

## Extern/Intern/Student/Observer Agreement

\* This application is for the following UW Primary Care: Ballard, Belltown, Factoria, Federal Way, Lopez Island, Issaquah, Kent/Des Moines, Northgate Clinic, Ravenna, Shoreline, South Lake Union, Woodinville, Fremont, Lake Forest Park, and Outpatient Medical Center.

<input type="checkbox"/> <b>Extern/Intern</b> Medical Assistant, Phlebotomy or other extern/intern doing a hands-on rotation as part of an official academic program. An agreement between the school and UW Primary Care is required for this activity.	<input type="checkbox"/> <b>Student</b> Medical, Nurse Practitioner, Physician Assistant students doing a hands-on rotation as part of an official academic program. An agreement between the school and UW Primary Care is required for this activity.	<input type="checkbox"/> <b>Observer/Shadow</b> Those observing a UW Primary Care. There will be no hands-on activity. These arrangements are usually made by the student and provider with approval from UW Primary Care Administration.
---	--	--

### Extern/Intern/Student/Observer Information:

Educational Program: (ex. Medical Assistant) \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### School Information:

School: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Action Items:

Please submit completed Agreement and forms to [pcph\\_students@uw.edu](mailto:pcph_students@uw.edu) or fax 206-520-5599.

### Required Forms:

- Agreement Form (this letter) completed and signed
- Applicant Disclosure Statement
- Service Culture Guidelines
- Code of Conduct
- Privacy, Confidentiality, and Information Security Agreement (PICSA)
- UW Medicine Compliance Code of Conduct (sign attestation form)
- HIP Self Study Training and Completion Certificate - [Protecting Patient Information Self-Study](#)

\*Our employee health Nurse will contact you regarding immunization record requirements

**Statement of Agreement:** I agree to abide by the policies and procedures outlined by UW Medicine Primary Care [Employee Resources | UW Medicine](#) .I understand I will be immediately terminated if I violate any of these policies or procedures.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Clinic Agreement

**Clinic Information:** Student to complete clinic location, start date, and end time.

Clinic Name/Location: \_\_\_\_\_

Clinic Manager: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Total Hours Needed: \_\_\_\_\_

### Supervisory Approval:

**To be completed by administration.**

I agree to serve as the UW Medicine Primary Care supervisor of the above-named trainee.

*Reminder to preceptors: It is against UW Medicine compliance regulations to share passwords or allow another use to use your online accounts.*

Clinical Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Manager: \_\_\_\_\_ Date: \_\_\_\_\_

## UW Primary Care Applicant Disclosure Statement

Pursuant to the requirement of RCW 43.43.834, UW Primary Care must ask you to complete the following Applicant Disclosure Statement. This information will be kept confidential. Please answer fully and accurately.

Note: UW Primary Care will confirm your answers to these questions by:

1. Running a Washington State Patrol check for criminal convictions;
2. Searching the Washington Courts database for civil adjudications as listed below; and,
3. For licensed personnel, checking the Department of Health credentials database for disciplinary actions.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

1. Have you ever been convicted on a crime?  YES  NO

If "Yes", please identify the offense(s), provide the date(s) of the convictions(s), the name of the courts(s), (e.g. King County Superior Court) and the sentence(s) imposed:

---

---

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings, as well as finds by DSHS or the Department of Health that you have not administratively challenged or appealed.  YES  NO

If "Yes," please identify the specific find(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

---

---

3. Under Medicare/Medicaid or any state or federal healthcare program:

Have you ever been convicted, or any crime related to the delivery of a healthcare service or item?  YES  NO

Have you ever been judged liable for civil monetary penalties or conduct related to any participation?  YES  NO

Have you ever been excluded from providing services or supplies?  YES  NO

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on satisfactory results of the background checks listed above.

I have signed this Disclosure Statement on the date shown below at City: \_\_\_\_\_ State: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

SSN: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_

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

Other Names Used (maiden): \_\_\_\_\_

Ethnicity:  Hispanic or Latino or  Not Hispanic or Latino

Race:  Asian  Black or African American  White

Two of more races (Not Hispanic or Latino)

American Indian or Alaska Native

# Service Culture Guidelines

As a member of UW Medicine, I recognize that UW Medicine has a single **mission: to improve the health of the public.** We do this by being engaged stewards of our organizational resources and placing the needs of patients and families first. In support of our mission, I am committed to ensuring that each patient, family member, visitor, and colleague within UW Medicine is treated respectfully and professionally.

