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University of Iowa Health Care

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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 s	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.

Th	is form must be kept on file in the area visited for	2 weeks.			
Na	me of Patient (or area) being visited:				
Vi	sitor's Name:				
Na	ame of Person filling out this form:				
	Does the visitor have any of the following?				
1.	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 you	es, person n	nay not visit patient.		
2.	Does the visitor have any of the following?				
	• Cough <u>and</u> 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 n wear a mask and wash hands). 					
	• Person may visit other patients if they	wear a ma	sk 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 auestions is	"Yes" the	nerson may not visit natients		

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

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 Q	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	Yes	No	(Measles or MMR vaccine)		
	Mumps	Yes	No	(Mumps or MMR vaccine)		
	Rubella (German measles)	Yes	No	(Rubella or MMR vaccine)		
5.	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 Has the visitor received oral polio immunizations within the past 4 weeks?YesNo 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 Scr Lawie Callu Date Signature Visitor (Typin		Son Screening Lalkins r (Typing your	y Visitor	the box below certifies that your t to the best of your knowledge.)		

Revised: 12/94; 10/95; 12/99; 9/02; 02/11