IMPORTANT NOTE: The checklist below and the application portion of this document are electronically fillable forms. Once the application portion is completed, please print this form to obtain signatures.

University of Chicago Medical Center
Graduate Medical Education

Application for Requesting a Rotation at UCMC
(Non-UCMC Residents or Fellows)

Checklist

□ ***Application for Rotation at UCMC*** form completed and signed by applicant, applicant's program director, UCMC supervising faculty member and UCMC Program Director

□ ***Copy of current State of Illinois medical license***

□ ***If applicant does NOT hold an Illinois license, allow 10-12 weeks additional processing for licensing. Once the rotation has been approved and paperwork submitted to the GME Office, GME will contact the applicant to apply for either a) a temporary limited license ($100.00), or b) permanent Illinois license ($700.00).***

□ ***Letter from the applicant's official program director confirming the following:***

- □ the resident/fellow's good standing
- □ malpractice coverage ($1,000,000/$3,000,000), salary, and health and life insurance coverage will continue for the length of the rotation at UCMC
- □ the applicant has been trained in HIPAA compliance

□ ***Health Screening Requirements*** *(See following page)* *****NOTE****: Department will be billed for any missing testing or immunizations required for clearance not provided by the applicant.*

□ ***Copy of ECFMG Certificate*** for International Medical School graduates

□ ***Proof of Valid Visa status for non-United States citizens.***

□ ***Recent photograph of the applicant***

□ ***Review the attached HIPAA Summary and submit the signed HIPAA Attestation form to GME with this application***

Applicants are to return completed application form and checklist
to the UCMC Program Coordinator at least 30 days in advance of rotation

The Department is responsible for notifying the applicant of approval and providing further instructions prior to the start date. Upon arrival at UCMC the resident/fellow must report immediately to the program director's office. The program will have received necessary documentation from the GME Office prior to the visiting rotation start date. It is the responsibility of the program to make the rotater an appointment at Occupational Medicine for health screening.

AT THE FOREFRONT
UChicago
Medicine

Rotating House Staff
Immunization Requirements

Pre-employment screening requirements are listed below. Documentation from your health care provider/school health/health care institution is required for all rotating house staff.

Rubeola (measles)
Proof of immunity (serologic titers) OR documentation of physician-diagnosed measles OR documentation of 2 doses of live measles (or MMR) vaccine on or after your first birthday

Mumps
Proof of immunity (serologic titers) OR documentation of physician-diagnosed mumps OR documentation of 2 doses of live mumps vaccine (or MMR) on or after your first birthday

Rubella (German measles)
Proof of immunity OR documentation of one rubella vaccination (or MMR). Documentation of disease is NOT acceptable

Varicella (chicken pox)
Proof of immunity (serologic titers) OR documentation of physician-diagnosed chicken pox OR documentation of 2 doses varicella vaccine.

Tuberculosis Screening

NEGATIVE HISTORY: Documentation of 2 TB skin tests is required **IF** the resident is rotating at UCMC for > 3 months. One must be within the past 12 months and one must be within 3 months of start date. If the resident rotation is ≤ 3 months, one TB skin test within 12 months of the start date is required.

QuantiFERON®-TB Gold test (QFT-G) is acceptable in lieu of TB skin testing.

POSITIVE HISTORY: Documentation of + TB skin test and Chest X-ray. Please note: those with a history of BCG vaccination without + TB skin test documentation are not exempt from TB testing.

Hepatitis B vaccination
Hepatitis B vaccination is strongly recommended for HCWs. Documentation of vaccination is required. If proof of vaccination is not available, then Hepatitis B antibody titer is recommended.

Fit testing for the N95 particulate respirator
Clinical personnel who enter airborne isolation rooms will need to be screened and fit tested for the particulate respirator.

