

Visiting Resident/Fellow Policy

- Scope:** The Visiting Resident/Fellow Policy applies to all visiting residents/fellows who rotate at a UW Medicine training site (including University of Washington Medical Center, Harborview Medical Center, VA Puget Sound, Seattle Cancer Care Alliance and/or other UW Medicine sites) as part of their ACGME residency/fellowship training program.
- Policy:** The UW School of Medicine accepts visiting residents/fellows from UW-affiliated training programs and non-UW affiliated training programs for rotations of limited duration. All visiting residents/fellows must have their application processed by the GME Office prior to beginning training at a UW Medicine site.
- Procedures:** UW programs wishing to accept visiting residents/fellows for rotations within UW Medicine must submit a completed application form and the following required documentation to the GME Office at least **four weeks** prior to the rotation start date, *Incomplete applications will not be processed.*
1. Visiting Resident/Fellow Application Form (program must obtain all required signatures before submitting to the GME Office).
 2. Resident/Fellow's Curriculum Vitae
 3. Resident/Fellow's ECFMG certificate (if applicable)
 4. Verification of HIPAA Training
 - If the visiting rotation is one month or less, verification of HIPAA training (i.e., copy of completion certificate) from the sponsoring institution must be submitted along with a signed HIPAA Training Certification form.
 - If the visiting rotation is greater than one month, the resident/fellow must complete UW School of Medicine HIPAA training (to be arranged by GME).
 - Residents/fellows who have completed HIPAA training at Virginia Mason Medical Center, Swedish Medical Center, Madigan Army Medical Center, or through the VA, may waive UW HIPAA Compliance training by providing proof of completion of training and submitting a signed HIPAA Training Certification Form.
 5. Completed UW Medicine Privacy, Confidentiality, and Information Security Agreement (copy)
 6. Immunization Health History & TB Screening Records
 7. Copy of current Medical License
 8. Justification from the UW residency/fellowship program director and/or supervising faculty member that the activity supports the UW Medicine mission and/or provides a unique educational opportunity for the resident/fellow.*
 9. Verification from the sponsoring institution that the resident/fellow is matriculated and is in good standing with the program, and confirmation from the sponsoring institution that it will provide professional liability insurance for the resident during the rotation.*
 10. Certificate of liability insurance from the sponsoring institution.*

*Not required for residents/fellows from UW-affiliated programs.

UW Medicine Account requests are to be submitted by the UW program via UW Medicine IT Services.

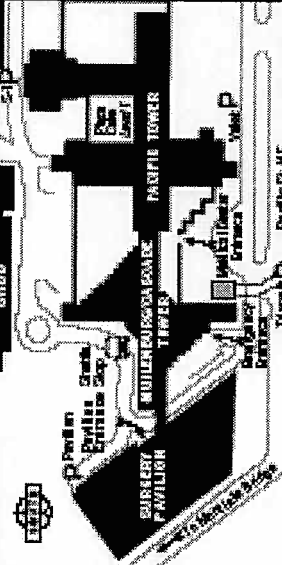
If approved, the supervising faculty member(s) and the UW program director must assure that evaluations of the visiting resident/fellow are completed and sent to the visiting resident/fellow's home institution within two weeks of completion of the rotation. In addition, the supervising faculty member(s) are responsible for ensuring compliance with the ACGME duty hour standard.

Notification of any change in the visiting rotation must be made at least **one week** in advance of the rotation.

