and sign the confidentiality statement and return to me (attached)
- Please provide proof of current health insurance with international coverage

OPTIONAL (If stay exceeds 1 week):

Additionally, please review the attached HIPAA slides and answer the questions on the provided document. Please return the document with your answers to me at your earliest convenience for review.

Thank you,

**Name**



**Visitor/Observer Confidentiality Education Form**

Visitor Name		Date of Visit	
OSU Contact Name		Department	

**What You Need To Know About Patient Confidentiality as a Visitor or Observer at  
The Ohio State University Wexner Medical Center**

**It Goes Without Saying, Confidentiality Matters!**

During your visit at OSU Wexner Medical Center, you may see or overhear patient information. Patient information is confidential and is protected by law. Because patient information is protected by law, you must follow certain rules while you are here.

**You must:**

- Respect the privacy and confidentiality of our patients.
- Wait outside the patient’s room until the person you are shadowing has received the patient’s permission for you to enter.
- Only ask for or access/view information that you have been given permission to access/view.

**You must not:**

- Go into a patient’s room unless the person you are shadowing has received the patient’s permission.
- Access the patient’s chart or see patient information electronically. Special permission is required. The person you are shadowing must limit the amount of information you will be exposed to.
- Copy, remove or take identifiable patient information with you.
- Provide any treatment or help with patient care.

You must keep information confidential after your visit. If you need to write a report or do a presentation about your observation experience with your school/agency, do not talk about patients in a way that someone could identify them. If you need help, work with the staff member responsible for your visit. Otherwise, you may talk about patients with the person you are shadowing during your visit, but you may not talk to anyone about patients after your visit.

You will be removed from The Ohio State University Wexner Medical Center if you do not follow these rules or if you violate patient confidentiality and your host program or institution will be notified of the event that led to your removal. OSUWMC and/or your host program or institution may take additional action. Failure to follow these rules may also result in fines or criminal penalties.

**Please sign below to indicate that the information you provided above is true and that you understand your responsibilities.**

**Visitor/Observer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

**OSUWMC Staff Supervising the Visitor Named Above:** Please retain a copy of this form in your department files for 6 years.

## Annual Privacy and Security CBL Test Questions 2016

1. An athlete of an OSU sports team has been hospitalized. You are not involved in providing care to the individual. You are permitted to access the patient's record because you are a Buckeye fan and you do not intend to share the information you obtain with anyone else.
  - A. True
  - B. False**
2. Individual staff members can help prevent identity theft by:
  - A. Placing documents in collection bins for shredding.
  - B. Maintaining electronic security by encryption of computers and handheld devices.
  - C. Eliminating use of social security numbers wherever possible.
  - D. All of the above.**
3. Angela has an unusual medical condition that requires costly medical intervention. Angela does not have health insurance, but her friend, Beth does. Angela "borrowed" Beth's identity. Each time Angela came in for services, she provided registration with Beth's name, date of birth, and social security number. Eventually, Beth called patient accounting to complain about paperwork she has received from her insurance company indicating she received services. Beth is complaining to OSUMC patient accounting that she did not receive these services. The representative from patient accounting should:
  - A. Ignore the call because Beth is probably lying.
  - B. Tell Beth there is nothing OSUMC can do to help.
  - C. Notify her manager who will notify the Privacy Officer who will engage the Identity Theft Red Flag Rule Response Team.**
  - D. Tell Beth to wait and call us back if it happens again.
4. If an adult daughter accompanies her elderly father to his appointment and wishes to come into the treatment room with her father, the provider should:
  - A. Prohibit her from accompanying her father
  - B. Verify with the father that he is comfortable with having his daughter in the room, since the information discussed may be sensitive or embarrassing to him**
  - C. Make the father sign a release form
5. In my job at Ohio State, I have a part in protecting the privacy and security of sensitive information.
  - A. True**
  - B. False
6. In the course of doing your job, you learn that a coworker is currently hospitalized. Is it ok to talk about that worker with the others in your department?
  - A. Yes
  - B. No**
7. It is OK to send email messages with sensitive information as an unencrypted attachment?
  - A. True
  - B. False**