Urine Drug Screen (Forensic) 9 or 10-panel
Must be performed at a NIDA (SAMHSA) certified lab

TDAP Vaccination within the past 10 years is mandatory

COVID-19 Vaccination is mandatory

Annual Influenza Vaccination is mandatory

No Artificial Nails (including tips, acrylic and gel overlays)

Occupational Medicine - Room D-136
5841 S. Maryland Avenue ● Chicago Illinois 60637
Phone: 773-702-6757 ● Fax: 773-834-9106
UCOM@uchospitals.edu

APPLICATION FOR ELECTIVE ROTATION AT UCMC

Please type or print all information

Application and all supporting documentation are to be submitted to UCMC at least 30 days in advance of rotation Start Date

Name: Social Security #:

Home Address:

Work Address:

Home Phone: Work Phone:

Date of Birth: Current Position:

Email address: NPI Number:

EDUCATION:

	School	City, State	Degree	Grad Date (MM/DD/YY)
Undergraduate:				
Medical:				

POSTGRADUATE TRAINING:

	Institution	City, State	Program	Dates (MM/YY – MM/YY)
Internship:				
Residency:				
Fellowship:				

LICENSURE:

License Number	State	Expiration Date

Rotation INFORMATION:

Rotation Requested:

Preferred times for Rotation:

1) 2)

3) 4)

Description of Rotation Requested:

By signing this form below, I acknowledge that no health insurance or other benefits coverage will be extended to me by UCMC during the rotation. I also agree to abide by the applicable Policies, Rules and Regulations of the Graduate Medical Education Office and other UCMC policies.

Applicant Signature		Date

Approved by:

Applicant's Program Director		Date

UCMC Supervising Faculty Member		Date

UCMC Program Director		Date

Graduate Medical Education		Date

HseStaff>Rotation>Elective@UCH
Rev Oct 2021

NOTE TO PROGRAM COORDINATOR:

DO NOT SEND THIS FORM WITH THE APPLICATION TO APPLICANT. Retain this Form Until the Elective has been Completed . (See Instructions below)

THE UNIVERSITY OF
CHICAGO
MEDICAL CENTER

VERIFICATION OF COMPLETION OF ELECTIVE ROTATION AT UCMC

This is to verify

Dr: ______________________________________ S S#:_____________________

Completed an elective _______________________________________
(Name of Elective)

From: ______________________To:________________________________
(MM/DD/YY) (MM/DD/YY)

____ ________________
UCMC Program Director (Signature) Date

Please FAX the completed form to Finance at 2-4162, AFTER THE ROTATION IS COMPLETE.

Please review the following and complete the attestation on the final page.

AT THE FOREFRONT
UChicago
Medicine

UChicago Medicine & Biological Sciences
HIPAA Privacy Program

Summary of HIPAA Privacy & Security Rules

HIPAA PRIVACY RULE OVERVIEW

The Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 became effective on April 14, 2003. The federal government said that every employee working in healthcare in any job must be taught about the Privacy Rule. The Privacy Rule tells us how we are to use and share health information about patients. A major goal of the Rule is to assure patients that their health information will be protected. The Department of Health and Human Services published a final Security Rule in February 2003. This Rule sets national standards for protecting the confidentiality, integrity, and availability of electronic protected health information. Compliance with the Security Rule was required as of April 20, 2005. HIPAA governs the use and disclosure of protected health information and the protections that must surround it. The fundamental question always centers around what is the purpose of the use and disclosure

UChicago Medicine, a HIPAA covered entity, is part of an Organized Health Care Arrangement (OHCA) which includes the The University of Chicago Medical Center (UCMC), including its nurses, residents, volunteers, and other staff; Portions of the University of Chicago that participate in or support the activities of health care, including its physicians, nurses, students, volunteers, and other staff; UCM Community Physicians; UCM Care Network Medical Group; and Primary Healthcare Associates, SC. The HIPAA regulations apply to all members of our workforce; our workforce means faculty, staff, volunteers, students, and all others whose conduct, in the performance of work for the UChicago Medicine, is under its direct control, whether or not they are paid by an entity within the Medical Center. This includes the Biological Sciences, the UCM Care Network and PHA. This summary is being given to you to help you understand the Rule and how important it is to our patients.

KEY TERMS TO KNOW

- ***Individually Identifiable Health Information*** (IIHI) is a subset of health information that is created or received by a health care provider, health plan, employer or health care clearinghouse which relates to the past, present or future physical or mental health condition of an individual; provision of health care to an individual or payment for that health care that identifies the individual or can reasonably be used to identify the individual.