March 2005
UNIVERSITY OF WASHINGTON
MEDICAL CENTER
UW Medicine



	Shuttle		Restaurant
	Cash Machine (Level 2)		Restrooms
	Elevator		Smoking Area (designated area only (Level 2))
	Escalator		Stairs
	Expresso Bar (Level 1 & 2)		Telephones
	Parking		TTY Telephones
			Wheelchair access



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1980-1981, 1982-1983, 1984-1985, 1986-1987, 1988-1989, 1990-1991, 1992-1993, 1994-1995, 1996-1997, 1998-1999, 2000-2001, 2002-2003, 2004-2005, 2006-2007, 2008-2009, 2010-2011, 2012-2013, 2014-2015, 2016-2017, 2018-2019, 2020-2021, 2022-2023, 2024-2025, 2026-2027, 2028-2029, 2030-2031, 2032-2033, 2034-2035, 2036-2037, 2038-2039, 2040-2041, 2042-2043, 2044-2045, 2046-2047, 2048-2049, 2050-2051, 2052-2053, 2054-2055, 2056-2057, 2058-2059, 2060-2061, 2062-2063, 2064-2065, 2066-2067, 2068-2069, 2070-2071, 2072-2073, 2074-2075, 2076-2077, 2078-2079, 2080-2081, 2082-2083, 2084-2085, 2086-2087, 2088-2089, 2090-2091, 2092-2093, 2094-2095, 2096-2097, 2098-2099, 2100-2101, 2102-2103, 2104-2105, 2106-2107, 2108-2109, 2110-2111, 2112-2113, 2114-2115, 2116-2117, 2118-2119, 2120-2121, 2122-2123, 2124-2125, 2126-2127, 2128-2129, 2130-2131, 2132-2133, 2134-2135, 2136-2137, 2138-2139, 2140-2141, 2142-2143, 2144-2145, 2146-2147, 2148-2149, 2150-2151, 2152-2153, 2154-2155, 2156-2157, 2158-2159, 2160-2161, 2162-2163, 2164-2165, 2166-2167, 2168-2169, 2170-2171, 2172-2173, 2174-2175, 2176-2177, 2178-2179, 2180-2181, 2182-2183, 2184-2185, 2186-2187, 2188-2189, 2190-2191, 2192-2193, 2194-2195, 2196-2197, 2198-2199, 2200-2201, 2202-2203, 2204-2205, 2206-2207, 2208-2209, 2210-2211, 2212-2213, 2214-2215, 2216-2217, 2218-2219, 2220-2221, 2222-2223, 2224-2225, 2226-2227, 2228-2229, 2230-2231, 2232-2233, 2234-2235, 2236-2237, 2238-2239, 2240-2241, 2242-2243, 2244-2245, 2246-2247, 2248-2249, 2250-2251, 2252-2253, 2254-2255, 2256-2257, 2258-2259, 2260-2261, 2262-2263, 2264-2265, 2266-2267, 2268-2269, 2270-2271, 2272-2273, 2274-2275, 2276-2277, 2278-2279, 2280-2281, 2282-2283, 2284-2285, 2286-2287, 2288-2289, 2290-2291, 2292-2293, 2294-2295, 2296-2297, 2298-2299, 2300-2301, 2302-2303, 2304-2305, 2306-2307, 2308-2309, 2310-2311, 2312-2313, 2314-2315, 2316-2317, 2318-2319, 2320-2321, 2322-2323, 2324-2325, 2326-2327, 2328-2329, 2330-2331, 2332-2333, 2334-2335, 2336-2337, 2338-2339, 2340-2341, 2342-2343, 2344-2345, 2346-2347, 2348-2349, 2350-2351, 2352-2353, 2354-2355, 2356-2357, 2358-2359, 2360-2361, 2362-2363, 2364-2365, 2366-2367, 2368-2369, 2370-2371, 2372-2373, 2374-2375, 2376-2377, 2378-2379, 2380-2381, 2382-2383, 2384-2385, 2386-2387, 2388-2389, 2390-2391, 2392-2393, 2394-2395, 2396-2397, 2398-2399, 2400-2401, 2402-2403, 2404-2405, 2406-2407, 2408-2409, 2410-2411, 2412-2413, 2414-2415, 2416-2417, 2418-2419, 2420-2421, 2422-2423, 2424-2425, 2426-2427, 2428-2429, 2430-2431, 2432-2433, 2434-2435, 2436-2437, 2438-2439, 2440-2441, 2442-2443, 2444-2445, 2446-2447, 2448-2449, 2450-2451, 2452-2453, 2454-2455, 2456-2457, 2458-2459, 2460-2461, 2462-2463, 2464-2465, 2466-2467, 2468-2469, 2470-2471, 2472-2473, 2474-2475, 2476-2477, 2478-2479, 2480-2481, 2482-2483, 2484-2485, 2486-2487, 2488-2489, 2490-2491, 2492-2493, 2494-2495, 2496-2497, 2498-2499, 2500-2501, 2502-2503, 2504-2505, 2506-2507, 2508-2509, 2510-2511, 2512-2513, 2514-2515, 2516-2517, 2518-2519, 2520-2521, 2522-2523, 2524-2525, 2526-2527, 2528-2529, 2530-2531, 2532-2533, 2534-2535, 2536-2537, 2538-2539, 2540-2541, 2542-2543, 2544-2545, 2546-2547, 2548-2549, 2550-2551, 2552-2553, 2554-2555, 2556-2557, 2558-2559, 2560-2561, 2562-2563, 2564-2565, 2566-2567, 2568-2569, 2570-2571, 2572-2573, 2574-2575, 2576-2577, 2578-2579, 2580-2581, 2582-2583, 2584-2585, 2586-2587, 2588-2589, 2590-2591, 2592-2593, 2594-2595, 2596-2597, 2598-2599, 2600-2601, 2602-2603, 2604-2605, 2606-2607, 2608-2609, 2610-2611, 2612-2613, 2614-2615, 2616-2617, 2618-2619, 2620-2621, 2622-2623, 2624-2625, 2626-2627, 2628-2629, 2630-2631, 2632-2633, 2634-2635, 2636-2637, 2638-2639, 2640-2641, 2642-2643, 2644-2645, 2646-2647, 2648-2649, 2650-2651, 2652-2653, 2654-2655, 2656-2657, 2658-2659, 2660-2661, 2662-2663, 2664-2665, 2666-2667, 2668-2669, 2670-2671, 2672-2673, 2674-2675, 2676-2677, 2678-2679, 2680-2681, 2682-2683, 2684-2685, 2686-2687, 2688-2689, 2690-2691, 2692-2693, 2694-2695, 2696-2697, 2698-2699, 2700-2701, 2702-2703, 2704-2705, 2706-2707, 2708-2709, 2710-2711, 2712-2713, 2714-2715, 2716-2717, 2718-2719, 2720-2721, 2722-2723, 27

