

UW Medicine

SCHOOL OF MEDICINE

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OBSTETRICS & GYNECOLOGY

University of Washington Medical Center

Dear Student,

We would like to welcome you to your Obstetrics and Gynecology Basic Clerkship. During this six-week clerkship, you will have the opportunity to apply and increase your knowledge in both clinical and didactic settings. Our faculty members enjoy teaching, especially in a one-on-one basis. We hope you will take advantage of their expertise and learn as much as possible; do not be afraid to ask questions.

A general orientation for all Seattle area students (including Yakima) takes place on the first morning of the clerkship at the University of Washington Medical Center. You should review anatomy before the orientation, as well as read the web-based Student Course Guide. You will find the Course Guide especially useful because it contains a description of the clerkship, course requirements, and an explanation of the evaluation instruments. Books will be available to rent (\$10.00) after the morning orientation at UWMC.

Your rotation schedule will be given to you during orientation at the site. This normally takes place immediately after the morning orientation at UWMC.

2008–2009 Dates to Remember

Complete, up-to-date clerkship and schedule information is available online at:
www.obgyn.uwmedicine.org/clerkship

Dates to Remember	Time	Activity	Location
1 st day of Clerkship	9:00AM	Orientation & book rental	UW OB/GYN BB-667
Last day of Clerkship	7:45AM	Return books	UWMC
	8:00AM	Final Written Exam	(location announced by email, one week prior)
After exam, complete evaluations			

If you have any questions, either before or during the clerkship, please do not hesitate to call us.

Vicki Mendiratta, MD
Clerkship Director
OB/GYN Division of Education
vmendira@u.washington.edu

Jamie Vickerman
Clerkship Coordinator
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Policy & Procedure

Subject: Confidentiality and Privacy, Patient	Effective date signifies approval of this MHS policy by the Leadership Council	
	Policy No.	
	Effective Date: 4/01	Page: 1 of 6
	Date of Origin: 1960	Review Date: 4/03
	Point of Contact: Assistant General Counsel	Telephone Number: 1107
Proponent: Risk and Legal Services		

1. Purpose:

To establish guidelines for maintaining the rights of all patients to personal privacy and confidentiality of their patient information.

2. Policy:

MultiCare supports the rights of all patients to personal privacy and confidentiality, and maintains patient records and information in a confidential manner.

3. References:

- a. Joint Commission Standards on Patient Rights
- b. HCFA Conditions of Participation
- c. MHS Patients Rights Policy
- d. MHS Informed Consent Policy
- e. MHS Human Resources Policy: Confidentiality
- f. MHS Human Resources Policy: Progressive Guidance
- g. Corporate Compliance Program, Progressive Guidance Policy

4. Responsibilities/Procedures:

- a. All MultiCare staff (employed, volunteer, and contracted) will respect every patient’s right to personal privacy.
 - 1. Discussions regarding a patient’s care will be conducted discreetly and include only individuals involved in that patient’s care, or who need the information as part of their job responsibilities at MHS.
 - 2. Bathing, treatment, procedures and/or physical examinations will be conducted in an environment that will ensure privacy and modesty.
 - 3. Patients will be allowed to wear appropriate personal clothing or religious items that do not interfere with treatment or procedures.
- b. MultiCare staff (employed, volunteer, and contracted) will respect every patient’s right to confidentiality of their patient information.
 - 1. All information about patients, including their medical, social, financial, or insurance information, is considered confidential.
 - 2. MultiCare staff will treat all patient information, including the fact of admission, as confidential.
 - 3. MultiCare staff will not access patient records or information unless they have a “need to know” in order to perform their job related responsibilities at MHS.