- ***Protected Health Information*** **(PHI) means IIHI that is transmitted by or maintained in any form or medium by a covered entity.** Many different pieces of information can identify a patient or tell us something about their health care or their medical conditions.

Examples of things that might identify a patient or tell us something about their condition include social security number, driver's license number, fingerprints, name, address, photographs, medical record number, labels, ID bands, and medical record documentation, reports and diagnostic imaging or laboratory results.

- ***Highly Confidential Information*** (HCI) is a subset of PHI and includes information related to abuse or neglect of a child, elderly person, or adult with a disability, domestic abuse, alcohol and drug abuse prevention and treatment, genetic testing, HIV/AIDS testing, diagnosis, and treatment, in vitro Fertilization, infertility, artificial insemination, mental health and developmental disabilities, psychotherapy notes, communicable diseases, sexually transmitted diseases, and sexual assault. Extra care should be taken to keep highly confidential information protected. For example, obtain the patient's verbal permission before discussing highly confidential information in front of family and friends.

HIPAA BASICS

- You may access, use, or disclose PHI for purposes related to ***Treatment, Payment or Operations (TPO)*** without patient authorization.

  Treatment is anything we do to care for the patient (providing, coordinating and managing a patient's health care); for example inter-disciplinary care planning, talking to the patient or family, asking another doctor's opinion, performing diagnostic testing and ordering or referring services.

  Payment is sharing information in order to be paid for the services we have provided to the patient.

  Health Care Operations are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment. It includes quality control and improvement, credentialing, reviewing competence or qualifications of our health care professionals and educating medical students, nurses, and other allied health professionals.

  If your access, use, or disclosure is not for TPO and not otherwise covered by the UChicago Medicine Notice of Privacy Practices (NPP), an authorization from the patient must be obtained prior to proceeding.

- If you De-Identity a patient's health information through an expert determination or safe harbor (removal of all 18 PHI identifiers) you may use or disclose it without restriction. Contact the Privacy Program for more information about de-identification or refer to Policy A05-22 Use and Disclosure of Limited Data Set and De-identified Health Information.

- The ***Minimum Necessary Standard*** requires that you limit your access, use, disclosure or request for PHI to the smallest amount required to accomplish your purpose, and that you share PHI only with parties who have a need to know This includes when you are looking in medical records, discussing patient information, or collecting, displaying, or releasing PHI.

- ***Snooping*** is when a workforce member accesses the record of a patient for a non-job related reason. If you are caught snooping, you are subject to disciplinary action, up to and including termination. This zero tolerance includes access to the records of your spouse, domestic partner, siblings, children, grandchildren, relatives, co-workers, friends, neighbors, and persons of media interest including but not limited to political, public, sport figures and celebrities.

- ***Accessing your own record:*** You may access, view, and print your own electronic medical record if you already have work-related access to UChicago Medicine medical record systems. However, you *may not* edit or make changes to your information and schedule appointments or tests.

HIPAA ESSENTIALS

- **Verbal Information**
  - Implement steps to minimize incidental uses or disclosures of PHI by lowering your voice, moving conversations to more private areas, or asking patients to step back if they are in line.
  - Avoid discussing patient information in public areas such as hallways, the cafeteria, or elevators.
  - Obtain the patient's verbal permission before discussing any information in front of family and friends, particularly highly confidential information.
  - Do not leave messages concerning confidential patient information on answering machines.

- **Electronic Information**
  - Do not download and store patient information on your unencrypted personal electronic devices. This includes PHI maintained on all computers, flash drives, smart phones, iPads, pagers or any other unencrypted electronic device. Store PHI on UCM/BSD secure servers, UCM secure shared drives or UCM issues Sharepoint sites.
  - Encrypt all of your devices (workstations, laptops, mobile devices, USB drives).
  - Do not use Dropbox, Google Docs, SkyDrive or other "cloud file storage utilities" without authorization.

- **Social Media**
  - Social Media (i.e., Facebook, Twitter, YouTube, Instagram, etc.) is not the place for UCM information, images or comments. Only those individuals who have been approved may post to UCM social media sites.