## To show my commitment to our patients, family members, visitors, and colleagues, I will:

Make the people we serve my HIGHEST PRIORITY by placing their needs first. We believe that we deliver the best care when all members of the team are treated with respect.

### I will treat people with **Respect & Compassion**

- Acknowledge patients, family members, visitors, and colleagues with a sincere and warm greeting.
- Introduce myself by name.
- Explain my role and speak in ways that are easily understood.
- Listen carefully to patients, family members, visitors, and colleagues.
- Close every encounter with an acknowledgement that is respectful, such as “Thank you” or “What questions do you have?”
- Discuss a patient’s care in an appropriate, confidential setting.
- Ask permission before entering a patient’s room by knocking. Use doors, curtains, and blankets to create a more private environment when necessary.
- Access only appropriate, confidential patient information relevant to my job.
- Address inappropriate behaviors in a confidential and constructive manner.

### I will embrace **Diversity, Equity, & Inclusion**

- Ask each person how they would like to be addressed.
- Recognize that body language and tone of voice are integral to effective communication.
- Adapt my communication style to the person and situation.
- Respect and acknowledge differing values, opinions, and viewpoints.

### I will encourage **Collaboration & Teamwork**

- Treat others with courtesy, honesty, and respect even in challenging situations.
- Be sensitive and empathetic to the needs of others.
- Assume positive intent.
- Recognize that I am responsible for the public’s perception of UW Medicine, and that I am an ambassador for UW Medicine.
- Promote interdisciplinary and interdepartmental cooperation.

### I will promote **Innovation**

- Follow evidence based and best practices.
- Offer creative solutions to identified problems.
- Remain open to new ideas and possibilities.
- Continue to learn by seeking new knowledge to enhance my skills.

### I am accountable for **Excellence**

- Offer assistance to people who appear lost by escorting them to their destination, or by taking them to someone who can help them.
- Help those in need until their issues are resolved, or a colleague has assumed responsibility.
- Take personal responsibility for keeping our environment clean and safe by cleaning up litter and spills, or promptly contacting the appropriate resource.
- Recognize and encourage positive behavior.
- Promote the mission, vision, and values of UW Medicine.

Name (please print): \_\_\_\_\_

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

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

# UW Medicine Compliance Code of Conduct

## Preamble

UW Medicine<sup>1</sup> is committed to the highest standards of excellence and integrity in advancement of its mission to improve the health of the public. Each individual and every entity within UW Medicine strives to embody excellence and integrity, and seeks to contribute to a culture of quality, compliance, safety and ethical business practices. Members of UW Medicine are committed to treating everyone with respect, courtesy, dignity and professionalism without discrimination and without regard to race, color, creed, age, sex, gender identity or expression, genetic information, national origin, cultural affiliation, citizenship, pregnancy, marital status, sexual orientation, disability, veteran status or religion.

The UW Medicine Compliance Program encompasses a set of policies and guidance that define the scope of the program and establish related requirements and expectations for UW Medicine workforce members. These materials are posted online at <http://depts.washington.edu/comply/policies>. This Compliance Code of Conduct (Code) is intended to ensure consistent standards of conduct throughout UW Medicine. While the Code does not address every issue that may arise, it outlines the basic principles of the Compliance Program and provides contact information for making inquiries or reporting concerns.

Each UW Medicine workforce member is responsible for reviewing, understanding, and personally upholding this Code. Actions or behaviors that do not align with the principles outlined in this Code may subject an individual to appropriate disciplinary or corrective action in accordance with the policies applicable to the workforce member's specific position and work site.

The Code is built on the shared values and principles embodied in the UW Medicine Policy on Professional Conduct (Professionalism Policy) <https://www.uwmedicine.org/about/policy-on-professional-conduct>, which outlines behavioral expectations that extend beyond the scope of the Compliance Program. The Code closely relates to, but is not intended to replace, the Professionalism Policy.

---

<sup>1</sup> UW Medicine is the academic medical center of the University of Washington. UW Medicine is comprised of the following:

- Airlift Northwest
- Harborview Medical Center
- UW Medical Center
- UW Neighborhood Clinics
- UW Physicians
- UW School of Medicine
- Valley Medical Center
- UW Medicine Shared Services

## The Compliance Code of Conduct

### 1. **Abide by all Laws, Regulations, Policies, Procedures and Standards**

UW Medicine is committed to following applicable state and federal laws and regulations and maintaining the highest ethical standards for the conduct of its academic, clinical, research and business affairs. UW Medicine workforce members exhibit conduct that is legal, ethical and in compliance with applicable institutional policies that are designed to implement federal and state laws and regulations. UW Medicine strives to produce clear guidance, but individuals are responsible for understanding and adhering to rules that apply to their specific roles. Workforce members should seek clarification from their supervisors and/or UW Medicine Compliance when they have questions about their obligations.