4. Information about patients will be disclosed to another person, internal or external to MultiCare, only when it is necessary to treat the patient or conduct MultiCare business, as defined by applicable MultiCare policies, or otherwise as required or authorized by law.
 5. If confidential patient information is sent via fax, it is recommended the individual/institution receiving the information be contacted if possible prior to sending the fax. A cover sheet should be faxed with any patient information, indicating “confidential”, with the name of the person authorized to receive the information, and a statement indicating who to contact if the fax is received in error. Faxing HIV information is prohibited.
 6. For incoming calls to TG/AH or MB, the Switchboard has a system for identifying hospital patients who wish anonymity. For those patients requesting anonymity, any calls that are received by Telecommunications will be handled in accordance with the Switchboard Do Not Announce Status Policy.
 7. When a patient unit receives a call, the call will be transferred to the patient room unless a block has been requested.
 8. If a call is received by a patient unit requesting information about a patient’s condition, the RN will report the patient’s condition as stable, satisfactory, critical or expired after verification that the person calling is an immediate family member of the patient or a person with whom the patient is known to have a close personal relationship, unless the patient has instructed staff in writing to not provide any information.
 9. Telephone calls from staff to patients at home/work.
 - a. When making a telephone call to a patient, staff should ensure that they have permission to leave a message, if the patient is not there when the call is made. Staff will not leave personal information on answering machines or provide information to anyone other than the patient unless permission to do so has been granted.
 - b. When a patient calls to make an appointment, staff who schedule appointments will: (1) verify with the patient that they may leave a message reminding the patient of the appointment, and (2) verify with the patient the phone number they may call to leave a message.
 - c. Prior to discharge from ambulatory procedure or acute care settings, staff will verify patients have provided written consent giving permission for follow-up calls to their home and permission to leave a message if the patient is not there. Permission may be given when the patient signs the Conditions for Treatment form (unless the patient has indicated otherwise on the form), or on a department specific discharge summary.
 10. Staff will support a patient’s right to refuse to speak with anyone not directly involved in providing care to the patient.
 11. Patient records will not be removed from MultiCare’s jurisdiction except by court order, subpoena, or as authorized by Risk and Legal Services.
 12. Patient records will remain in the location where the patient is receiving medical care, or in an appropriate department.
- c. Patient Authorization Required for Disclosure of Health Care Information (RCW 70.02.050).**
1. Subject to limited exceptions outlined below, patient health care information will not be released without a patient’s written authorization, signed by the patient, or the patient’s authorized representative if the patient is incompetent (See MHS Informed Consent Policy).
 2. A health care provider may disclose health care information without the patient’s authorization to the extent the recipient needs the information, if the disclosure is:
 - a. To a person who the provider reasonably believes is providing health care to the patient;
 - b. To a person who requires information for health care education within MHS, or to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to MHS, or for assisting MHS in the delivery of health care;
 - c. To any person if the health care provider reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the patient or any other individual;
 - d. To immediate family members of the patient, or any other individual with whom the patient is known to have a close personal relationship, as long as the

disclosure is **verbal** and the provider uses good professional judgment, unless the patient has given written instructions not to make the disclosure;