UWSOM VISITING RESIDENT/FELLOW APPLICATION FORM

Submit completed application form and required documentation listed below to the UW GME Office (Box 356340) for approval.

Affiliation Agreement/Program Letter of Agreement for Rotation? ____YES ____NO If yes, on file with GME? ____YES ____NO (please attach)

Resident/Fellow Information

_____ Last Name	_____ First Name	_____ Social Security Number
_____ Current R-Level	_____ Current Specialty	_____ Date of Birth (mm/dd/yy)
_____ First Residency Site	_____ First Residency Start Date mm/dd/yy)	_____
_____ Medical School	_____ Date of Graduation	_____ Foreign Medical Graduate? ECFMG Certificate Number (if applicable)

Are you currently licensed to practice medicine? ____ Yes ____ No NPI Number (if available): _____

Sponsoring Institution Information

_____ Sponsoring Institution	_____ Address
_____ Sponsoring Institution Program Director	_____ Phone Number

Rotation Information

Location of Rotation(s): UWMC/HMC/SCCA/FHCRC/CHRM/VA	Name of Rotation(s):	Date of Rotation(s):
1) _____	_____	_____
2) _____	_____	_____

_____ Supervising Physician (print and sign)	_____ Date
_____ UW Program Director (print and sign)	_____ Date
_____ UW Program Coordinator (print and sign)	_____ Date

