

**Appendix A**  
**The Ohio State University Wexner Medical Center and The James**  
**Observer Application**

This application applies to credentialed providers who work at an outside institution and request to observe exams, procedures or treatments at the invitation of an active OSUWMC medical staff member. Requests must be signed by the medical staff sponsor, approved by the individual department chair or their designee and signed by The James' Chief Medical Officer or OSUWMC's Chief Clinical Officer at least one week prior to the observation date. The observer must be accompanied by the sponsor or delegate at all times and the observer cannot perform any patient care duties. The patient must be made aware of and agree to the observation experience. Failure to comply with this request may result in the revocation of the application.

***All documentation relating to visit and the Observer Application must be stored in department files for at least six years.***

Please complete all of the information below when planning an onsite visit.

<b>Date of Request:</b>	
<b>Date(s) of Planned Request:</b>	November 13, 2026
<b>Responsible Medical Staff Sponsor:</b>	General Surgery Resident
<b>Department:</b>	Department of Surgery
<b>Address:</b>	395 W. 12th Ave. Columbus, Ohio 43210
<b>Phone:</b>	614-293-8701
<b>Email:</b>	<a href="mailto:SCS26@osumc.edu">SCS26@osumc.edu</a>
<b>Observer Name:</b>	
<b>Observer Title:</b>	
<b>Institution (attach additional sheet of if necessary):</b>	
<b>Purpose of the Observation:</b>	Society of Clinical Surgery 2026 Annual Meeting OR Observations
<b>Areas involved in the Observation:</b>	University Hospital, Ross Heart Hospital, The James, Same Day Surgery
<b>Processes/Procedures/Patient Care to be Observed:</b>	Surgeries in multiple service lines

The medical staff member sponsor must make the Observer aware of all applicable policies and procedures related to the visit activities, including surgical attire if observing in the OR &/or a procedural area. The sponsor will ensure that the Observer has fulfilled all necessary requirements prior to the visit and that the Observer complies with all applicable policies and procedures, laws, regulations and any other requirements that may relate to the Observer's presence at OSUWMC/The James. The sponsor must obtain approval from the patient that the observer can witness care being provided.

**By signing this form, I acknowledge that I am responsible for the Observer and understand and agree to the requirements listed above.**

Electronic Signature of Medical Staff Sponsor: \_\_\_\_\_ Date: \_\_\_\_

Electronic Signature of Chair or Division Director: \_\_\_\_\_ Date: \_\_\_\_

Electronic Signature of James Chief Medical Officer: \_\_\_\_\_ Date: \_\_\_\_

Electronic Signature of OSUWMC Chief Clinical Officer: \_\_\_\_\_ Date: \_\_\_\_

**Appendix B**  
**Immunizations and Lab/Test Results:**

Proof of current immunizations and test results must be submitted from their medical record or a documented history signed by a primary care provider or host institution. Records must be in English and clearly legible.

Required Immunizations and Lab/Test Results	Date(s)
<p><b>Influenza</b> <i>One dose of the seasonal influenza vaccine is required September-March annually unless a medical contraindication or other reason for exemption exists.</i></p> <p style="text-align: center;"><i>*Unvaccinated individuals must wear a mask at times specified by Clinical Epidemiology based upon patterns of transmission within the institution and community. *</i></p>	
<p><b>MMR (Measles, Mumps, &amp; Rubella/Rubeola)</b> <i>Positive titers or record of 2 MMR vaccines, unless a medical contraindication exists. Documented exemptions must state reason for exemption and be signed by a licensed healthcare provider medical to be considered for review.</i></p>	
<p><b>Tuberculosis (TB)</b> <i>Negative interferon gamma release assay (QuantiFERON®TB-Gold, T-SPOT®TB test) within 12 months. Those individuals with a positive screening must have a chest x-ray and certification from a licensed physician that they are free of active Tuberculosis.</i></p>	
<p><b>Varicella (Chicken pox) or laboratory verification of immune status</b> <i>Documentation of 2 Varicella vaccines OR positive Varicella titer is accepted as proof of immunity. If Varicella titer is negative, documentation of having received two Varicella vaccines is required. There must be at least 28 days between dose 1 and dose 2.</i></p>	