- e. In accordance with MHS Policy for Release of Information to the News Media;
 - f. Other circumstances as set forth in RCW 70.02.050;
 - g. Otherwise as required or authorized by law.
3. Health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS), sexually transmitted diseases, mental health, or drug or alcohol abuse, will be disclosed only as set forth in Sections e-g below.
- d. Mandatory Disclosure Without Patient Authorization.**
- 1. In the following circumstances, a health care provider shall disclose health care information about a patient without the patient's authorization if the disclosure is:
 - a. To federal, state or local authorities as required by law or as necessary to report suspected child and elder abuse. (See MHS Policies for Suspected Child Abuse and Adult Abuse);
 - b. In compliance with a court order;
 - c. To federal, state or local public health authorities, to the extent the health care provider is required by law to report health care information;
 - d. Pursuant to subpoena. However, a subpoena is not sufficient for health care information relating to testing, diagnosis and/or treatment for HIV (AIDS), sexually transmitted diseases, mental health, or drug or alcohol abuse. A specific written consent from the patient or a court order is required.
- e. Mental Health Information (RCW 71.05.390 for Adults and RCW 71.34.200 for Minors).**
- 1. Mental health information receives special protection under state law. Absent specific written authorization from the patient or patient's legal representative, mental health information may be released only under limited circumstances, including:
 - a. In communication between professionals in providing mental health services or in making appropriate referrals. [RCW 71.05.390(1) for adults and RCW 71.34.200(1) for minors].
 - b. To professionals who have medical responsibility for the patient's care. [RCW 71.05.390(1) for adults and RCW 71.34.200(3) for minors].
 - c. To law enforcement when the health and safety of a person has been threatened, or a person has been repeatedly harassed by the patient. Disclosure will be limited to dates of admission, and only such other information as is pertinent to the threat or harassment. [RCW 71.05.390(10) for adults and RCW 71.34.200(12) for minors].
 - d. To a person whose health and safety has been threatened or who has been repeatedly harassed by the patient. Disclosure will be limited to dates of admission, and only such other information as is pertinent to the threat or harassment. [RCW 71.05.390(10) for adults and RCW 71.34.200(12) for minors].
 - e. For purposes of billing, insurance and claims for payment for services. [RCW 71.05.390(4) for adults and RCW 71.34.200(6) for minors].
 - f. As ordered by a court.
 - g. Other circumstances as set forth in RCW 71.05.390 for adults and RCW 71.34.200 for minors.
 - h. Otherwise as required or authorized by law.
 - 2. Minors.
 - a. If a minor patient is under 13 years old, information will not be disclosed without specific written consent from the minor's parent or a person authorized to make medical decisions on behalf of the minor, except as set forth above under 4.e.1.
 - b. A minor 13 years or older may consent to outpatient mental health treatment without parental consent. RCW 71.34.030. If a minor is 13 years or older and consents to outpatient mental health treatment, information about the patient's testing, diagnoses or treatment of mental health will not be disclosed, including

to parents, without the minor's specific written consent, except as set forth above under 4.e.1. [RCW 70.02.130].

f. Sexually Transmitted Disease (STD) and HIV Information (RCW 70.24.105).

1. STD and HIV (AIDS) information receives special protection under state law. Absent specific written authorization from the patient or patient's legal representative, information relating to testing, diagnoses and treatment of the patient, including the identity of the person seeking a test or treatment for STD or HIV (AIDS), may be released only under limited circumstances, including:
 - a. To a health care provider in order to provide health care services to the patient [RCW 70.24.105(6)];
 - b. Public health officers and the centers for diseases control in accordance with reporting requirements [RCW 70.24.105(2)(c), and WAC 246-101];
 - c. To a law enforcement officer, fire fighter, health care provider, health care facility staff person, or others as defined in RCW 70.24.105, who have been exposed to a patient's blood or bodily fluids, but only in accordance with RCW 70.24.105 and WAC 246-100-016. See also MHS HR Blood/Body Fluid Exposure Policy.
 - d. As ordered by a court [RCW 70.24.105(2)(f)];
 - e. Third party payors for purposes of payment of medical claims [RCW 70.24.105(2)(j)];
 - f. Other circumstances as set forth in RCW 70.24.105 and WAC 246-100;
 - g. Otherwise as required or authorized by law.
2. Minors.
 - a. If a minor is under 14 years old, information will not be disclosed without a specific written consent from the minor's parent or a person authorized to make medical decisions on behalf of the minor, except as set forth above under 4.f.1.
 - b. A minor 14 years or older may consent to medical care relating to the diagnosis or treatment of any STD, or HIV (AIDS) without parental consent. RCW 70.24.110. If a patient is 14 years or older, information relating to testing, diagnoses or treatment of any STD or HIV (AIDS) will not be disclosed, including to parents, without the minor's specific written consent, except in the circumstances set forth above under 4.f.1. [RCW 70.02.130].

g. Drug and Alcohol Abuse Information [42 CFR, Part 2, and RCW 70.96A.150].

