

Health Care Industry Representative (HCIR)
Attestation of Medical Fitness and Confidentiality & Non-Disclosure Statement

Instructions for completing this form

1. Applicability

- a. This form is to be completed by all HCIRs planning to visit New York Presbyterian Hospital (NYPH) for business purposes who are not required to register with the hospital's HCIR credentialing service, VCS, according to Hospital policy
- b. You may use this form to enter property if you meet the following criteria:
 - i. You are a HCIR who will be visiting NYPH for a defined period of less than 30 consecutive days or
 - ii. You are a HCIR who will be visiting NYPH less than five times per year or
 - iii. You are a HCIR visiting from a foreign country and meet the above criteria
- c. HCIRs who may need to complete this form may include: Educators, Corporate Officers, Clinical Trial Monitors, Company Engineers, Consultants, visiting physicians, entertainers, temporary/substitute sales and/or service personnel

2. Information required

- a. You must complete the attached form in its entirety and sign it. Incomplete forms will not be accepted
- b. You must include the exact date(s) of your expected visit. You will not be permitted access on any other date by using this form
- c. All information provided is confidential. Completed forms will be filed with the NYPH's HCIR Credentialing Administration and Workforce Health and Safety Department
- d. Your signature is required as acknowledgement that the information you provide is true and that you agree to the terms and conditions included with this form. Electronic signatures are not accepted

3. Approval

- a. You must obtain a signature from the NYPH or college department that will be acting as your host during your visit. They will be responsible for your access to NYPH property and your activity while you are at NYPH
- b. After the NYPH or college host department signs your form, it must be submitted to the NYPH HCIR Credentialing Administrator at vendorcred@nyp.org

4. Expiration

a.

5. The attestation expires at the completion of your visit, as indicated by the dates listed on this form, or one year from the date of either the influenza vaccination or the tuberculosis screening, whichever occurs first. Visiting NYPH

- a. Upon arrival to NYPH property, you must present a completed and signed copy of this form to NYPH Security at one of the designated HCIR entrances
- b. NYPH Security will issue you a dated day pass upon presentation of the signed form
- c. You will not be permitted access to NYPH property on any dates not listed on your approved form
- d. You will be required to keep a copy of this form with you at all times while on NYP property

6. Questions

Please e-mail the NYPH HCIR Administrator at vendorcred@nyp.org

Health Care Industry Representative (HCIR) Attestation of Medical Fitness and Confidentiality & Non-Disclosure Statement

This form must be completed and submitted to vendorcred@nyp.org at least three days prior to your visit to New York Presbyterian Hospital (NYPH). You will receive a response within two business days.

The purpose of my visit to NYPH is to:

- To Provide Patient Care To Observe Patient Care To Provide Services Other Than Patient Care

I, the undersigned, understand that, in order to be granted temporary clinical privileges at, or access to, NewYork-Presbyterian Hospital ("NYPH") based upon the above selected category, I must be free of any health impairment, including habituation or addiction to alcohol or drugs or other behavior altering substances, that could pose a potential risk to patients, staff, and/or visitors. I hereby attest that I am free of any such impairment. I also attest, acknowledge and agree that:

Medical Attestation

1. I am immune to the following infectious diseases because I have either contracted the disease(s) or have received vaccination (check all that apply):
 Measles Rubella Varicella

2. For this flu season I have (check one):
 received the influenza vaccination. *Date of last flu vaccination:* _____
 declined the influenza vaccination, and if I declined vaccination I agree to wear a surgical mask in designated areas during the "masks on" period designated by the New York State Commissioner of Health

3. I do not have active tuberculosis and:
 I participate in a regular workforce tuberculosis surveillance program and I have been screened for tuberculosis in the last 12 months *Date of last tuberculosis screening:* _____
 I do not participate in a workforce tuberculosis surveillance program

4. I do not have Hepatitis B and (check one):
 have completed the series of vaccinations for Hepatitis B
 have declined Hepatitis B vaccination and signed the OSHA declination form.
 have not been offered the Hepatitis B vaccination

5. I am fully able to adhere to standard precautions, when applicable: Personal Protective Equipment, Respiratory Hygiene/Cough Etiquette and Safe Injection Practices. Please, also see, Infection control on the back of this form.

