

Non-CWRU Affiliated Persons in the School of Dental Medicine

As a research-intensive institution, the School of Dental Medicine receives many requests by non-CWRU people looking for opportunities to gain experience by volunteering in or visiting SODM labs and clinics. If a faculty member wishes to allow a volunteer to work with them for a period of five (5) days or more on a research project or University-related activity, there is a protocol that must be followed to ensure the SODM remains in compliance with all applicable policies and regulations. Faculty and staff who plan to work with the volunteer/visitor should review and understand the process detailed below which is overseen by the Dean's Office or its designee.

Prior to agreeing to accept a volunteer/visitor and at least 3 weeks prior to the proposed arrival date, the SODM Faculty host must submit the form found at the link below to provide basic information about the proposed volunteer/visitor.

<https://forms.gle/qnCGv81Lxw6xqEwo6>

This notification is to ensure that the school is aware of all non-CWRU personnel in our buildings at any time in case of emergency or other need.

The Dean's Office will review the information provided and confirm with the sponsoring faculty member any additional details that need to be addressed prior to the arrival of the volunteer/visitor. Copies off all documents/agreements/forms must be provided to the SODM Dean's Office and also must be maintained by the sponsoring department. These may include but are not limited to:

- 1) Review of CWRU policy and acceptance/signing of required agreements.
 - a. Policy "Non-CWRU Employees (Independent Contractors, Volunteers, Interns, and Temporary Employees)", (<https://case.edu/hr/policies/hr-policies/employment/non-cwru-employees-independent-contractors-volunteers-interns-and-temporary-employees>)
 - b. Sponsoring faculty responsibilities attestation
 - c. Volunteer/Visitor responsibilities and confidentiality agreement
 - d. Volunteer/Visitor Release and Waiver of Liability form
- 2) Proof of required vaccinations.
- 3) Completing the Environmental Health and Safety process for volunteers.
 - a. The CWRU Environmental Health and Safety Office (EHS) has a policy document, "Minors, Volunteers, and Visitors in University Laboratories Guidelines" which can be found on the EHS website (<https://case.edu/ehs/>) at the bottom of the page under "New Personnel Information". This document goes over all of the issues and required forms for any non-CWRU personnel in labs (which includes the Clinic) that must be reviewed and completed **prior** to the start of any work. Training Guidelines must be read, and appropriate forms completed. Forms must be signed by the volunteer, guardian (if needed), and faculty sponsor, and returned to Felice Porter in (fst2@case.edu) EHS.
- 4) Contacting the CWRU Visa Office if volunteer is not a US citizen or permanent resident.
 - a. Note that any Visa submission must be reviewed by the Dean's Office prior to submission, even if the Visa Office does not require the Dean's signature on a form.
- 5) Completing required training; HIPAA, HEC Safety Training, Hazard Communication, etc.

Important items to keep in mind:

- Only a board-appointed faculty member may sponsor a volunteer/visitor.
- No volunteer/visitor is approved to be in any SODM restricted spaces until all the required documentation is in place.
- The university does not intend for volunteers to perform or displace work that is presently being performed by university employees. Volunteer arrangements may not be used to circumvent the established processes that govern standard university-authorized hires. Supervisors may not accept the services of a volunteer to fill a staff position.
- A sponsoring department may request a temporary CWRU ID card through [Access Services](#) that will allow the volunteer/visitor access to the CWRU libraries and Think[box]. University policy states that volunteers/visitors must be supervised at all times while in restricted areas. Therefore, card/swipe access to SODM buildings/areas will not be added to volunteer/visitor ID cards.
- Non-affiliated volunteers/visitors should not have individual access to School of Dental Medicine PHI, data, or other confidential information. Therefore, access to SODM computers will generally not be approved for non-affiliated persons.
 - If access is needed for research purposes, appropriate approvals from the SODM Dean's Office and applicable CWRU regulatory offices (such as the IRB) will be required before an exception is considered by the Dean's Office.
- This experience cannot be used on a CV/resume by the visitor, as it is not an official appointment at the University.

Sponsoring Faculty Attestation for Non-Affiliated Volunteers/Visitors

As a sponsor of a non-affiliated volunteer/visitor, I understand that it is my responsibility to ensure that all School of Dental Medicine and Case Western Reserve University policies and procedures are followed by me and the volunteer/visitor.

I certify and agree to the following:

- I will ensure that I and the volunteer/visitor have provided all requested information to the School of Dental Medicine and or CWRU office prior to being admitted to any SODM restricted areas. This includes, but is not limited to:
 - SODM Non-Affiliated Persons Information form
 - Volunteer/Visitor Agreement and Confidentiality Form and completion of SODM HIPAA training
 - Proof of vaccination status (if presence in Clinical areas is requested)
 - Approved EHS form “Minors, Volunteers, and Visitors in University Laboratories Guidelines” (<https://case.edu/ehs/>) and proof of required trainings
 - Other information as requested by the SODM Dean’s Office or its delegate.
- I will ensure that the volunteer/visitor complies with all institutional standards or policies for the duration of their time in the SODM. This includes code of conduct, dress code, safety and privacy regulations, and any restrictions based on visa type, if applicable.
- I will ensure that reasonable precautions will be taken in order to minimize disclosures of PHI to the volunteer/visitor.
- I understand that volunteers/visitors are not to be granted access to medical records unless there is a valid, approved reason for such access (e.g., an approved CWRU IRB protocol listing the visitor as a member of the study team).
- I understand that the volunteer/visitor must not participate or engage in patient care in any way.
- I understand that I must obtain verbal consent from a patient if the volunteer/visitor will be present for any clinical visit. The patient has the right not to be seen in the presence of an observer.
- I understand that I am responsible for the volunteer/visitor and must supervise them at all times when in a SODM-restricted area (i.e., any SODM space that is in an access-controlled area which the general public cannot access alone).
- I understand that if I have questions about any requirements under this agreement, it is my responsibility to contact the SODM Dean’s Office and/or CWRU Compliance Office to discuss.