## Annual Privacy and Security CBL Test Questions 2016

8. Janice works as a registrar in an outpatient clinic. She has received an email from an unknown individual who has offered her money if she provides the names, addresses, dates of birth, and social security numbers of some of her patients. She has been offered \$10 for each data set she provides. Janice's husband has been recently laid off, and she would like the extra money. She decides to sell the patient information. Janice's coworker, Ken, notices that Janice is transcribing patient information on a work sheet each day, and placing the work sheet in her pocket book. Janice's co-worker Ken must:
- A. Ignore the activity.
  - B. Notify his manager who will assess the situation and notify the Identity Theft Red Flag Rule Response Team via the Privacy Officer.
  - C. Ask Janice how he can help her get more information.
  - D. Write Janice a note asking her to stop what she is doing, but not notify the manager.
9. Misusing or failing to protect patient information, can result in corrective action up to and including termination.
- A. True
  - B. False
10. My job does not involve direct patient contact at the Medical Center; but I still need to be attentive to the Identity Red Flag Rules.
- A. True
  - B. False
11. Paper with sensitive information such as Protected Health Information should be discarded in the regular trash bin.
- A. True
  - B. False
12. Protected Health Information includes the patient's Medical Record Number.
- A. True
  - B. False
13. Saving a document containing PHI to "my documents" on my desktop computer is permitted.
- A. True
  - B. False
14. Terry is called away to another emergency while logged into the electronic medical record. Terry, in a hurry, does not log-off of the electronic medical record leaving it open for others to inappropriately access information under his username and password. What should Terry have done?
- A. Terry did everything correctly because there was an emergency and he needed to respond fast. Logging-out would only slow him down.
  - B. It does not matter because Terry is not responsible for any activity that happens under his username and password when he is not performing the action.
  - C. Terry should have logged-off prior to leaving the electronic medical record open under his own username and password. Terry is responsible for all activity that occurs under his username and password in the electronic medical record.

## Annual Privacy and Security CBL Test Questions 2016

15. Transmitting email containing Protected Health Information to a Hotmail or Yahoo! account is allowed by hospital policy and HIPAA.
- A. True
  - B. False**
16. When is it ok to share your passwords?
- A. When it is your close friend or associate.
  - B. When it is an emergency.
  - C. When it is asked by a LAN administrator or Ohio State IT staff member.
  - D. Never.**
17. Where is the best place to store documents with sensitive information?
- A. On my unencrypted USB Key.
  - B. On a Secure Local Area Network.**
  - C. On my desktop.
  - D. In the My Documents folder.
18. Which workstation security safeguards are YOU responsible for using and/or protecting?
- A. User ID
  - B. Password
  - C. Log-off programs
  - D. Lock-up office or work area (doors, windows, laptop)
  - E. All of the above**
19. Why is Security of information so important?
- A. Proper security measures help keep patient information safe.
  - B. Proper security measures can protect against loss or theft of equipment.
  - C. Proper security measures can help protect against viruses, "hacks" and other attempts to harm our computer systems.
  - D. All of the above**
20. You receive an e-mail with an attachment from an unknown source. The e-mail reads that your computer has been infected with a virus and you need to follow the directions and open the attachment to get rid of the virus. What should you do?
- A. Follow the instructions ASAP to avoid the virus.
  - B. Open the e-mail attachment to see what it says.
  - C. Reply to the sender and say "take me off this list"
  - D. Delete the message from the unknown source.**
21. Your co-worker has been absent from work for a couple of weeks. You care about your coworker. You have access to the Medical Center's electronic medical record, so you decide to see if you coworker has been hospitalized at OSU, and you discover that she has been. You decide to read her discharge summary and lab results, as you know, she wouldn't mind. Have you violated hospital policy?
- A. Yes**
  - B. No

## Annual Privacy and Security CBL Test Questions 2016

22. Select the true statements. Select all that apply.

- A. HIPPA laws now impose greater penalties, including larger fine and potential litigation.
- B. Employees who breach privacy are disciplined, up to and including termination.
- C. Employees who breach privacy could be sued, lose their professional license, and be reported to the Office of Civil Rights.
- D. Even if you do not work directly with patients, patient confidentiality should be taken seriously.