Required Documentation

- | | |
|---|--|
| ☐ Curriculum Vitae | ☐ Copy of Medical License |
| ☐ ECFMG Certificate (if applicable) | |
| ☐ HIPAA Training Certification Form | Required only for residents/fellows from non-affiliated programs: |
| ☐ Copy of UW Medicine Privacy, Confidentiality, and Information Security Agreement | ☐ UW Residency/Fellowship Program Justification |
| ☐ Immunization Health History Information | ☐ Sponsoring Institution Verification |
| | ☐ Certificate of Liability Coverage |

Resident/Fellow Verification Statement

I understand that before my request to rotate at _____ can be approved, all required documentation listed above must be submitted to the UW GME Office. I certify that all the information given on this application is true, accurate and complete.

_____ Signature of Resident/Fellow	_____ Date
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GME Office Approval

_____ Signature	_____ Date
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**Pathology Residency Program
Visiting Resident/Fellow
Program Justification &
Sponsoring Institution Verification**

Visitor: _____ Visit Dates: _____

Address: _____ Email: _____

_____ Phone: _____

Home Institution: _____

Date Began Residency Program: _____

Anticipated Program Completion: _____

Description of this educational opportunity including how it is unique for the resident/fellow and institutions, what educational activities will be included, and how the resident/fellow will be evaluated. The visiting resident/fellow and the UW Pathology/Lab Med faculty mentor(s) need to sign their agreement to this learning plan.

Visiting Resident/Fellow

UW Faculty Mentor

I verify that the above-named visiting resident/fellow is matriculated in our program for the training dates described above. The resident/fellow is in good standing in our program. I understand that the home institution is responsible for continued support of the visiting resident/fellow including salary, benefits, and liability coverage. A certificate of liability coverage is being provided to the UW Pathology Residency Program.

Contact Information:

Program Director

Application materials need to be submitted at least 6 weeks prior to training. Notification of any change in the visiting rotation must be made at least one week in advance of the change.

Tabitha Fletcher
Program Assistant
UW Pathology Residency Program
Box 356100
Seattle, WA 98195-6100
206-598-8000 FAX: 206-598-3083

CC: Dr. Rochelle L. Garcia, MD; Residency Program Director

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HIPAA TRAINING CERTIFICATION

I, _____, certify that I have received _____ training
(Print Name) (hours/minutes)
on the confidentiality of patient health information, specifically the privacy regulations adopted pursuant to the
Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), at

_____ on ____ / ____ / ____
(name and location of facility) (day/month/year)

I understand that I must maintain the confidentiality of individual healthcare information and agree to comply with
UW Medicine Privacy policies and procedures located at <http://depts.washington.edu/comply/privacy.shtml>.

Additionally I understand **and have reviewed and received a copy of** the following summary of selected UW
Medicine Privacy Policy and Procedures:

PP-01. The University of Washington (UW) is a hybrid entity with both health care components and non-health care components. UW has designated certain of its health care components and related covered entities as one affiliated health care entity known as "UW Medicine." UW Medicine is comprised of the University of Washington Medical Center and Clinics; Harborview Medical Center and Clinics; UW Medicine Neighborhood Clinics (University of Washington Physicians Network); UW Physicians Sports Medicine Clinic; UW Medicine Eastside Specialty Center; Hall Health Primary Care Center; and UW Physicians. Within these entities, protected health information (PHI) may be shared for treatment, payment and health care operations. PHI may not be shared with the non-health care components of the UW without patient authorization unless it is for the component to support the treatment, payment or health care operations of UW Medicine. Throughout this summary, references to UW Medicine will include UW Medicine's workforce.

PP-02. Prior to April 14, 2003, and until the individual's first contact with UW Medicine for services, UW Medicine entities may continue to rely on the individual's "Registration Consent /Financial Agreement," authorization, or other express legal permission to use and disclose PHI for treatment, payment, or health care operations. Each UW Medicine entity will obtain the individual's acknowledgement of receipt of the UW Medicine Notice of Privacy Practices or make a good faith effort to obtain an acknowledgment for all services provided after April 14, 2003.