6. I do not take prescribed or non-prescribed drugs that may impair my cognition, judgment, or physical dexterity in such a way that could pose a hazard to patients, staff, and/or visitors.

7. I have not traveled to a CDC designated Ebola Virus affected country in the past 21 days. For a list of affected countries please see the CDC website: <http://wwwnc.cdc.gov/travel/notices>

Confidentiality and Non-Disclosure Statement

I acknowledge that incidental to activities that I may participate in during my visit; I may become exposed to confidential patient information such as patient name, diagnosis, medical history, names of family members or any other information reasonably identified by NYPH as confidential patient information. I agree to hold the information in the strictest of confidence, and will not divulge or release any confidential patient information to any third party without the express written consent of NYPH and the patient. I also agree to review and abide by the NYPH terms and conditions on the back of this form.

Signature (Provider or Observer)

Date(s) of Visit

Print Name (Provider or Observer)

Company Affiliation

Business Phone Number

E-mail Address

Mailing (Street) Address

City, State, Zip Code

NYPH Host Department & Responsible Person

Department Head Signature & Email

Date

Representative must wear company ID, retain this document when on NYPH property and present when asked to do so. Copy of this form to be sent to NYPH Workforce Health & Safety by NYPH Host Department for record retention. **Attestation expires at the completion of your visit, as indicated by the dates listed on this form, or one year from the date of either the influenza vaccination or the tuberculosis screening; whichever occurs first.**

NYPH is committed to the safety of our patients, staff and visitors. Before you begin your assignment, we ask you to review the following important information and agree, as affirmed by your signature on front page of this document, to abide by the restrictions and guidelines outlined below:

Patient Centered Care/Principles of Behavior

We ask that all of our outside representatives provide service that is at the same standard that we expect of all of our employees. We ask you to be courteous and to show compassion and respect to all of our patients, their families, staff and visitors. We ask that you be mindful and respectful of cultural differences. We ask you to be collegial with all individuals and to accept and comply with direction given to them by staff who are designated as their supervisors.

Infection Control

NYPH and our staff are vigilant about keeping our hospital clean and safe. We have extensive procedures to assure that we are doing all we can to prevent hospital acquired infections in our patients. Infection control is a critical issue for staff and all who visit NYPH!

Please be mindful of and observe the following:

- If you are aware that you are currently ill with a communicable disease – even a cold – we ask that you forgo working with us today.
- Please observe our procedures regarding hand hygiene and universal precautions. Staff will show you where you can wash your hands. This must be done after every patient contact, after restroom visits and whenever your hands are soiled. If a patient is on any sort of isolation protocol, please do not enter the room until you have been instructed regarding any protective gear you should wear.

These procedures are critical for your safety and the safety of our patients, staff and visitors!

Safety Issues

NYPH has an extensive fire safety program. NYPH staff are highly trained in what to do in case of fire. If you see smoke or fire in your work area, notify staff immediately and follow their instructions. We also have a program to promote patient and staff safety with regard to the use of chemicals and other agents. It is unlikely that you will ever encounter a chemical spill, but if you do, notify staff immediately and follow their instructions.

Accident/Incident Procedure

If you encounter an accident or witness an incident, or if you are involved in an accident or incident, whether or not an injury occurs, we ask that you notify NYP staff immediately. Incidents will be documented using hospital forms and procedures by hospital staff. This is to promote all of our safety. If you are unsure as to whether an incident should be reported, notify NYPH staff and they will help decide if a report should be filed.

Security

We want you and your belongings to be safe while you are here. Please store your items where instructed by staff. Keep your valuables with you or ask staff to have them secured in a safe place during your visit.

Patient Confidentially & HIPAA

Hospitals are governed by strict state and federal laws and regulations regarding the protection of patients' privacy and confidentiality. As a result of your work at NYPH, you may learn about patients' confidential medical and personal information. You are strictly forbidden from sharing any of this information with anyone else, except those directly involved in caring for the patient. Please observe this rule at all times. Be mindful of where you are having conversations (e.g. elevators, corridors, etc.).

We also ask that you help us to preserve our patients' dignity and privacy. When working with patients, make sure that they are comfortable and covered. Help to keep curtains drawn and doors closed, when necessary to preserve confidentiality and privacy. If you are uncertain about what to do, notify Hospital staff.

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