1. Drug and alcohol information receives special protection under state and federal law. Absent specific written authorization from the patient, health care information relating to diagnosis and treatment of drug and alcohol abuse may be released only under limited circumstance, including:
 - a. To medical personnel who need the information to treat a medical condition that poses an immediate threat to the health of the patient [42 CFR § 2.51];
 - b. In response to a court order obtained in accordance with specific requirements set forth under federal and state law [RCW 70.96A.150(1)(b); 42 CFR §2.61-2.67];
 - c. To report suspected instances of child abuse and neglect. [RCW 70.96A.150(1)(c)];
 - d. If a patient commits a crime on MHS premises or against staff or threatens to do either, law enforcement may be given information limited to circumstances of the incident, the patient's name, address and last known whereabouts. [42 CFR §2.12 (c)(5); RCW 70.96A.150(1)(d)];
 - e. Other circumstances as set forth in 42 CFR Part 2, and RCW 70.96A.150;
 - f. Otherwise as required or authorized by law.
2. Minors:
 - a. If a minor is under 13 years old, information will not be disclosed without specific written consent from the minor's parent or a person authorized to make medical decisions on behalf of the minor, except as set forth above under 4.g.1;
 - b. A minor 13 years or older may consent to outpatient testing, diagnoses and treatment relating to alcohol or substance abuse without parental consent. RCW 70.96A.095.

If the patient is 13 years or older, information about the patient's testing, diagnoses or treatment of alcohol or substance abuse will not be disclosed, including to parents, without the minor's specific written consent except as set forth above under 4.g.1. [RCW 70.02.130 and RCW 70.96A.230].

h. Pregnancy or Birth Control Related Care.

1. A minor patient, regardless of age, may consent to birth control or pregnancy related care without parental consent. (See MHS Informed Consent Policy.)
2. If a minor patient, regardless of age, consents to birth control or pregnancy related care, information about the patient's medical care relating to pregnancy or birth control will not be disclosed, including to parents, without the minor's specific written consent, except in the circumstances set forth above. [RCW 70.02.130].

i. Emancipated Minors.

1. Emancipated minors may consent to medical care without parental consent. (See MHS Informed Consent Policy).
2. If an emancipated minor consents to medical care, information about the minor's medical care will not be disclosed without the minor's consent, except in the circumstances set forth above [RCW 70.02.130].

5. Attachment(s) and/or Forms:

Distribution: MHS Intranet
Policies/Confidentiality and Privacy, Patient-030801

TACOMA HOUSING

A one bedroom apartment is available across from Tacoma General Hospital (Address is 415 South J Street #18). It is furnished with the VERY basics for furniture and kitchen gear. You will need to bring towels, pillows, twin-bed sheets and toiletries. The phone is restricted: You will need to use a phone card or go through the operator to call out of Tacoma.

TO GAIN ACCESS TO THIS APARTMENT

You must call Lynn Quanrud at 572-4681 to make arrangements for getting a key. Her office is located at 419 South L Street (After November 15: 521 South K Street). Her hours are Tuesday thru Friday fro 8:30-5:00. She will be happy to answer any questions you might have about the apartment. If you do not call Lynn, you will have to make other arrangements for a place to stay the first night so that the apartment can be cleaned.

GRATUITOUS MEDICAL STUDENT-PRECEPTORSHIP AGREEMENT

This Agreement is made this _____ day of _____, 2004 between MultiCare Health System ("MHS"), a non-profit corporation registered in Washington State, _____ ("Medical Student") and _____ ("Preceptor"). MHS is in the business of providing acute inpatient care to members of the community. MHS owns and operates Tacoma General-Allenmore Hospital and Mary Bridge Children's Hospital, all located in Tacoma, Washington.

This Agreement is freely entered into for the mutual benefit of the parties with the understanding that the Preceptor will provide direct supervision to the Medical Student at MHS hospitals at no cost to the Preceptor or to MHS. The benefit to MHS and to the Preceptor is the good will and enhanced reputation generated by working with the Medical Student in the capacity described in this Agreement.

1. Medical Student is a ____ year student in good standing at _____ (Medical School).
2. Preceptor is a board certified _____ with privileges to practice at MHS hospitals.
3. The term of this Agreement is from _____, 2004 to _____, 2004. Any party may terminate this Agreement without cause.
4. Responsibilities of Medical Student. Medical Student hereby agrees that he shall:
 - a. Maintain medical malpractice insurance of at least \$1 million per occurrence and \$3 million aggregate coverage as evidence of such coverage, Medical Student shall furnish MHS with a certificate of insurance or alternative documentation prior to commencing the preceptorship under this Agreement. If Medical Student is insured under a claims made policy during the term of this Agreement, Medical Student agrees to maintain after the expiration of this Agreement "tail coverage" in said amounts to insure for professional liability that occurred during the term of this Agreement. Medical Student shall notify its liability insurance carrier that it has entered into this Agreement.
 - b. Maintain adequate health insurance during the term of this Agreement.

