

Military Rotators

In-Processing Packet

Military Rotator Packet

Purpose

To ensure that accurate information on military residents rotating on one of the sponsored programs' rotations is entered into New Innovations. Back-up documentation is required by the UTHSCSA Graduate Medical Education Office in case of an audit.

Goal

To ensure each military resident has provided the necessary documentation to allow him/her to begin his/her rotation with minimal problems.

UTHSCSA GME Contact:

MedGME@uthscsa.edu

210-567-4431

Location of Packet on UTHSCSA GME Website:

<http://www.uthscsa.edu/gme/documents/Military%20Rotator%20Packet.pdf>

MILITARY ROTATORS – CLINICAL ROTATION REQUIREMENTS

Military Rotators from outside of any UTHSCSA program.

*Instructions: Complete and return to the Associate Dean of Graduate Medical Education for review. **The program is responsible for insuring the resident is processed in at the appropriate facilities (UHS and/or VA) as noted in the section, "FINAL PROCESSING."***

	Documents to be submitted to the GME Office, completed and signed are listed below. GME must have these documents within <u>7 business days</u> prior to start of rotation to insure receipt of a UTHSCSA badge.
	1. The University of Texas Health Science Center at San Antonio, Housestaff Data Sheet – GME Office.
	2. "Notice for Voluntary Disclosure of Social Security Number" form.
	3. Copy of Social Security card or copy of both sides of the Military ID (CAC) card.
	4. Copy of Medical School Diploma
	5. Copy of CV
	Documents to be completed and retained in the hosting program:
	1. "Confidentiality/Security Acknowledgement" Form – <i>only return the last page.</i>
	2. Read and complete "VHA Privacy Policy Training" (HIPAA requirement) – <i>only return the test.</i>
	3. Read and complete the American Medical Association document (Ethics) – <i>only return the last page.</i>
	4. If you will be rotating at the VAH, there are other training modules that need to be completed. These can be found at www.uthscsa.edu/GME/incomingresidents.asp , Step Three, Item numbers 8 and 9.
FINAL PROCESSING (After GME Review) – see the specialty program coordinator for information	
	UTHSCSA
	ID Badge
	University Hospital System (UHS) – Professional Staff Services
	UHS Application (to be completed in the office of Professional Staff Services).
	Immunization records showing a PPD within one year and a Hepatitis B series of three vaccinations or Hepatitis B Titer. <i>If rotator is PPD positive, they must provide a copy of chest-ray results dated after the positive results.</i>
	VA Hospital (VAH) – report to ACOS/Education Processing on or before the first day of rotation and bring:
	Completed VAH application and other required paperwork.
	Completed TQVCL attachment

Academic Year _____
The University of Texas Health Science Center at San Antonio
Housestaff Data Sheet for Military Rotators

Name:

(Last) (First) (Middle) (Degree Type) (Gender)

Local Address:

(Street) (City) (State) (Zip Code)

**Work E-mail
address:**

Phone Number:

(Home) (Cell) (Pager)

Date of Birth:

_____ **Social Security #:** _____

**Medical
School:**

(name) (location)

**Current Residency/Fellowship
Program**

(specialty)

Items listed below will be required for in-processing at area hospitals.

- Certifications (current)
 - Basic Life Support
 - Advanced Cardiac Life Support
 - Advanced Trauma Life Support
- Medical Licensure
 - Physician In-Training Permit
 - Texas Medical License
 - Federal DEA
 - Texas DPS
 - Other Medical License (if rotating only at the VA)
- National Provide Identifier
- Immunization Proof
 - Hep B #3
 - PPD within one year of rotation start/end
 - If positive PPD, must provide chest-ray results dated after the positive PPD

The University of Texas Health Science Center at San Antonio

**NOTICE FOR VOLUNTARY DISCLOSURE OF
SOCIAL SECURITY NUMBER**

School of Medicine Resident Rotators

Disclosure of your social security number (SSN) is requested from you in order for the University of Texas Health Science Center at San Antonio (UTHSCSA) to provide accurate information to affiliated hospitals for Medicare reporting. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in your being denied the opportunity to complete clinical rotations. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable laws.

NOTICE ABOUT INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled on your request to be informed about the information the University of Texas Health Science Center at San Antonio collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code*, you are entitled to receive and review the information. Under Section 559.004 of the *Texas Government Code*, you are entitled to have The University of Texas Health Science Center at San Antonio correct information about you that is held by The University of Texas Health Science Center at San Antonio and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that The University of Texas Health Science Center at San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the *Texas Government Code*) and rules. Different types of information are kept for different periods of time.

You may send any requests to:
The Office of the Vice President/Chief Financial Officer
By mail to: 7703 Floyd Curl Drive, San Antonio, TX 78229-3900
By e-mail to: PublicInfo@uthscsa.edu
By fax to: (210) 567-7027
In person at: Academic and Administration Building, Room 442

CONSENT FOR RELEASE

I **consent** for the release of my social security number for the stated purposes above.