23. Select the option(s) that best answers the question. Select all that apply. Patient Protected Health Information (PHI) learned at work from staff discussions or the chart may be disclosed.

- A. On your Facebook page
- B. In a text or email message to people who know the patient.
- C. With friends and relatives who have the patient's permission.
- D. To staff who have a job-related need to know.

24. Select the option(s) that best answers the question. Select all that apply.

You took care of a patient. The patient was transferred to another provider in your unit. After you were no longer responsible for treating the patient, you looked up the patient's medical record to check on his progress. Is this a problem?

- A. No. You were involved in the patient's care at one time, therefore, you should be able to review the patient's chart after he leaves your area and he is no longer your patient.
- B. No. You can access/view any patient's chart due to your employment at the university.
- C. Yes, you no longer had a business need to review the patient's chart. You access/viewed the patient's chart because you were "curious" to know how the patient was doing. Curiosity is never a good reason to access/view a patient's chart.

25. You are a researcher and you receive a grant from an entity outside of the university to purchase a Mac computer to use with the research project. The data you store on the computer is a mixture of research data and data retrieved from the electronic medical record regarding the patient's care at OSUWMC. You do not encrypt the computer. Should the laptop be encrypted? Select all that apply.

- A. No, because the laptop was not purchased by OSUWMC and is considered my "personal" computer.
- B. Yes. Even if the laptop was purchased with funds from an entity outside of OSUWMC, if data stored on the laptop is generated from the medical records of patients from OSUWMC, the laptop should be encrypted
- C. No. The laptop is utilized for research purposes, not for patient care purposed, therefore encryption is not necessary
- D. Yes. Laptops containing patient information should be encrypted. If any data stored in the laptop contains information generated from the patient's medical chart, the laptop must be encrypted.

**Step 8**  
**- Email to the Chair -**  
**Template**

**Name,**

Thank you for taking the time to review the attached immunizations. Once you have reviewed these documents for accuracy and completion, please sign the attached document and return to me at your earliest convenience.

Your signature verifies that you have reviewed these documents and that the visitor has met all immunization requirements for Clinical Access.

Please let me know if you have any questions or need additional information.

Thank you,

**Name**



**Clinical Access Request - Approval Document**

International visitor name:

Requested date to begin:  Date to end:

Faculty sponsor name:

**SECTION I: TO BE COMPLETED BY THE FACULTY SPONSOR'S DEPARTMENT CHAIR**

As department chair, applicant's request to observe in my department is approved and my department will accept responsibility for the activities of this individual during the OSU observational period. I have reviewed the applicant's vaccination and test records and confirm that they meet the OSUWMC requirements.

Department chair name:

Signature  Date:

**SECTION II: TO BE COMPLETED BY THE OSUWMC CMO OR OFFICE OF GLOBAL HEALTH DIRECTOR**

This application is approved.  Yes  No

OSUWMC CMO or Office of Global Health Director:

Signature  Date:

**Step 9**  
**- Email to the Office of Global Health -**  
**Template**

Attached you will find the packet for the Clinical Access Request for **Visitor Name**. Please review this information and confirm when you have obtained the necessary approval signature.

I have ensured the following documents are included:

- Document A: Visitor Request Form
- Document B: Sponsor Agreement Form
- Document C: Application for Clinical Access
- Document F: Confidentiality statement
- Document H: International Visitors Clinical Access Request (signed by chair)

The visitor has taken and passed the HIPPA test with a score of XXX. Please let me know if you have any questions or need additional information.

Thank you,

**Name**



**Step 11**  
**- Approval Email -**  
**Template**

All:

This email is to confirm the approval of the Clinical Access Request for the individual detailed below:

Name

Sponsor

Department of Name

Start date

End date

**Travel preparation:**

As you prepare for travel, here is a link with useful information about Columbus, OH:

<http://www.oia.osu.edu/life-at-ohio-state/living-in-columbus.html>

On the side navigation page, you will find links to very useful information to assist with your transition.

Here is a link to the University map to help you find your way through campus:

<http://www.osu.edu/map/>

If you type the name of the building, it will show you where we are on the map.

Please do not hesitate to contact me if you have any questions or need additional information as you prepare for your travels. We look forward to working with you throughout your stay.

Best,

Name