PP-03. Outlines UW Medicine's policy for the administrative requirements related to the UW Medicine's Privacy Program. The Administrative Requirements include twelve sections: Training, Sanctions for the Failure to Follow Applicable Privacy Policy or for a Breach of Patient Confidentiality or Security, Safeguards, Disclosures by Whistleblowers, Workforce Member Crime Victims, Mitigation, Retaliatory Acts, Waiver of Rights, Complaints, Personnel Designations, Revisions to Privacy Policies and Procedures, and Documentation of Privacy Policies and Procedures.

PP-04. The law requires UW Medicine to train its workforce, including physicians, on the organization's policies and procedures. UW Medicine maintains documentation of the training provided to each individual for six years.

PP-05. Patients and their families have the right to file complaints about how UW Medicine and individual health care providers use or disclose their PHI. They may complain to the UW Medicine Privacy Office, the individual UW Medicine entity, or the U.S. Department of Health and Human Services • Office for Civil Rights (OCR). If any person complains to a member of the UW Medicine Workforce about a use or disclosure of PHI, the workforce member must contact the Privacy Official of the entity rendering the care immediately. **UW Medicine will not retaliate, or tolerate retaliation, against any one who files a complaint.**

PP-06. The UW Medicine sanction policy requires that appropriate sanctions be applied to workforce members who fail to comply with policies and procedures. Sanctions will be based upon UW Medicine policies and the relative severity of the violation.

PP-08. UW Medicine may share PHI for treatment, payment or health care operations among the UW Medicine entities and with UW components that support UW Medicine. UW Medicine may share PHI with any non-UW Medicine health care provider for treatment purposes. UW Medicine may share the minimum necessary PHI with

non-UW Medicine entities for payment purposes. Questions regarding the sharing of PHI for the health care operations of a non-UW Medicine entity should be directed to the Privacy Official of the entity providing treatment to the patient. Any other disclosure of PHI requires a valid authorization, unless the disclosure is allowed by PP16.

PP-09. Health care providers may communicate face-to-face with their patients about health related products or services that UW Medicine provides. Providers may also communicate with their patients about alternative treatments, coordination of care, or specialty care. UW Medicine must obtain the patient's authorization for any use or disclosure of PHI for non face-to-face marketing unless it is a promotional gift of nominal value.

PP-10. UW Medicine may use or disclose patient demographic information and the dates when patients received health care services to raise funds for its own benefit. UW Medicine must obtain an authorization for the use or disclosure of any other PHI for fundraising purposes. Individuals have the right to opt out of fundraising communications.

PP-11. UW Medicine has identified staff within UW Medicine who will respond to requests for disclosure of PHI. UW Medicine will verify the identity of all requestors and the requestors' legal authority for obtaining PHI. UW Medicine will document the requestors' authority to receive the PHI prior to release of PHI.

PP-12. UW Medicine may disclose PHI to an entity ("business associate") that is performing an activity on its behalf when UW Medicine obtains satisfactory assurances that the business associate will safeguard the information. Satisfactory assurances are documented in writing through a business associate agreement. Relationships between health care providers involving the treatment of a patient do not require satisfactory assurances and are therefore not business associate relationships. Please contact your entity's Privacy Official if you have questions about whether a business associate relationship exists in a specific situation.

PP-13. Upon admission, patients have the opportunity to decide whether to be included in the hospitals' inpatient directories. If a patient opts against disclosure in the directory, UW Medicine will not include that patient in the directory. If a patient is incapacitated at admission, the provider should exercise his or her best judgment on whether to list the patient in the facility directory until the patient is able to express an opinion. Hospitals may release the condition and location of patients when a requestor asks for the patient by name. With the permission of the patient, clergy of the same faith may be given directory information without asking for a patient by name.