Name of volunteer/visitor: _____

Proposed dates of visit: _____

Sponsoring Faculty Member: _____

Sponsoring Faculty Signature: _____

Date: _____

Volunteer/Visitor Confidentiality Agreement

Please add in the Volunteer/Visitor name in the first paragraph.

This CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT (“Agreement”) is entered into as of the date of signature below by and between (“VISITOR”) and Case Western Reserve University School of Dental Medicine (SODM).

The School of Dental Medicine (SODM) policies, Case Western Reserve University policies, and the Health Insurance Portability and Accountability Act (HIPAA) provisions work to protect health information and data of individuals.

HIPAA is a federal law that outlines what information is protected, how that information can be used or shared, and provides patients with certain rights regarding their information. Information that can be linked back to an individual patient regarding their medical history, mental or physical condition, treatment, test results, conversations, research records, financial or billing information and/or their family member’s records is considered protected health information (PHI). Even the fact that an individual has received care at the SODM is protected by HIPAA. More information on HIPAA may be found on the following sites:

- CWRU Office of Research and Technology Management, <https://case.edu/research/compliance/hipaa>
- CWRU Compliance Office Policies, “HIPAA Privacy Regulations Compliance Manual”, <https://case.edu/compliance/university-policies>
- U.S. Department of Health and Human Services, <https://www.hhs.gov/hipaa/for-professionals/index.html>.

As a volunteer/visitor to the SODM, I may come in contact with confidential data. These data include, but are not limited to, Protected Health Information (PHI) as described in the Federal Health Insurance Portability and Accountability Act (HIPAA), details of potential/ongoing research, and administrative processes/procedures relating to the operations of the SODM.

In order to ensure the security and proper use of confidential information and school resources, I agree to the following:

- I understand that during my time at the SODM, I may encounter confidential information and/or patient or individual protected health information (PHI).
- I understand that this information is confidential, and that the University is obligated under both federal and state laws to keep this information confidential. “Confidential Information” is defined as PHI or any and all information disclosed or known by Visitor as a consequence of visiting Case, that is not known by or available to the general public, including all oral and written information or machine-readable information accessible to VISITOR and by VISITOR, provided, however, that Confidential Information shall not include any information which:
 - i. Is at the time of disclosure, or thereafter becomes known by or generally available to the public (other than as a result of a disclosure directly or indirectly by Visitor).
 - ii. Is at the time of disclosure, already in the possession of or known to Visitor.
 - iii. Was obtained by Visitor, either prior or subsequent to disclosure by Case from a third party not under any obligation of confidentiality to Case.
 - iv. Is required to be disclosed by subpoena, governmental request, or other legally required process, provided Visitor shall not disclose such information prior to giving Case notice to afford Case an opportunity to object to such disclosure.
- I agree to keep confidential all patient information, including but not limited to, information (1) provided orally, (2) contained in patient records, (3) obtained incidentally, and (4) maintained in the School of Dentistry's electronic information systems.

- I have been advised of the importance of complying with all relevant state and federal confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
- I will not otherwise attempt to view, copy, or remove PHI during my visit.
- I understand that my failure to comply with the provisions of this agreement may subject me to disciplinary action by Case Western Reserve University, as well as legal action, including, but not limited to, civil or criminal prosecution.
- This Agreement will be governed by and construed in accordance with the laws of the State of Ohio.
- Should I violate this Confidentiality Agreement, I consent to permit Case Western Reserve University to release information about my violation to persons, institutions, regulatory authorities, and others having a legitimate interest in my violation, as it pertains to my fitness as a health professions student and as a licensed health care professional.
- If there is any question or confusion regarding whether information is confidential, I understand that it is my responsibility to discuss with my sponsoring faculty, SODM Dean's Office, or the CWRU Compliance Office before any disclosure is made.

This Agreement shall be effective as of the signature date below and shall continue after the end of my visit at Case.

Name of Volunteer/Visitor: _____

Signature of Volunteer/Visitor: _____

Date: _____



RELEASE AND WAIVER OF LIABILITY FORM

Sponsoring faculty must complete the form fields prior to providing form to visitor for signature.

Name of Visitor:

I am participating in the following event:

scheduled to occur

located in the School of Dental Medicine department/area

under the supervision of

My participation may include risk. I am aware of the risks that may be encountered during this program, and I understand that the risks may include personal injury, up to an including death, and damage to property.

I have been informed of risks that may be encountered during this program and if I have any questions about the activity's content, nature, risks or hazards, I have contacted the activity's coordinator and have discussed those questions to my satisfaction.

As a condition of participating in this activity, I agree to the following:

1. I am physically capable of participating in this activity. I understand that I am responsible for any health and accident insurance which I may deem necessary.
2. In consideration of being granted the opportunity to participate in this activity and use services and facilities furnished or made available by Case Western Reserve University as well as the assistance and advice of employees of the University, I hereby release and forever discharge Case Western Reserve University and its trustees, officers, employees, and agents from all legal claims for injuries, damages, or losses of any kind, which may arise out of my participation in this program, other than those claims directly attributable to the grossly negligent acts or omissions of Case Western Reserve University, or its trustees, officers or employees.
3. I agree to comply with all regulations, rules and policies of Case while participating in this activity. I understand that I am responsible for any medical or other personal insurance that I may deem necessary. I also understand that Case Western Reserve University is not responsible for my safety under any circumstances.

