

**YALE NEW HAVEN HEALTH / Application for Medical Staff Observers\***

<b>NAME:</b>	
<b>DATES of OBSERVATION REQUESTED:</b>	
<b>Relevant YALE NEW HAVEN HEALTH Hospital</b> <i>(check as applicable)</i>	<input type="checkbox"/> Bridgeport <input type="checkbox"/> Greenwich <input type="checkbox"/> Lawrence + Memorial <input type="checkbox"/> Westerly <input type="checkbox"/> Yale New Haven
<b>Please describe the Purpose / intent of Observation:</b>	
<b>NAME OF MEDICAL STAFF SPONSOR:</b>	
<b>DEPARTMENT / SECTION:</b>	

Attestation

The individual listed has requested to visit the YALE NEW HAVEN HEALTH Affiliated hospital identified above strictly as an observer for the period of time and purpose indicated. I agree that I will be responsible for this individual and he/she will be accompanied at all times by a member of the Medical Staff while he/she is on the premises of the hospital indicated.

We agree and understand that, if approved as an observer, the applicant is permitted to observe patient care only and that he/she will have no patient contact. To this end, he/she will be prohibited from engaging in any of the following: speaking with or examining patients, providing opinions or consultation about any patient hospitalized at the YALE NEW HAVEN HEALTH Affiliated hospital or reading, writing or documenting directly or indirectly in any patient medical records. If approved as an observer in the operating rooms or other procedural areas, the applicant understands that he/she must remain unscrubbed at all times.

The applicant agrees:

- to display appropriate identification while on YALE NEW HAVEN HEALTH Hospital premises;
- that the attached immunization testing record is complete and accurate;
- to fulfill documentation requirements as stipulated in the attached letter; and
- to sign and return the Confidentiality Agreement to Medical Staff Administration

Medical Staff Member's Signature		Observer's Signature	
Date		Date	

**PLEASE EMAIL COMPLETED DOCUMENTS TO: YNHHS\_MedStaffApp@YNHH.ORG**

\*Note: Practitioners who wish to participate in patient care may apply as a "Guests." Applications are available online <https://www.ynhh.org/medical-professionals/applications>

**Medical Staff Administration**

Reviewed by: \_\_\_\_\_  
Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**YALE NEW HAVEN HEALTH**  
**Medical Staff Observer**  
**Confidentiality Agreement**

I understand that in my capacity as a Medical Staff Observer, I may become aware of confidential information such as:

- Patient health care and financial information (otherwise known under HIPAA as “Protected Health Information”)
- Employee health care information
- Medical Staff information
- Business information related to YALE NEW HAVEN HEALTH Affiliated Hospitals (including financial, administrative, resource management and other information)

By signing below, I agree to the following:

- a. I understand that access to the information noted above in a verbal, written or electronic (stored in a computer) form is a privilege. I also understand that access to any YALE NEW HAVEN HEALTH information is granted to me based solely on a clinical “need to know” basis depending upon the limitations of my approved level of involvement in patient care activities at the YALE NEW HAVEN HEALTH Affiliated Hospital where I am approved to observe.
- b. I agree that I will not share with others any information about any patient, including the name or address of the patient or the fact that the individual is or was a patient at a YALE NEW HAVEN HEALTH Affiliated Hospital. I will not share this information with my colleagues, family, friends or anyone not directly involved in the care of the patient.
- c. I understand that any photography, video or audio recording is prohibited and will result in immediate revocation of my appointment. For Medical Staff Observers: I understand that I may be privy to information on patients who are under the care of the Medical Staff Member to whom I am assigned.
- d. I understand that patient information may not be used by me for research or teaching purposes unless authorized by the appropriate institutional review board and in compliance with YALE NEW HAVEN HEALTH Policies and Procedures.
- e. I understand that the methods I use to get information may only be used relative to my limited role as a Medical Staff Observer. I understand that I may not use the personal identification number, sign-on code, password, physical token device of any person at any time. I understand that **violation of this Agreement** may result in possible legal action, fines or criminal prosecution against me.
- f. I understand that I may not seek access to any information that is not authorized under the scope of my role as a Medical Staff Observer. I understand that patient information accessed via computer is considered the equivalent to the patient’s medical record and may not, under any circumstances, be re-disclosed without proper authorization as covered in the applicable YALE NEW HAVEN HEALTH Affiliated hospital’s Medical Staff Bylaws and Rules & Regulations.
- g. I agree to access, use, store and dispose of information which I am authorized to access in a manner that ensures continued security and confidentiality in accordance with YALE NEW HAVEN HEALTH Policies & Procedures.
- h. I understand that computer hardware, software, and information are considered YALE NEW HAVEN HEALTH property and are subject to and protected by appropriate YALE NEW HAVEN HEALTH Policies & Procedures.
- i. I understand that YALE NEW HAVEN HEALTH reserves the right to make modifications to its program concerning access to Protected Health Information.
- j. I understand that my ability to serve as a Medical Staff Observer will be automatically rescinded in the event of violation of any of the above. In addition, violation of this Agreement may result in possible legal action, fines or criminal prosecution against me and, as applicable, the organization I represent.
- k. I agree to indemnify and hold YALE NEW HAVEN HEALTH and its Affiliated hospitals harmless from and against any and all claims, losses, costs and expenses including, reasonable attorneys’ fees, related to or arising from any violation of the terms of this Agreement.

