

UCSF Compliance Guidelines for Faculty and Staff with Direct Interaction with Patients
(Confidentiality / Health / Safety / Compliance)

Campus Faculty & Staff (includes clinical providers)

Guidelines	Medical Center Staff	Medical Center Volunteers	School of Dentistry School of Medicine School of Nursing School of Pharmacy				Others (Grad Division, LPPI, Proctor Foundation, etc)	Campus Volunteers	Medical Staff Services	Temporary or Agency Staff	Service Providers (through Purchasing)	Animal Care Research & Support Group
	1. Health Screening (Including Health Assessment, TB screening, Immunizations)	Health Screening (Including Health Assessment, TB screening, Immunizations). Refer to the UCSF Occupational Health Services Matrix for guidance: http://www.occupationalhealthprogram.ucsf.edu/forms/service_matrix.xls										
2. Background Check performed by Consumer Reporting Agency or Fingerprinting	Yes	Peds only	Yes	Yes	Yes	Yes	Yes	Peds only	Yes(cleared by the CA Medical Board)	Yes (Verification is handled by the agency)	Yes (HR to verify)	TBA
3. Sanction Check (Ofc of Inspector Gen)	Yes	Yes	Yes (quarterly)	Yes (quarterly)	Yes (quarterly)	Yes (quarterly)	Yes	Yes	Yes	Yes (Verification is handled by the agency)	Yes (HR to verify)	Yes
4. Confidentiality Statement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Verification is handled by the agency)	Yes (HR to verify)	Yes
5. HIPAA Training	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Verification is handled by the agency)	No	No
6.Safety Orientation (includes fire/safety)	Yes	Yes	Annual Fire Drill / Bldg Safety	Annual Fire Drill / Bldg Safety	Annual Fire Drill / Bldg Safety	Annual Fire Drill / Bldg Safety	Annual Fire Drill / Bldg Safety	Yes	No (MDs welcome to attend Med Ctr orientation)	Yes (dept training includes fire/safety)	No	Annual Fire Drill / Bldg Safety
7. Department Orientation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8. ID Badges	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Parental consent Form	N/A	Yes (as applicable)	N/A	N/A	N/A	N/A	N/A	Yes (as applicable)	N/A	N/A	N/A	N/A
10. Patient Consent for Observer Form	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
11. Liability Waiver Form	N/A	Yes	N/A	N/A	N/A	N/A	No	Yes	N/A	N/A	N/A	N/A