- **Hard Copy Information**
  - Do not take PHI off the premises. If you do, you are responsible for securing the information from unauthorized access (i.e., do not leave it unattended in your car, bag, home, public transportation, etc.). Keep it secured and with you at all times.
  - When faxing, verify the fax number and recipient is correct before sending the documents.
  - Before mailing documents with PHI, verify that you are sending the correct documents to the right recipient.
  - If you give a patient his/her appointment information (i.e. After Visit Summary), double-check that you do not accidentally hand them another patient's paperwork.
  - Discard documents with PHI in a HIPAA shredding container. Do not place it in the recycle or trash bins.

- **E-mail**
  - Only use your UCHospitals or BSD e-mail address for work-related business.
  - NEVER use your UChicago, Yahoo, Gmail or other personal e-mail accounts to correspond about patients.
  - DO NOT put PHI in the subject line of emails and limit the PHI in the body of the e-mail to the minimum necessary. Avoid sending Highly Confidential Information via email.
  - Do not access e-mail from unencrypted portable devices.
  - Do not send your personal information over email.
  - Check and double-check to ensure you are sending the email to the correct person. Watch out for autocorrect, similar names, autocomplete and mass distribution lists.

- **E-mail Encryption**
  - Email sent from a UCHospitals or BSD email account to an external third party (i.e., Comcast, Gmail, etc.) can be encrypted using Secure Email Service.
  - When it is appropriate to email PHI to an external third-party, using #encrypt is required.
    - To encrypt the email, simply type #encrypt next to the subject title in the Subject Line. Click "Send" which will trigger the email system to send the email with encryption over the internet.
    - The recipient will receive a message with a link to instructions for registering to the secure email portal. Registration involves providing a name and creating a password. Once the recipient has registered, he will be able to access the encrypted email using his new password.

    - Recipients can reply to the sender and others in the email, but are not permitted to forward the email to any contact other than those included in the original email.

❖ **Pagers**

- Be mindful about any information being sent through a text page and remember to send the minimum necessary to convey your message. Report lost or stolen pagers as soon as possible so it can be immediately disabled.

❖ **Faxed Information**

- Double check manually-entered fax numbers before pressing send and check pre-programmed fax numbers regularly to ensure they remain correct.
- Remove PHI and other sensitive information from the fax machine in a timely manner; contact the recipient to verify that he/she is waiting at the machine prior to faxing "highly confidential information" (e.g. HIV/AIDS, Mental Health, Genetic Testing).

❖ **Password Habits**

Security breaches can and do occur due to bad password habits. You should understand that it is a violation of UCM Policy to share your passwords with anyone. Follow the guidance below:

- Never share your password or store it on your laptop, phone or in any other unsecure location (such as under your keyboard or taped to a monitor).
- IT will never ask you to turn over your password. Report any attempts to do so the Information Security Office (773)702-3456.
- Create unique passwords with complexity (i.e., letters-upper/lower case, numbers, special characters).
- Lock/log-off your computer when away from your workstation. An "open" session exposes you to the possibility of an unauthorized individual accessing, altering or deleting PHI or other confidential information under your username/ID.

PHI Disposal

- All paper documents (encounter forms, EKG strips, clinical notes, call logs, etc.) containing PHI must be disposed of in the shredding containers located throughout the Medical Center campus.
- PHI must not be discarded or temporarily held in wastebaskets, recycling bins or other accessible locations.
- Do not over stuff locked shredding containers with PHI so that the items are sticking out of the open drop slot.
- If HIPAA Shred containers are broken or full, call EVS (773) 795-5537, select Option 1

- Do not throw away computers, USB drives, CD/DVDs or other electronic media without destroying or sanitizing them.
- For assistance with UCM Computers, call UCM IT (773) 702-3456.

SOCIAL ENGINEERING ATTACKS

Social Engineering is the practice of malicious people attempting to trick YOU into sharing sensitive information about the organization, our patients, or yourself.

Rather than "hacking," - using a computer to gain unauthorized access to sensitive information - social engineers will attempt to get this information from you directly. This process is much easier than sophisticated attacks. They might try a number of avenues, such as:

- Sending a phishing email asking you to divulge information, click on a link, or open an attachment. The email may appear to be from your bank, the government, or a co-worker asking you to provide information.