PP-14. With exceptions, the personal representative or legally authorized surrogate decision-maker for the patient may sign the acknowledgement for receipt of the UW Medicine *Notice of Privacy Practices (Notice)* and make decisions concerning UW Medicine's use and disclosure of the individual or emancipated minor's PHI. In addition, unemancipated minors may sometimes acknowledge receipt of the UW Medicine *Notice* and make decisions concerning UW Medicine's use and disclosure of their PHI.

PP-15. UW Medicine may use or disclose PHI to relatives or other persons involved in the treatment or care of the patient, provided the patient does not object. When a patient is unable to express his or her wishes, the provider should exercise professional judgment on whether to release any PHI. If PHI is disclosed under these circumstances, UW Medicine will let the patient know of the disclosure as soon as possible.

PP-16. UW Medicine may use or disclose PHI without an individual's authorization for public health activities, health oversight activities, and specialized government functions. UW Medicine may also use or disclose PHI without an individual's authorization to avert a serious threat to the health or safety of any person, to law enforcement when required to do so by law, or pursuant to legal process. Please contact the Privacy Official for your entity for fact-specific questions.

PP-17. Psychotherapy notes maintained by behavioral health providers are a subset of PHI subject to heightened confidentiality protections. Psychotherapy notes may **only** be used or disclosed absent the patient's authorization to conduct UW Medicine training programs, for treatment by the behavioral health professional, to defend against legal action, to protect the health or safety of any person, or when required by law.

PP-18. Research involving human subjects (either directly or indirectly through PHI) requires review by an approved Institutional Review Board (IRB). Researchers may use or disclose PHI for research when authorized by the human subject or pursuant to an IRB-approved waiver or alteration. For more information on conducting research, please review the UW Human Subjects Division web page at <http://www.washington.edu/research/hsd/index.php>.

PP-19. Federal law allows UW Medicine to use or disclose a "limited data set" for research, public health, or health care operations. A "limited data set" is PHI that excludes 16 specific identifiers of the individual or of relatives, employers or household members. UW Medicine must obtain satisfactory assurances ("data use agreements") from the entity requesting a limited data set prior to allowing the use or disclosure. PHI may be de-identified through removal of 18 specific identifiers. Once de-identified, the data is no longer subject to state or federal privacy laws and regulations.

PP-20. When using or disclosing PHI for payment and health care operations or when the patient has not authorized the use or disclosure, providers may only disclose the minimum necessary PHI required to accomplish the intended purpose. This standard does not apply to disclosures required by law.

PP-21. UW Medicine provides all patients (except prisoner patients) a copy of its Notice of Privacy Practices (NPP), which outlines how an individual's PHI will be used or disclosed. UW Medicine is required to make a good faith effort to obtain written acknowledgement of receipt of the NPP from each patient treated after April 14, 2003.

PP-22. Individuals treated at UW Medicine facilities have a right to request additional restrictions on the use or disclosure of their PHI. UW Medicine is not required to agree to any restriction. If UW Medicine does agree then it must follow the agreed-upon restrictions. All agreed-upon restrictions must be documented in the individual's designated record set. The designated record set contains an individual's medical and billing records, and other information used to make decisions about the individual.

PP-23. An individual has the right to access, inspect or request a copy of PHI contained in the UW Medicine designated record set, unless an exemption applies (e.g., psychotherapy notes, information compiled for risk management purposes, etc.). Requests to access, inspect or photocopy PHI should be referred to the Release of Information Service Area for the entity in which services are provided.

PP-24. An individual may ask a health care provider to correct or amend his or her health care record. Requests must be in writing and state a reason for the requested change. UW Medicine has ten days from receipt of the request to respond in writing. If a provider receives a request for amendment, he or she must immediately contact the Release of Information Service Area for the entity in which services are provided.

PP-25. An individual has the right to request UW Medicine to provide an accounting of all disclosures from an individual's designated record set, excluding those uses or disclosures for which an accounting is not required (e.g., treatment, payment, or health care operations; uses or disclosures made with the individual's authorization; or uses or disclosures incidental to an authorized use or disclosure). If you receive a request for an accounting, please contact the entity's Health Information Management Area.