Special Environment Requirement – Women and Infants Staff - Immunizations	Date(s)
<p><b>Tetanus, Diphtheria, and Pertussis (Tdap)</b> <i>One adult dose of Tetanus, Diphtheria, and Pertussis(Tdap) vaccine administered within the last 10 years. If there is no vaccine history or if status is not known or documented, one adult dose of Tdap vaccine can be given regardless of vaccine history. Documented exemptions will not be accepted for those observing procedures involving pregnant patients or infants.</i></p>	

Recommended Immunizations	Date(s)
<p><b>Hepatitis B*</b> <i>Positive antibody titer or up to 6 hepatitis B vaccines is strongly recommended but not required.</i></p> <p><i>*NOTE: Hepatitis B is <u>required</u> for international observers. (<a href="#">Office of Global Health</a>)</i></p>	
<p><b>COVID-19</b> <i>OSUWMC/The James strongly recommend both primary and booster doses of the COVID-19 vaccine based on an individual's age or health status consistent with <a href="#">CDC guidelines</a></i></p>	
<p><b>Influenza</b> <i>One dose of the seasonal influenza vaccine is strongly recommended April – August annually unless a medical contraindication or other reason for exemption exists.</i></p> <p style="text-align: center;"><i>*Unvaccinated individuals must wear a mask at times specified by Clinical Epidemiology based upon patterns of transmission within the institution and community. *</i></p>	

I verify that the above information is valid and truthful.

Observer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EXPOSURE TO COMMUNICABLE DISEASES

I understand that I could be exposed to blood, body fluids, and/or communicable diseases 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 that The Ohio State University 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.

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix C**  
**The Ohio State University Wexner Medical Center**  
**Visitor and Observer Privacy Agreement**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule requires healthcare organizations to follow certain rules about using and sharing patient information. Visitors and observers must follow HIPAA rules, The Ohio State Wexner Medical Center policies, and instructions from Wexner Medical Center physicians and staff to protect patient privacy.

**The Rules and Your Responsibilities:**

- **Violating patient privacy is against the law.**
- **Patient permission is required** before entering a patient room and observing interactions. **Wait outside** the room until the person you are shadowing receives permission from the patient. **If a patient says no, you cannot enter the room.**
- **Stay with the person you are shadowing** at all times. If they leave a room, **you should leave with them.**
- **Do not look at patient charts or electronic medical records** unless you have **special permission.**
- **Only talk about patient information when necessary and in private areas** where others cannot overhear.
- **Taking pictures, videos, recordings, or other information** from your visit for personal use or **social media is prohibited.**
- **Do not take patient information with you.** Do not copy or remove any patient records.
- **Do not provide treatment to patients or help with their care.**
- **Questions or concerns** should be shared with the **person you are shadowing.**

**After Your Visit:**

- **Keep patient information private.** Do not talk about patient information with anyone that does not have a reason to know as part of their job. This includes friends, family, and other staff members.
- **Do not include patient details in research or academic papers, reports, or presentations** without specific approval from the person you shadowed. If you need to write about your experience, make sure patients cannot be identified.
- **Report privacy violations.** If you think a privacy rule was broken, report it to your designated Privacy Office.

**By signing below, you agree to follow these rules. Breaking them could result in fines, criminal charges, removal from the Wexner Medical Center, and other actions by your program.**

<b>Visitor/Observer Print Name:</b>	
<b>Visitor/Observer Signature:</b>	
<b>Date:</b>	
<b>Title/Department/Company/School:</b>	
<b>OSU Contact Name/Department:</b>	Timothy Pawlik, MD, MPH, PhD, Department of Surgery
<b>Date of Visit:</b>	November 13, 2026

If you have any questions or concerns about privacy, please contact:

- Wexner Medical Center Office of Compliance and Integrity, Privacy: 614-293-4477 | Compliance@osumc.edu
- OSU Physicians (OSUP) Privacy Office: 614-685-1530 | OSUP.HIPAA.PRIVACY@osumc.edu

**Wexner Medical Center Responsible Individual:** Please keep a copy of this form in your department files based on the department record retention schedule.

