

**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.

Confidential Patient Information includes: Any individually identifiable information in possession or derived from a provider of health care regarding a patient’s medical history, mental or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. (Note this information is defined in the Privacy Rule as “protected health information.”) Examples include but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory, and pathology samples.
- Patient insurance and billing records.
- Computerized patient data.
- Visual observation of patients receives medical care or accessing services; and
- Verbal information provided by or about a patient.

I understand and agree that this document establishes a Confidentiality Agreement between me _____ [insert name of Individual] a representative of _____ [insert name of employer] and UCLA and sets forth the understanding regarding the protection of any confidential information that Individual may have access to while performing services at UCLA with the following purpose:

1. I understand that I will be granted access to, or otherwise become acquainted with, the following information (“Information”) relating to UCLA patients:
- Clinical/medical information
 - Insurance and Billing information
 - Scheduling information
 - Visual observation of patients receiving medical care or accessing services
 - Other (describe) _____

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.

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2. I acknowledge that it my responsibility to respect the privacy and confidentiality of Information received from UCLA. 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 UCLA.

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.

ALL THREE SIGNATURES REQUIRED

User's signature: _____ Date: _____

Supervisor name & signature: _____ Date: _____

Center Administrator name & signature: _____

From: DGSOM/UCLA
Sent: Tuesday, November 26, 2019 11:07 AM
To: SOM Everyone
Subject: Important New Volunteer Policies
Attachments: Health Sciences Volunteer Services Guidelines 9.19.19.pdf



Message from Dr. Stephen Smale

Dear Faculty and Staff,

In 2018, Campus Audit and Advisory Services conducted a review of the UCLA Health and David Geffen School of Medicine Volunteers which found numerous inconsistencies, discrepancies, and other pertinent concerns posing potential risks to the institution.

One of their recommendations was to centralize all UCLA Health and Health Sciences Clinical and Research Volunteers (including basic researcher volunteers) through the UCLA Health Volunteer Services Department.

What and who will be **affected**?

1. Effective Tuesday, December 3, 2019: Students and eligible individuals invited by UCLA faculty and/or staff to volunteer, will be centrally processed through the UCLA Health Sciences Volunteer Office (a sub-division of UCLA Health Volunteer Services).

a. Volunteers and students will be processed in accordance with the proposed assignment and required accesses.

b. Attached are the UCLA Health Sciences Volunteer Guidelines.

c. For more detailed information, please visit their website:

<https://www.uclahealth.org/volunteer/ucla-health-sciences-volunteer-program>

2. Per Audit Recommendation and for Compliance purposes, a Volunteer/Student Scope of Duties Form and a Personal Device Form will be the designated Assignment forms that an inviting supervisor completes and signs to initiate an applicant's clearance process.

a. Completed Assignment forms must be electronically provided to the applicants to be submitted online through the Health Sciences Volunteer Pre-Screening Process.

b. The Letters of Invitation and/or Clinical Research Scope of Duties (CRVSOD) Forms will still

be accepted until January 31, 2020, to allow for transition time.

c. Plans to digitize this paper version of the form are under development.

3. UCLA Students receiving any UCLA Elective Course Credit (i.e. SRP 99, SRP 199, etc.) for their research projects with UCLA Health Sciences will be dual processed through the UCLA Health Sciences Volunteer Office, in which they will be cleared as a “UCLA SRP Student” during their quarter enrollment and defaulted to “Volunteer” status when not enrolled in the course.

a. UCLA Students in Clinical Research must continue to be dual processed in order to obtain approval for any clinical involvements.

b. UCLA Students in Non-Clinical Research must also be dual processed to ensure compliance and accountability purposes.

We have been working with each Department Human Resources Office and Chief Administrative Officers to consolidate these changes.

Therefore, if you or your staff need any clarifications or assistance with any of the above changes, please contact the UCLA Health Sciences Volunteer Programs Manager: Lily Zhang (lilyzhang@mednet.ucla.edu) or 310-267-8534.

UCLA Health Sciences Volunteer Guidelines

Volunteer Eligibility:

- **Minimum Age Restrictions:** 16 years old (duties are limited for minors), 18 years old for departments of OB-GYN/Urology/Ophthalmology.
- **Employee-Volunteer Policy:**
 - A previous/current work-study/employee is NOT permitted to volunteer within the same previous/current department or supervisor.
 - A previous/current work-study/employee is NOT permitted to volunteer in the similar capacity/nature/role of their previous/current job description.
 - **Near-Relative:** A volunteer may NOT provide services within the same department/division of an employee who is a near-relative or family member.
 - **For School of Dentistry:** A volunteer may NOT provide services within the same division or unit/section of an employee who is a near-relative or family member.
- **Degreed Professionals:** Volunteer Services is no longer processing Degreed Professionals to volunteer in research. Please check with your Academic Personnel for academic appointments.
- **Internationals:** Volunteer Services is only approved to process full-time matriculating UCLA Students with valid F-1 Visas verified by Dashew Center.

Exceptions are reviewed case by case by the Volunteer Office. After further review, the inviting PI/supervisor will be provided an Exception Request form to complete and obtain the necessary approval signatures from the department leaders before submitting to the Volunteer Office for processing.

Volunteer Assignment Criteria:

- Hours are within volunteer capacity (hours may need revision if applicant is already volunteering in another assignment): <20 hours per week
- Proposed assignments must be within the scope of a volunteer and compliant with Volunteer policies.
- Duties must be low or minimal risk to the volunteer's health and safety.
- Duties must be performed ON-SITE within Westwood/Santa Monica UCLA Medical Campus. Volunteers may NOT remotely volunteer.
- Duties must NOT resemble training, clinical work, medical services, or work that the volunteer may expect monetary compensation in the future (trial periods before hiring or unpaid work).
- Duties must NOT resemble a paid position capacity or replace/substitute a paid position's duties (partial or full).
- Service must be consistent and NOT too sporadic (i.e. weekly 4-hours shifts, etc.).

For more information or questions, please contact the Manager of Health Sciences Programs, Lily Zhang:

lilyzhang@mednet.ucla.edu