### 2. **Prevent Fraud and Abuse**

UW Medicine complies with coding and billing requirements and does not engage in practices that may violate federal and state laws and rules, including, but not limited to, the federal and state False Claims Acts and Medicare/Medicaid rules. UW Medicine is committed to charging, billing and submitting claims for reimbursement only for services actually rendered, documented timely and completely in the medical record, and coded in the manner required by applicable laws and regulations.

The False Claims Act governs documentation, coding, billing and accounting for patient care services. Individuals involved in these activities are expected to provide true, complete and accurate information to support every claim for reimbursement and to report suspected noncompliance.

### 3. **Provide the Highest Quality of Care**

UW Medicine is committed to providing the highest quality, safest, medically necessary, and most effective, efficient care to patients. Patients and their families are treated with utmost compassion and respect. Care is provided in accordance with the Emergency Medical Treatment and Labor Act (EMTALA), and the related policies and clinical standards established for each healthcare entity within UW Medicine.

### 4. **Promote Ethical Academic, Clinical, Research and Business Conduct**

UW Medicine maintains the highest ethical standards for the conduct of its academic, clinical, research and business affairs. All individuals in the enterprise shall:

- a. Exercise personal accountability and integrity in their work and in their relationships with students, patients, research participants, vendors, and the public.
- b. Conduct ethical and responsible research with regard for the well-being and rights of study participants.
- c. Make decisions based on the best interests of patients.

### 5. **Protect Patient Privacy**

UW Medicine has specific responsibilities to protect patient confidentiality and ensure the privacy and security of protected health information (PHI). In accordance with UW Medicine Compliance Patient Information Privacy policies, UW Medicine workforce members share the following accountabilities:

- a. Access, use and disclose only the minimum PHI necessary to perform authorized job duties.
- b. Understand and comply with institutional policies governing PHI, including those that provide patients with specific rights.
- c. Report concerns to UW Medicine Compliance about the access, use or disclosure of PHI.

#### **Practice Data Stewardship**

UW Medicine is committed to protecting the confidentiality of sensitive information, including patient, restricted, proprietary, research and student information. Workforce members who are given access to sensitive information are responsible for practicing data stewardship. This includes taking the measures necessary to ensure the physical and electronic security of information used or acquired in the performance of assigned duties, regardless of its form, location or method of transmission; understanding the policies that apply to specific types of information; and seeking clarification when questions about requirements arise. In addition, we are committed to honesty and transparency in disclosing our use of patient data and relevant third-party business and research relationships.

#### **Appropriate Use of UW Medicine Resources and Assets**

UW Medicine assets, including finances, equipment, human resources, facilities, and technologies are entrusted to individuals during the course of their work and must be used responsibly and appropriately. UW Medicine is a complex organization – some individuals are governed by Washington State ethics law, and others are governed by entity-specific policies regarding the use of resources and assets. All individuals should understand the restrictions and responsibilities relevant to their specific role and site of service, and seek clarification if they have questions.

#### **Avoid Potential and Actual Conflicts of Interest**

Individuals in UW Medicine may be exposed to situations that present potential or actual conflicts of interest. A conflict of interest may occur if outside activities or personal interests influence or appear to influence the ability to make objective decisions in the course of a UW Medicine workforce member's job responsibilities. A conflict of interest may also exist if the demands of any outside activities hinder or distract from the performance of a workforce member's job or cause the individual to use UW Medicine resources for other than UW Medicine purposes. While the specific requirements for disclosing and managing conflicts of interest are provided in policies, guidance documents, and established procedures for each constituent group, individuals should adhere to the following basic principles:

- a. Avoid situations that may constitute a conflict of interest, including but not limited to:
  - conducting UW Medicine business with entities in which an individual or their family member has a direct or indirect interest;
  - soliciting or accepting gifts from patients or vendors;
  - paying or accepting payments that may be viewed as a bribe, kickback or inducement.
- b. Acquire the appropriate approvals for any outside work performed.

