

## ***Declaration of Patient Information Confidentiality***

University of Iowa Hospitals and Clinics (UIHC) is legally required by the Health Insurance Portability and Accountability Act (HIPAA) to protect the privacy of the health care information of all patients treated at our institution.

Your visit to UIHC may include contact with patients, viewing of computer-stored patient information, viewing information from patient medical records, and/or incidentally overhearing confidential conversations. Under no circumstances may this information be discussed with anyone.

State and federal law protects the confidentiality of patient information that you might obtain during the course of your visit to UIHC. **State and federal law prohibits you from making any disclosure of this information.**

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I declare that I have read and understand the above aspects of patient confidentiality. Furthermore, I understand that violation of the confidentiality of patient information is reason for revocation of UIHC educational privileges, and is subject to civil and criminal penalties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

This document will remain on file in the host Department for six years. Visitors are required to sign this statement for each site visit.

## COMMUNICABLE DISEASE SCREENING FORM

Prior to each visit, individuals under 14 years of age, and adults on designated areas must be screened for the following. Any visitor with a positive history or examination may be denied visiting privileges.

This form must be kept on file in the area visited for 2 weeks.

Name of Patient (or area) being visited: \_\_\_\_\_

Visitor's Name: \_\_\_\_\_

Name of Person filling out this form: \_\_\_\_\_

1. Does the visitor have any of the following? Please circle the appropriate answer.

- Sore Throat Yes or No
- Rash/vesicles Yes or No
- Fever Yes or No
- Drainage from Eyes Yes or No
- Nausea, vomiting, or diarrhea Yes or No

**If the answer to any of the above questions is yes, person may not visit patient.**

2. Does the visitor have any of the following? Please circle the appropriate answer.

- Cough and Runny Nose Yes or No
- Cold Sore Yes or No

**If the answer to either of the above questions is yes,**

- **Person may not visit if patient is a neonate or is immunocompromised (Exception: Parents or legal guardians are welcome at all times, but they must wear a mask and wash hands).**
- **Person may visit other patients if they wear a mask and wash hands.**

3. Has the visitor been diagnosed with:

- Pertussis within the last two weeks? Yes or No
- Strep Throat within the last 48 hours? Yes or No

**If yes, person may not visit patients during the following time frames:**

- Pertussis: until person has completed at least 5 days of antibiotic therapy (Erythromycin) or until three weeks after pertussis is diagnosed
- Strep Throat: until 24 hours after antibiotic therapy started

4. Has the visitor been exposed to any of the following within the past 4 weeks? Please circle the appropriate answer.

- |                          |           |
|--------------------------|-----------|
| Chickenpox               | Yes or No |
| Measles                  | Yes or No |
| Mumps                    | Yes or No |
| Rubella (German Measles) | Yes or No |

**If answer to above questions is No, skip to Question #5.**

**If yes to any of the above questions, has the visitor had that disease or been immunized for that disease?**

- |                          |           |                          |
|--------------------------|-----------|--------------------------|
| Chickenpox               | Yes or No | (Varivax vaccine)        |
| Measles                  | Yes or No | (Measles or MMR vaccine) |
| Mumps                    | Yes or No | (Mumps or MMR vaccine)   |
| Rubella (German Measles) | Yes or No | (Rubella or MMR vaccine) |

**If answer to above questions is yes, may visit.**

**If no, person may not visit patients during the following time frames:**

- Chickenpox days 8 through 21 after the last exposure
- Measles days 5 through 21 after the last exposure
- Mumps days 7 through 21 after the last exposure
- Rubella (German Measles) days 11 through 26 after the last exposure

5. Has the visitor received oral polio immunizations within the past 4 weeks? Yes or No

**If yes, person may visit patients but should not use patient's bathroom. Visitor should wash hands after using a bathroom or adult visitor should wash hands after changing diapers of child who received polio immunization.**

**Date**                      **Signature of Person Screening Visitor**

\_\_\_\_\_

**Date**                      **Signature of Visitor**

\_\_\_\_\_