



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 _____
(Typing your name in the box will act as your digital signature certifying that you have read, understand, and agree to the above statements.)

This document will remain on file in the host department for seven 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?

- Sore throat Yes No
- Rash/vesicles Yes No
- Fever Yes No
- Drainage from eyes Yes No
- Nausea, vomiting, or diarrhea Yes 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?

- Cough and runny nose Yes No
- Cold sore Yes 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 No
- Strep Throat within the last 48 hours? Yes No

If the answer to either of the above questions is "Yes", the 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**