- c. At all times, practice solely under the direct supervision of the Preceptor and incur no direct patient care responsibilities. With the Preceptor, clearly inform each patient of the medical student status not associated with MHS and obtain each patient's consent for medical student observation and/or participation under the direct supervision of the Preceptor. Medical Student's participation is expected to be minor, such as changing bandages.
 - d. Wear a name tag identifying him as a medical student with the name of the medical school and the name of the Preceptor or Group at all times when on MHS premises.
 - e. Warrant that he is in the third or fourth year of medical school and has successfully completed part I of the National Boards.
 - f. Accompany Preceptor on inpatient care activities without incurring direct patient responsibilities. Participate in procedures for which the Preceptor is credentialed to scrub and assist with retraction and suctioning during operative procedures under direct supervision of the Preceptor.
 - g. Provide documentation that Medical Student has, prior to the beginning of the preceptorship at MHS, had a Maniteau skin test or chest x-ray, and has immunity to rubella and rubiola.
 - h. Evaluate the preceptorship at MHS and provide the evaluation to the Preceptor and to the MHS Medical Staff Services office.
 - i. Refrain from publishing any materials developed as a result of the preceptorship at MHS, unless such materials have been approved for release, in writing, by both the Preceptor and by MHS.
 - j. The medical student will not see or round on patients with any blood relatives who are health care providers.
5. Responsibilities of Preceptor. Preceptor hereby agrees that he will:
- a. Maintain privileges at MHS hospitals.

- b. Provide to the MHS Medical Staff Services Office at least thirty (30) days prior to the beginning of the preceptorship a complete student information sheet including the following information:

- Medical Student name
- Name of medical school
- Type of preceptorship
- Dates of preceptorship
- Location of preceptorship
- Description of proposed Medical Student activities during preceptorship

- b. Participate in orienting Medical Student to MHS policies and procedures.
- c. Maintain and accept responsibility for direct supervision of Medical Student at all times.
- d. Introduce the Medical Student to each patient and/or legal surrogate and insure that consent is obtained for medical student observation and/or participation. Document the consent in the patient's medical record.
- e. 10 days prior to the beginning of the preceptorship, notify the Clinical Director or Supervisor of affected departments of pertinent facts concerning the Medical Student preceptorship.
- f. Assume full responsibility and liability for the actions of the Medical Student.
- g. Generate bills for professional services rendered by Preceptor and/or Medical Student consistent with applicable state and federal laws and regulations. Proceeds from such bills for professional services are the exclusive property of Preceptor and neither MHS nor Medical Student shall have any right or claim to such proceeds.
- h. Evaluate the performance of Medical Student in the preceptorship and provide a copy of the evaluation to MHS Medical Staff Services office.

- i. Insure that Medical Student adheres to the standards, policies, and regulations of MHS.
6. Responsibilities of MHS. MHS hereby agrees that it will:
- a. Review the request for preceptorship and the Medical Student information sheet and make the final decision as to whether to accept the Medical Student in the preceptorship program.
 - b. Participate in orienting the Medical Student to pertinent MHS policies and procedures.
 - c. Permit Medical Student, under direct supervision of Preceptor, to participate in the care of Preceptor's patients at MHS consistent with patient rights and needs and within Medical Student's level of training.
 - d. Maintain patient care services without relying upon Medical Student for such services.
 - e. Make available emergency medical care to Medical Student at MHS if he becomes ill or injured on MHS premises. This is agreed to be interim care only, this service terminates when Medical Student can be transferred to the care of a personal physician. Medical Student receiving such care from MHS shall be responsible for payment of medical charges on the same basis as any individual at MHS for medical services.
 - f. Terminate Medical Student's participation in the preceptorship if Medical Student fails to abide by MHS policies and procedures, or if in the opinion of the applicable MHS Clinical Director or Medical Director, if Medical Student's behavior is disruptive to MHS operations or may present a risk of harm to patients.
 - g. Generate bills for facility charges, which may include services rendered by Medical Student. Proceeds from such bills shall be the exclusive property of MHS. Neither the Preceptor nor the Medical Student shall have any right or claim to such procedures.