PP-26. Defines the UW Medicine Medical Record Designated Record Set and the Billing Designated Record Set.

If I have any questions or would like to know more about these policies and procedures, I can contact the Privacy Official or view the materials at <http://depts.washington.edu/comply/privacy.shtml>

Dated _____

Signature

Print Name

Department and Box No.

Documentation to me maintained in workforce member department record

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- ☐ Provide copy of this Agreement to the workforce member. ☐ File original Agreement in departmental personnel or academic file.
(All signed Agreements must be maintained for 6 years)

The following table is a glossary of terms used in the Privacy, Confidentiality, and Information Security Agreement.

Term	Definition
Access	To use, change, or view information.
Authorized duties or activities	Duties or activities that are established by those with appropriate authority related to the role or function of the workforce member, like a supervisor, manager or director.
Authorized software	Software that is authorized for use by the designated System Owner or Department Manager.
CONFIDENTIAL Information	CONFIDENTIAL Information is information that is very sensitive in nature, and requires careful controls and protection. Unauthorized disclosure of this information could seriously and adversely impact UW Medicine or interests of patients, other individuals, and organizations associated with UW Medicine. Examples include: personally identifiable information, protected health information, workforce records, student records, social security numbers, legally protected University records, research data, passwords, intellectual property.
Confidentiality	Expectation that information will be protected from unauthorized use or disclosure.
Disclose	Release, transfer, provision of access to, or divulging information in any other manner outside the entity.
Individually identifiable patient information	Individually identifiable health information is information that is a subset of patient information, including demographic information collected from an individual, and: • That identifies the individual; or • With respect to which there is a reasonable basis to believe the information can be used to identify the individual. and (1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
Licensed software	Software that the University of Washington has been granted permission from the owner to use under a written license agreement or contract.
Minimum amount of information necessary	Minimum Necessary Standard: When using or disclosing Protected Health Information, UW Medicine must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. The minimum necessary standard does not apply to • Disclosures to or requested by a health care provider for treatment purposes • To the patient or pursuant to an authorization • Uses and/or Disclosures required by law • Uses or disclosures that are required for compliance with the HIPAA Privacy Regulations.
Orally disclosed	Spoken words either in person or over any communication device.
Protected Health Information (PHI)	Protected health information is a subset of individually identifiable health information maintained in permanent health records and/or other clinical documentation in either paper-based or electronic format.
Privacy Official	Each entity within UW Medicine has designated a Privacy Official who assists the UW Privacy Officer in developing and implementing UW Medicine's policies and procedures. The entity Privacy Official may identify or appoint designee(s) to assist in the performance of these functions.
Proprietary information	UW Medicine possesses exclusive rights over the information within its systems. This includes business plans, intellectual property, financial information or other sensitive materials and information in printed, electronic or verbal form that may affect employee rights or organization's operations.
RESTRICTED Information	RESTRICTED Information is information that is business data, which is intended strictly for use by designated UW Medicine employees and agents. This classification applies to information less sensitive than CONFIDENTIAL information. Dissemination of this information shall only be made to UW Medicine workforce with an established need-to-know.
Safeguard	Protect or cover from exposure, using precautionary measures.
Workforce	Faculty, employees, trainees, volunteers, and other persons who perform work for UW Medicine, and whose work conduct is under UW Medicine's direct control regardless of whether or not the workforce member is paid by UW Medicine.
UW Medicine	UW Medicine includes the following entities: University of Washington Medical Center and Clinics; Harborview Medical Center and Clinics; UW Medicine Neighborhood Clinics (University of Washington Physicians Network); UW Physicians Sports Medicine Clinic; Hall Health Primary Care Center; University of Washington Physicians; as well as certain services and activities that support UW Medicine that are performed by non-healthcare components of the University of Washington as defined within Privacy Policy PP-01 Use & Disclosure of Protected Health Information – Organizational Requirements. UW School of Medicine and the University of Washington Health Care Components are subject to the UW Medicine Information Security Program.