#### **Maintain Accurate and Timely Records**

UW Medicine is committed to the maintenance of accurate and timely records, recognizing the importance of documentation in the provision of healthcare, the performance of academic and research activities, and the administration of financial and business affairs. Medical staff by laws, organizational

policies and other institutional procedures establish documentation requirements for patient health records, including timely documentation standards as well as procedures for amending records. The chief financial officer establishes UW Medicine requirements for financial transactions. Finally, the University of Washington (UW) and UW Medicine Records Retention Policies or other applicable entity-specific policies establish records management, retention and destruction requirements.

**10. Cooperate with Government Investigations**

UW Medicine appropriately responds to government investigations as required by law. UW Medicine workforce members follow applicable entity procedures including those related to responding to a subpoena, search warrant or other similar document related to an investigation of UW Medicine business, research or clinical practices, or discussing the matter with an investigator.

## Policies and Guidance

All UW Medicine Compliance Program policies, guidance and related materials can be found at the UW Medicine Compliance web site: <http://depts.washington.edu/comply/>. The site is searchable and includes links to other resources, content-specific policies, entity-based policies, and additional standards of conduct that apply to certain constituents.

CUMG Compliance Program policies, guidance and related materials can be found on CHILD, the Seattle Children's Intranet site (SCH login required).

## Contact Information for Inquiries and Concerns

Anyone who becomes aware of an actual or potential violation of the law or of UW Medicine compliance policies has a duty to report it. UW Medicine prohibits retaliation against workforce members or other individuals for filing a complaint, expressing a concern or asking for advice. Seek assistance and report any concerns to:

### **UW Medicine Compliance**

*Compliance Anonymous Hotline:* 206.616.5248 (local) or 866.964.7744 (toll free)

*Main telephone line:* 206.543.3098 (local) or 855.211.6193 (toll free)

*Fax:* 206.221.5172

*Email:* [comply@uw.edu](mailto:comply@uw.edu)

*Address:* 850 Republican Street, Building C, Box 358049, Seattle, WA 98195-8049

*Website:* <http://depts.washington.edu/comply/>



### Attestation

By my signature below, I attest that I have read the UW Medicine Compliance Code of Conduct and understand that I am personally responsible for upholding it.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Department/Service area \_\_\_\_\_

After signing this form, please give it to your supervisor. Signed forms are kept in your personnel file.

# UW Medicine

## Workforce Members Privacy, Confidentiality, and Information Security Agreement For Patient, Confidential, Restricted and Proprietary Information

All UW Medicine workforce members (including faculty, employees, trainees, volunteers, and other persons who perform work for UW Medicine) are personally responsible for ensuring the privacy and security of all patient, confidential, restricted, research data, student information or proprietary information to which they are given access (referred to throughout this document as protected information).

### I understand and acknowledge the following:

#### Policies and Regulations:

- I will comply with UW and UW Medicine policies governing protected information.
  - Website: [http://depts.washington.edu/comply/patient\\_privacy/](http://depts.washington.edu/comply/patient_privacy/)
- I will report all concerns about inappropriate access, use or disclosure of protected information, and suspected policy violations to UW Medicine Compliance (206-543-3098 or [comply@uw.edu](mailto:comply@uw.edu)).
- I will report all suspected security events and security policy violations to the UW Medicine ITS Security team ([mcsos@uw.edu](mailto:mcsos@uw.edu)) and my entity-specific IT support desk.

#### Confidentiality of Information:

- I will access, use, and disclose protected information only as allowed by my job duties and limit it to the minimum amount necessary to perform my authorized duties. I understand that my access will be monitored to assure appropriate use.
- I will maintain the confidentiality of all protected information to which I have access.
- I will only discuss protected information in the workplace for job-related reasons, and will not hold discussions where they can be overheard by people who have neither a need-to-know nor the authority to receive the information.
- I will keep patient information out of view of patients, visitors, and individuals who are not involved in the patient's care.
- I will use UW Medicine resources, including computers, email, photographic, video, audio or other recording equipment only for job-related duties or under conditions expressly permitted by applicable institutional policy or law.
- I will keep protected information taken off site fully secured and in my physical possession during transit, never leaving it unattended or in any mode of transport (even if the mode of transport is locked). I will only take protected information off site if accessing it remotely is not a viable option.

