

**UC Riverside, School of Medicine Policies and Procedures****Policy Title: Observers in non-Clinical Areas****Policy Number: 950-02-003**

<b>Responsible Officer:</b>	Chief Compliance and Privacy Officer
<b>Responsible Office:</b>	Compliance Advisory Services
<b>Origination Date:</b>	March 7, 2016
<b>Date of Revision:</b>	3/01/2023
<b>Scope:</b>	All non-Clinical SOM Locations

**I. Policy Summary**

This policy applies to observers, such as a student, who has requested to “shadow” a UCR SOM professional for educational purposes or to determine a career choice. The policy is intended to safeguard and protect the confidentiality and privacy of UCR SOM business practices.

**II. Policy Text****A. Student observation of processes and procedures falls under the UC Riverside School of Medicine mission of education.**

1. Students may be permitted to shadow a non-clinical staff member provided that: A) The student is a UCR Student in a related educational program. B) Non-UCR students must be enrolled in a pre-med or science program or other health services related area of study.
  - a. All observers with access to areas where UCR SOM information is maintained will be required to complete the following:
    - Sign a Confidentiality Agreement
    - Complete the online UCR SOM Privacy and Information Security training or complete a hard copy version of the training
2. Observers must be accompanied by a supervising UCR Health staff member at all times except when in public areas such as a staff lounge . The sponsoring department must complete the Notification and Approval of a UCR SOM Observer (**Attachment C**).
  - a) No observers will be permitted who are Foreign Nationals from the Specially Designated Nationals List maintained by the US Department of Treasury Office of Foreign Asset Center.
  - b) If a student does not comply with the policy, the SOM Chief Compliance and Privacy Officer will be notified and the observer will not be permitted to be present until compliance is met.

**III. Responsibilities**

All SOM faculty and staff

**IV. Procedures**

- A.** A non-health professional or student: A) Must be over the age of 16 years old. B) Interested in pursuing a medical or healthcare related career.
- B.** The department hosting or sponsoring the observer must obtain approval from the Chief Compliance and Privacy Officer/designee and the Department head responsible for the area where the observer will be present at least five days prior to the observer’s start date in order

to ensure adequate notification and preparation.

C. The observer must register with the site upon arrival.

**V. Forms/Attachments**

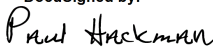
Attachment A – Confidentiality Statement for Non-Workforce Members

Attachment B – Statement of Casual Observer

Attachment C – Notification and Approval of an Observer in Non-Clinical Area


Approvals:

COMPLIANCE COMMITTEE (03/14/2023)

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 PAUL HACKMAN, J.D., L.L.M.  
 CHIEF COMPLIANCE AND PRIVACY OFFICER,  
 SCHOOL OF MEDICINE

3/27/2023 | 5:53 PM PDT

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 DEBORAH DEAS, M.D., M.P.H  
 VICE CHANCELLOR, HEALTH SCIENCES  
 DEAN, SCHOOL OF MEDICINE

3/27/2023 | 6:35 PM PDT

DATE

Attachment A

**CONFIDENTIALITY STATEMENT**  
**For Non-Workforce Members**

The federal Health Insurance Portability and Accountability Act ("HIPAA") and its regulations, the California Confidentiality of Medical Information Act and other federal and state laws and regulations were established to protect the confidentiality of medical and personal information, and provide, generally, that patient information may not be disclosed except as permitted or required by law or unless authorized by the patient. In certain circumstances, HIPAA allows the disclosure of limited patient information in order to carry out treatment, education, research, public health, or health care operations activities without obtaining the patient or subject's authorization.

1. It is understood and agreed that except as required by law, I will use and hold all Information in strict trust and confidence, and will use such information only for the purposes contemplated herein, and not for any other purpose.
2. I acknowledge that it is my responsibility to respect the privacy and confidentiality of Information received from UC Riverside I will not access, use or disclose patient or other confidential information unless I am authorized or permitted to do so by law or as authorized by the patient. I further understand that I am required to immediately report any information about unauthorized access use or disclosure of confidential patient information to UC Riverside.
3. I agree to not disclose the Information to any other individuals.
4. Neither the release of any information hereunder or the act of disclosure shall constitute a grant of any license under a trademark, patent, or copyright or application of the same.
5. I understand and acknowledge that, should I breach any provision of this Confidentiality Statement, I may be subject to civil or criminal liability.
6. I understand that any proprietary or business information that I gain knowledge of during my observation is confidential and is the property of UCR SOM and will not be disclosed or discussed beyond the scope of the observation period.

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 (Signature)

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 (Date)

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 (Print Name)

Attachment B

**STATEMENT OF CASUAL OBSERVER**

I, \_\_\_\_\_, acknowledge that as a Casual Observer  
(*Print Observer's name*)

I understand that I must be accompanied by a Staff member at all times when in a UCR SOM location.

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

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

Attachment C

**Notification and Approval of an Observer in Non-Clinical Area**

**Name of Observer:** \_\_\_\_\_

**Name of Sponsoring Faculty Member/Staff Member:** \_\_\_\_\_

**Staff who will be supervising the observer (list all):**

**Sponsoring Department:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Area where Observer will be Present:** \_\_\_\_\_

**Proposed Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Observer is:**

- UCR student in a related educational program
- Non-UCR student in a pre-med, healthcare or science program

Other (explain): \_\_\_\_\_

**Purpose:**

\_\_\_\_\_  
*The undersigned accepts responsibility for the observer and confirms that the observer has submitted the required documentation.*

Sponsoring Party's Signature: \_\_\_\_\_

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

**Compliance and Privacy Officer Approval**

To be signed by the Chief Compliance and Privacy Officer/designee, and confirms acceptance of the observer and verifies that the presence of the observer will not be disruptive to UCR SOM business activities.

Chief Compliance and Privacy Officer/designee:  
\_\_\_\_\_

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