7. General Covenants.

- a. Each party to this Agreement will notify the other parties in writing within seven (7) days of its discovery of any professional liability claim made against Medical Student or Preceptor or MHS, which may arise out of performance of this Agreement.
- b. Parties to this Agreement shall not discriminate against any party, patient or MHS employee in violation of applicable state and federal laws and regulations.
- c. Neither Medical Student nor Preceptor shall at any time represent himself as employees or agents of MHS by virtue of the preceptorship affiliation with MHS under this Agreement. Neither Medical Student nor Preceptor is a partner or joint venturer with MHS in connection with any activity carried on by MHS pursuant to this Agreement.
- d. Neither MHS nor Preceptor grants or delegates any of its powers, either statutory, administrative, implied or otherwise, to the other.
- e. Medical Student and Preceptor shall defend, indemnify, and hold MHS harmless from and against any and all claims, demands, liabilities, damages, expenses (including attorneys fees) for injury to persons or damage to property caused or asserted to have been caused by the negligent acts or omissions of the Medical Student and/or Preceptor. This indemnity agreement specifically applies to, but is not limited to, those situations wherein MHS is held or asserted to be vicariously liable for negligent acts of Medical Student and/or Preceptor.
- f. MHS shall defend, indemnify, and hold harmless, Medical Student and/or Preceptor from and against any and all claims, demands, liabilities, damages, and expenses (including attorneys fees) for injury to persons or damage to property caused or asserted to have been caused by the negligent acts or omissions of MHS, its agents, subsidiaries, or employees.
- g. This is the entire Agreement of Medical Student, Preceptor and MHS according to the subject matter hereof, and it supersedes all prior agreements between the parties.

- h. This Agreement shall be subject to and governed by the laws of the State of Washington, jurisdiction and venue shall lay in Pierce County, Washington.
- i. Waiver of any party of a breach, or violation of any provision of this Agreement, shall not operate as or be construed of a waiver of a subsequent breach hereof, and the waiving party may at any time, by proper notice, reinforce compliance of said waived breach or violation.
- j. Nothing in this Agreement shall allow assignment by Preceptor or Medical Student of any rights or obligations herein. Such assignment is expressly prohibited.

IN WITNESS WHEREOF, the parties hereunto have executed this Agreement as of the day and year first written above.

MULTICARE HEALTH SYSTEM

By: _____
Richard Stubbs, M.D.
Vice President Medical Affairs

Date: _____

PRECEPTOR

By: _____

Date: _____

MEDICAL STUDENT

By: _____

Date: _____

MULTICARE HEALTH SYSTEM
CONFIDENTIALITY AGREEMENT

MultiCare Health System maintains patient records and information in a confidential manner. Information in patient records or information collected from the patient is kept in strict confidence in accordance with the Uniform Health Care Information Act. Systems for the security of patient records have been developed and are an important part of protecting patient confidentiality.

I have reviewed the MultiCare policies and procedures regarding patient confidentiality. As a condition of my employment/work study/clinical placement, I agree to abide by all established MultiCare policies relating to patient confidentiality. I will not access patient records or information via hard copy or information systems unless I have a "need to know" in order to perform my job/work study/clinical placement responsibilities. I assure MultiCare Health System that I will not, under any circumstances, use or disclose patient information for any other purpose, and I will take appropriate steps to protect the confidentiality of patient information and records.

I understand that unauthorized use or disclose of patient information may subject me to civil liability under Washington State Law.

By signing, I acknowledge that I have been provided a copy of the MHS Notice of Privacy Practices effective April 14, 2003

Name (please print)

Signature

Date

Witness

Date