

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.