#### Computer, Systems, and Applications Access Privileges:

- I will only access the records of patients for job-related duties.
- I will only access my own PHI through my entity approved process or for job related duties.
  - Except for VMC, workforce members who have access to UW Medicine clinical information systems may access their personal PHI. VMC workforce members may only access their personal PHI using [MyChart](#) or the VMC Health Information Management (HIM) Release of Information process.
  - Accessing the records of family members is not allowed for non-job related duties without an authorization from the patient for electronic access by their workforce family member. The authorization must be submitted and processed through the applicable HIM department. VMC workforce members may NOT access family members' electronic medical records; they must use the VMC HIM process.
- I will protect access to patient and other job-related accounts, privileges, and associated passwords:
  - I will commit my password to memory or store it in a secure place;
  - I will not share my password;

# UW Medicine

- I will not log on for others or allow others to log on for me;
- I will not use my password to provide access or look up information for others without proper authority.
- I am accountable for all accesses made under my login and password, and any activities associated with the use of my access privileges.
- I will only use my own credentials in accessing patient accounts and/or systems as provided to me for my job duties.
- I will not forward my email account or individual work-related emails containing protected information to unapproved email domains. The UW Medicine Approved Email Domain list: [https://depts.washington.edu/uwmedsec/restricted/guidance/encryption/email-encryption/approved\\_email\\_domains/](https://depts.washington.edu/uwmedsec/restricted/guidance/encryption/email-encryption/approved_email_domains/). Valley Medical Center workforce will follow entity-specific protocols and policies found on My Valley.

## Computer Security:

- I will store all protected information on secured systems, encrypted mobile devices, or other secure media.
- I will not change my UW computer configuration unless specifically approved to do so.
- I will not disable or alter the anti-virus and/or firewall software on my UW computer.
- I will log out or lock computer sessions prior to leaving a computer.
- I will use only licensed and authorized software;
  - I will not download, install or run unlicensed or unauthorized software.
- I will use administrative permissions only when I am approved to do so and when required by job function;
  - If I perform system administrator function(s) I must use designated administrative accounts only for system administrative activities and use non-administrative user accounts for all other purposes.
- If I use a personally-owned computing device for UW Medicine business operations, I will not connect it to a UW Medicine network unless it meets the same security requirements as a UW Medicine-owned device.

My responsibilities involving protected information continue even after my separation from UW Medicine and I understand that it is unlawful for former workforce members to use or disclose protected information for any unauthorized purpose.

**Failure to comply with this agreement may result in disciplinary action up to and including termination of my status as a workforce member. Additionally, there may be criminal or civil penalties for inappropriate uses or disclosures of certain protected information. By signing this Agreement, I understand and agree to abide by the conditions imposed above.**

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

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Copy provided on \_\_\_\_\_ by \_\_\_\_\_  
Date Name supervisor, manager or designee Signature

- Provide copy of this Agreement to the workforce member.  File original Agreement in departmental personnel or academic file.

(All signed Agreements must be maintained for 6 years)

## Policies and Standards References:

1. UW Administrative Policy Statements (APS): <http://www.washington.edu/admin/rules/policies/APS/TOC00.html>
  - APS 2.4 Information Security and Privacy Roles, Responsibilities, and Definitions
  - APS 2.5 Information Security and Privacy Incident Reporting and Management Policy
  - APS 2.2 University Privacy Policy
2. UW Medicine Compliance, HIPAA/Patient Privacy Policies: [http://depts.washington.edu/comply/patient\\_privacy/](http://depts.washington.edu/comply/patient_privacy/)

# Protecting Patient Information Self-Study

In this training, you will learn to identify when you can access and share patient information, understand how you can protect patient information at UW Medicine and recognize individual rights protected under HIPAA and know what to do when a patient raises them.

## Patient Privacy

Every UW Medicine workforce member is personally and professionally responsible for the privacy, security and integrity of Protected Health Information (PHI) in any format (electronic, paper or verbal) entrusted to you. Your personal, professional and ethical responsibility is to **protect all information used in the course of your work for UW Medicine.**

### What is PHI?

PHI includes any information (verbal, paper or electronic) maintained or transmitted by UW Medicine that relates to the past, present or future physical or mental health or condition of an individual; the provision of healthcare to an individual ; or payment related to the provision of healthcare.

### Accessing and Sharing PHI

PHI may only be accessed or shared when it relates to your assigned job responsibilities, such as providing treatment to patients, how we bill and receive payment for patient care, or the operations of the health system. Access must be permitted by state or federal law and based upon a patient's signed authorization.