- Calling you on the phone and posing as someone authorized to have access to information. They might ask for your sensitive information, ask to divulge financial information, or ask you to provide them with access.

- Asking you to open a door, or follow you through open doors to get access to physical facilities. The perpetrator can steal physical documents or even computers once inside a building.

For everybody's protection, follow these guidelines:

Email

- Do not open unsuspecting attachments
- Do not operate your computer as an "administrator"
- If you need administrative access use a separate account for those needs
- Do not click on suspicious links in emails, especially those that ask you to input your username and password
- Be cautious of any site that asks for your login credentials
- Do not access email from unencrypted portable devices

Phone

- Maintain a high level of awareness on conversations
- Be suspicious of any person who calls you unsolicited and asks for sensitive information, or institutional information
- Never share your password over the phone

Physical

- Challenge any visitor without a badge following you into a facility
- Do not hold doors into secure facilities for others
- Do not leave PHI on your desk

EMAIL CACHING

When you connect your desktop, laptop, or mobile device to the UCM or BSD email system, the device stores your emails on the local hard drive. *A loss of an unencrypted device that stores email will require a forensic analysis to determine if a breach has occurred*. Any PHI discovered in such an analysis, that is unencrypted, could result in a breach. *Contact the UCM IT Service Desk for assistance or to report suspicious activity.*

BREACH INCIDENTS

A breach is the impermissible access, use or disclosure of PHI. Examples of breaches include sending a letter for patient John Smith to patient Joan Smith, or the theft of an unencrypted laptop that contains PHI.

If you are involved in, or suspect, a breach, notify the HIPAA Privacy Program immediately and your supervisor. Be prepared to provide

- a detailed report of how the incident occurred (how, when, who was involved and where),
- how you tried to mitigate any harm from the incident (i.e., asking the recipient to delete an e-mail, immediately retrieving the PHI, calling UCM IT or security), and
- the nature and extent of PHI involved

BREACH OBLIGATIONS

After the incident has been reported, the HIPAA Privacy Program will conduct an investigation. All incidents are assumed to be a Breach unless a risk assessment indicates there is a low probability the PHI has been compromised.

UChicago Medicine has the following obligations when it is aware of a Breach:

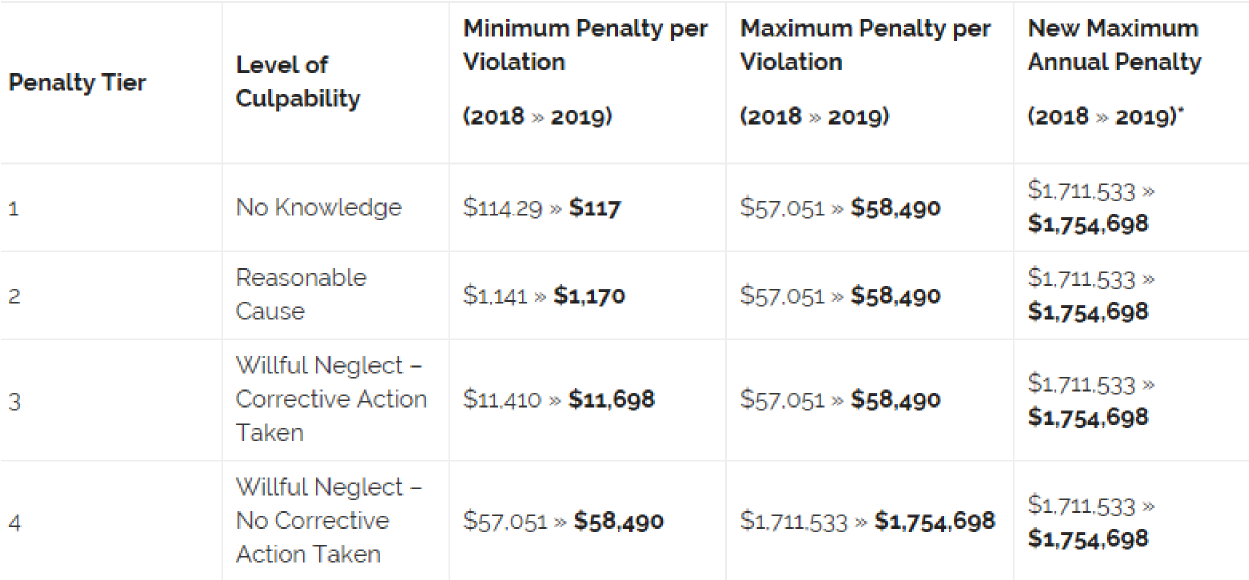
- Notify all affected patients no later than 60 days after becoming aware of the breach
- Report the breach to HHS in its annual report