Printed Name:	
Signature:	
Date:	

**YALE NEW HAVEN HEALTH  
MEDICAL STAFF REQUIREMENTS**

Based upon current standards of OSHA/AHA/CDC/Joint Commission and YNHHS policy, applicants to the Medical Staff and Clinical Fellows are required to submit their immunization/test records to Medical Staff Administration along with the application for appointment. The following documentation is required:

**Measles, Mumps, and Rubella (MMR)**

- Documentation of 2 doses of measles, mumps, and rubella (MMR) vaccinations  
OR
- Positive titers/blood tests for MMR

**Varicella (Chickenpox)**

- Documentation of 2 doses of varicella vaccination  
OR
- Positive titer (blood test for varicella)  
OR
- Clinician documented verification of past chickenpox (varicella) or herpes zoster (shingles)

**Hepatitis B**

- Date of completion of immunization series  
OR
- Signed attached declination and waiver

**Tetanus/Diphtheria/Pertussis (Tdap) (Recommended in CT irrespective of department; Strongly recommended for all healthcare workers in Pediatrics, Emergency Departments and all staff who have direct contact with infants under the age of six (6) months; Required in RI)**

- Documentation of any adult or adolescent dose Tdap vaccine within the past 10 years

**Influenza**

- Documentation of the seasonal flu vaccine, applicable from September – March 31

**COVID-19**

- Strongly recommended, but not required

**Tuberculosis (TB) Screening**

- Documentation of **two** negative TB skin tests (i.e. PPD, TST or Mantoux skin test within the past year)  
OR
- a negative TB blood test (i.e. Quantiferon, T-spot, or BAMT) within the past six months.

If you have had a previous positive TB skin test OR a positive blood test OR chest x-ray report for a positive PPD OR if you've ever received treatment for active or latent tuberculosis, please provide applicable documentation.

***Special Considerations for Lawrence and Memorial and Westerly Hospitals:***

Medical Staff of Lawrence and Memorial and Westerly Hospitals **not** employed by NEMG are strongly recommended to receive influenza vaccine, but may decline the vaccine.

**ADDITIONAL REQUIREMENTS**

Patient facing medical staff may be expected to complete annual N95 respirator fit testing and should have adequate color vision to discern color variations during patient care and test interpretation. These services along with serological testing and vaccinations are available at no charge to Medical Staff members at YNHHS Occupational Medicine and Wellness Services (OMWS) Clinics. Medical Staff members may contact OMWS at the following numbers:

- YNHHS YSC: 203-688-2462 (1st floor, YNHHS YSC East Pavilion)
- YNHHS SRC: 203-789-3392 (175 Sherman Avenue, 5th floor)
- Bridgeport Hospital: 203-384-3613 (226 Mill Hill Ave # 2)
- Greenwich Hospital: 203-863-3483 (Watson Pavilion, 2nd floor)
- L&M Hospital: 860-442-0711, ext. 2289 (L&M Hospital)
- Westerly Hospital: 401-348-3783 (Westerly Hospital)

## HEPATITIS B VACCINE DECLINATION

***(Please sign if you are declining HepB vaccination):***

***I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.***

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***(Signature)***

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Please print Full Name