### Breaches

A breach is the acquisition, access, use or disclosure of PHI or PII for non-authorized reasons. Consequences of a breach are significant and damaging not only to UW Medicine but to patients, employees and contractors:

#### Patient

- Loss of Privacy
- Negatively Impact Relationships

#### Contractor

- Termination of Contract

#### UW Medicine Health System

- Trust
- Reputation
- Fines
- Sanctions

### Breach Examples

- Lost or stolen device containing unencrypted PHI
- Accessing the PHI of others "out of curiosity"
- PHI sent to the wrong location via email, fax, or mail
- Paper PHI not disposed of properly or handed to the wrong person
- PHI compromised by phishing or malware

**It is your responsibility to protect patient privacy:** In order to protect PHI in all forms (verbal, paper, electronic), think about:

- **Where you are** -do not leave PHI unattended
- **Who might overhear**- be aware of your surroundings, volume and tone

- **Who might see-** do not leave PHI on copy machines, fax machines or printers, ensure PHI is disposed of properly in shred bins
- **Your patients' privacy-** physically secure all PHI paper in lockable cabinets, lock your workstation or log out of your computer session when not in use

### Information Security and Data Stewardship

Take the proper steps to secure and protect all confidential UW Medicine information:

- Encrypt and password protect data on all mobile devices used for work purposes
- Do not use email to send confidential information unless it is encrypted or sent through an approved email domain
- Do not open an email or attachment from an unknown source
- Obtain approval to take PHI offsite
- Use antivirus software
- Always store information in secure places and secure portable devices such as laptops
- Use VPN when working remotely
- Use secure logins (Change your password at least every 120 days and choose passwords that are easy to remember, but hard to guess.)
- **Report all possible breaches to the IT Help Desk ([mcsos@uw.edu](mailto:mcsos@uw.edu)) or your Supervisor**

### Electronic PHI Disposal

- Remove data prior to disposal, recycling or reassignment of electronic devices
- Empty your electronic trash bin regularly
- Contact your entity IT Department for help

### Social Media

Social media includes websites and applications that enable users to create and share content or participate in net working. Examples: Blogs, Bulletin boards, Social networking sites, News media sites, Photo and video sharing sites .

The use of social media is prohibited when use would compromise patient confidentiality, and in unit work areas, unless social media use in these areas has been previously approved by a supervisor.

### Patient Rights Under HIPAA

Patients have the right to access, inspect, copy and request amendments to their PHI. Patients also have the right to request alternative forms of communication and restrict uses and disclosures of their PHI. If you receive these requests, direct the patient to contact your entity Release of Information department for assistance.

Patients may request an accounting of disclosures (a report of instances when a patient's PHI was disclosed outside of Treatment Payment or Operations (TPO), authorized releases, limited data set uses. Contact UW Medicine Compliance with an accounting of disclosures request.

### Compliance Services

UW Medicine Compliance is here to help when you have questions or concerns. You may contact us via phone, 206.543.3098 , email ([comply@uw.edu](mailto:comply@uw.edu)) or through our anonymous hotline - 206.616.5248 (local) or 866.964.7744 (toll free).

## RESOURCES:

### Incident Reporting Resources

- If your computer or mobile device is infected, or you think it may be infected, contact IT Security immediately
- Report information security incidents when they occur. Contact IT Services Help Desk at [mcsos@u.washington.edu](mailto:mcsos@u.washington.edu). If it is urgent, call 206-543-7012
- Report the loss or theft of PHI to UW Medicine Compliance at 206-543-3098 or [comply@uw.edu](mailto:comply@uw.edu) immediately

### IT Security Resources

- UW Medicine Information Security Program: <https://depts.washington.edu/uwmedsec/>
- Northwest Hospital ITS: <http://nwh/sites/operations/ims/SitePages/Home.aspx>
- Valley Medical Center ITS:  
<https://valleymed.sharepoint.com/sites/policycentral/PolicyCentral/Forms/IT.aspx>

### UW Medicine Compliance Website

- <http://depts.washington.edu/comply/>

### UW Medicine Compliance Code of Conduct

- <http://depts.washington.edu/comply/resources/>

### UW Medicine Compliance FAQs

- <http://depts.washington.edu/comply/resources/frequently-asked-questions-faqs/>

### UW Medicine Compliance Department

206.543.3098

Email: [comply@uw.edu](mailto:comply@uw.edu)

### UW Medicine Compliance Hotline (Anonymous)

206.616.5248 (local) or 866.964.7744 (toll free)

**ATTESTATION:**

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

I, \_\_\_\_\_ certify that I have read and understand the Protecting Patient Information Self-study.

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

Print Name \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Department: \_\_\_\_\_

After signing this form, please give it to your supervisor. Signed forms are kept in your personnel file.