## Appendix D

### Guidelines for Observation at The Ohio State University Medical Center and The James Checklist of Sponsor /Responsible Individual Duties Form

The Sponsor is responsible for the following:

#### Before the Observer Arrives

- All departments involved have approved the visitation.
- If observation is occurring in the ORs &/or procedural areas, notify the respective departments in advance.
  - o **Contact information for Operating Room Personnel**
    - University Hospital (Rhodes and Doan Hall): 614-293-8686 (ask for nurse manager)
    - The James Cancer Hospital: [JamesPeriopAdministration@osumc.edu](mailto:JamesPeriopAdministration@osumc.edu)
    - The Ross Heart Hospital: 614-293-7105 (ask for nurse manager)
    - East Hospital: Email completed forms to [eastperiop@osumc.edu](mailto:eastperiop@osumc.edu)
    - Ear and Eye Institute: Email completed forms to [EEIOSUCBusinessOffice@osumc.edu](mailto:EEIOSUCBusinessOffice@osumc.edu)
    - Jameson Crane Sports Medicine Institute: email completed forms to [JCSMIOSCBusinessOffice@osumc.edu](mailto:JCSMIOSCBusinessOffice@osumc.edu)
    - For Outpatient Care New Albany: Email completed forms to [OCNAASCBusinessOffice@osumc.edu](mailto:OCNAASCBusinessOffice@osumc.edu)
    - For Outpatient Care Dublin: email completed forms to [OCDASCBusinessOffice@osumc.edu](mailto:OCDASCBusinessOffice@osumc.edu)
    - University Hospital and Braine and Spine Hospital Same Day Surgery Center: [Samedaysurgery@osumc.edu](mailto:Samedaysurgery@osumc.edu) or 614-685-3021 (ask for nurse manager)
- The following forms have been completed, signed and stored in department files.
  - o Observation application
  - o Verification of Vaccinations and Health Status for Visitation/Observation
  - o Observer Confidentiality Education
  - o Attestation Letter
- Any necessary security requirements, including background checks if applicable, have been completed.

#### When the Observer Arrives

- Have the Observer wear a name tag with the observer's name and designation of "Observer" during the visit.
- Instruct the Observer on all applicable policies and procedures and requirements of OSUWMC/The James, including:
  - o Confidentiality Requirements
  - o Surgical Attire for Perioperative Observers

#### During the Visit

- Ensure that the Observer follows all applicable Policies and Procedures and requirements and follows the instructions of the responsible medical staff sponsor.
- Properly supervise the Observer to ensure the following:
  - o The Observer does not assist with or participate in patient care activities.
  - o The Observer does not record, take pictures and/or remove any patient information or business sensitive information without the express approval of the department, the Privacy Office and Risk Management.
- Ensure that the privacy and confidentiality of patients is respected:
  - o Limit the exposure of Observer to patients and patient information to a minimal or incidental amount.
  - o No charts or electronic patient records may be viewed without the express approval of the patient.
  - o Contact the Privacy Office if the Observer violates patient privacy or confidentiality.

#### After the Visit

- Require that the Observer notify the Responsible Individual immediately of any illness that may affect the health of the patient population either before the scheduled visit or immediately following.

**I have read the Visitation/Observation guidelines. I understand these guidelines and agree to follow them. I will also ensure that the Observer understands and follows these requirements.**

Signature of OSUWMC or The James medical staff sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Fax or scan all signed and completed forms to the following:**

OSUWMC Medical Staff Office: 614-293-4989  
The James Medical Staff Office: 614-685-9887