For breaches involving 500 or more individuals, UChicago Medicine is also required to contact the media, place a notice on its website, and report the breach to the Department of Health and Human Services (HHS) within 60 days after becoming aware (rather than annually).

Disciplinary Action: Workforce members who violate our HIPAA Privacy and Security policies will be subject to appropriate disciplinary action as outlined in our policies.

ENFORCEMENT AND PENALTIES FOR NON-COMPLIANCE

The Office for Civil Rights within HHS enforces the Privacy Rule. Civil penalties for not obeying the Privacy Rule are tiered based on increasing levels of culpability:



Penalty Tier	Level of Culpability	Minimum Penalty per Violation (2018 » 2019)	Maximum Penalty per Violation (2018 » 2019)	New Maximum Annual Penalty (2018 » 2019)*
1	No Knowledge	$114.29 » **$117**	$57,051 » **$58,490**	$1,711,533 » **$1,754,698**
2	Reasonable Cause	$1,141 » **$1,170**	$57,051 » **$58,490**	$1,711,533 » **$1,754,698**
3	Willful Neglect – Corrective Action Taken	$11,410 » **$11,698**	$57,051 » **$58,490**	$1,711,533 » **$1,754,698**
4	Willful Neglect – No Corrective Action Taken	$57,051 » **$58,490**	$1,711,533 » **$1,754,698**	$1,711,533 » **$1,754,698**

Criminal penalties for a person who knowingly violates HIPAA are as follows:

- $50,000 and a one year prison term
- $100,000 and up to 5 years in prison for wrongful conduct involving false pretenses
- $250,000 and up to 10 years in prison for wrongful conduct with intent to sell, transfer, or use individually identified health information personal gain or malicious harm.

ACRES

Requests for PHI or other restricted and internal use confidential, strategic UCM data that will be used for operational or quality purposes must meet the Privacy Rule definition of the health care operations and/or be in accordance with data use and disclosure policies. Data requests may be submitted through our organization's centralized ACRES request intake system. All requests are reviewed by the department of Data and Analytics (DNA), the Privacy Program and in some cases executive and senior leadership levels. To submit a request, visit the ACRES login page on the Privacy intranet site or through Service Now.

Privacy and Security Policies:

All UChicago Medicine HIPAA Privacy and Security Policies can be found on the intranet website.

Privacy Officer Contact and Resources

Karen Habercoss is The UChicago Medicine Chief Privacy Officer.

Karen Habercoss, Chief Privacy Officer
773-834-2563; khabercoss@bsd.uchicago.edu

The Privacy Program intranet site contains links to a variety of resources such as guidance documents, Authorization Forms and medical record request forms. The Information Security Office resources along with the HIPAA Privacy and Security policies are accessible on the Intranet.

- UCM IT Service Desk: help@bsd.uchicago.edu or 773-702-3456
- Privacy Program: hpo@bsd.uchicago.edu or 773-834-9716
- Anonymous Resource Line: 1-877-440-5480, select option 2.
- UCM Information Security Office: security@uchospitals.edu
- BSD Information Security Office: security@bsd.uchicago.edu
- ITS Security: Security@uchicago.edu
- Campus Security: 773-702-8181
- Public Safety: 773-702-6262

ATTESTATION FOR COMPLETION OF HIPAA OVERVIEW

I______________________________________have read the material about HIPAA that was given to me. I understand the information about the Privacy and Security Rules and how important it is to patients at the UChicago Medicine and Biological Sciences. I understand a copy of this signed document will be kept on file as proof that I have completed my HIPAA training.

NAME (PRINT) ____

SIGNATURE_____________________________ **DATE** _________________

ORGANIZATION ____

UCM CONTACT ____