

### **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 protect 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.**

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 seven years. Visitors are required to sign this statement for each site visit.



4. Has the visitor been exposed to any of the following within the past 4 weeks?

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

**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**

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