Print Name: _____

Signature: _____

Date: _____

Please return form to
Graduate Medical Education * 7703 Floyd Curl Drive MC 7790 * San Antonio, Texas 78229-3900

Confidentiality/Security Acknowledgement

The University of Texas Health Science Center at San Antonio (UTHSCSA) has a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. During your employment or affiliation with UTHSCSA you may hear information related to a patient's health or read or see computer or paper files containing confidential health information, whether or not you are directly involved in providing patient services. You may also create documents containing confidential patient information, if it is part of your job description and/or as directed to do so by your supervisor.

As part of your employment or affiliation with UTHSCSA, you must strictly adhere to the following regarding confidentiality and security of patient information:

- ✓ *Confidential Health Information.* I will regard patient confidentiality as a central obligation of patient care. I understand that all information, which in any way may identify a patient or which relates to a patient's health, must be maintained in the strictest confidence. Except as permitted by this Acknowledgement, I will not at any time during or after my employment or affiliation speak about or share any patient information with any person or permit any person to examine or make copies of any patient reports or other documents that I come into contact with or which I create, except as allowed within my job duties or by patient authorization.
- ✓ *Permitted Use of Patient Information.* I understand that I may use and disclose confidential patient information only to other providers of health care services, if the purpose of the disclosure is for treatment, consultation, or referral of the patient. If my job description allows, I may also disclose information for payment and billing purposes and/or internal operations, such as use for internal quality studies and for internal education activities.
- ✓ *Prohibited Use and Disclosure.* I understand that I must not access, use or disclose any patient information for any purpose other than stated in this Acknowledgement. I may not release patient records to outside parties except with the written authorization of the patient, the patient's representative, or for other limited or emergency circumstances. Special protections apply to mental health records, records of drug and alcohol treatment, and HIV related information. I must neither physically remove records containing patient information from the provider's office, clinic, or facility, nor alter or destroy such records. Personnel who have access to patient records must preserve their confidentiality and integrity, and no one is permitted access to health information without a legitimate, work-related reason.

I also agree to immediately report to my supervisor or to the UTHSCSA Privacy Officer any non-permitted disclosure of confidential patient information that I make by accident or in error. I agree to report any use or disclosure of

confidential patient information that I see or know of others making that may be a wrongful disclosure.

- ✓ *Safeguards.* In the course of my employment or affiliation if I must discuss patient information with other healthcare practitioners in the course of my employment or affiliation, I will use discretion to ensure that others who are not involved in the patient's care cannot overhear such conversations. I understand that when confidential patient information is within my control, I must use all reasonable means to prevent it from being disclosed to others except as permitted by this Acknowledgement.

Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format, oral/verbal, fax, written, or electronic/computer.

- ✓ *Computer Security.* If I keep any identifiable patient information on a personal digital assistant (PDA), laptop, or other electronic device, I will ensure that my supervisor knows I am using it and has approved such use. I agree not to send patient information in an e-mail unless my supervisor directs me to do so in an emergency. I will not attempt to access information by using a user identification code or password other than my own, nor will I release my user identification code or password code to anyone, or allow anyone to access or alter information under my identity. I will ensure that my virus protection software is updated on a routine basis (once per week) and that I back up any confidential information using approved back up procedures.
- ✓ *Physical Security.* I will take all reasonable precautions to safeguard *confidential* information. These precautions include using lockable file cabinets, locking office doors, securing data disks, tapes or CDs, using a password protected screen saver, etc. I agree to store my electronic media in recommended containers and store back up media in approved locations.
- ✓ *Return or Destruction of Information.* If my employment or affiliation with UTHSCSA requires that I take patient information off the UTHSCSA campus or off the property of UTHSCSA affiliates, I will ensure that I have UTHSCSA's or the other facility's permission to do so. I will protect patient information from unauthorized disclosure to others, and I will ensure that all patient information is returned to the appropriate facility.

Unless specifically stated in my job description, I am not authorized to destroy any type of original patient information maintained in any medium, i.e., paper, electronic, etc.

- ✓ *Termination.* When I leave my employment or affiliation or complete my training or residency at UTHSCSA, I will ensure that I take no identifiable patient information with me, and I will return all patient information in any format to the

UTHSCSA or other appropriate facility. If it is not original documents, but rather my own personal notes, I must ensure that such information is destroyed in a manner that renders it unreadable and unusable by anyone. Discharge or termination, whether voluntary or not, shall not affect my ongoing obligation to safeguard the confidentiality and security of patient information and to return or destroy any such information in my possession.

- ✓ *Violations.* I understand that violation of this Acknowledgement may result in corrective action, up to and including termination of my employment or affiliation. In addition, violation of privacy or security regulations could also result in fines or jail time.
- ✓ *Disclosures Required by Law.* I understand that I am required by law to report suspected child or elder abuse to the appropriate authority. I agree to cooperate with any investigation by the Department of Health and Human Services or any oversight agency, such as to help them determine if UTHSCSA is complying with federal or state privacy laws.

I understand that nothing in this Acknowledgement prevents me from making a disclosure of confidential patient information if I am required by law to make such a disclosure.

I understand that if I believe in good faith that UTHSCSA has engaged in conduct that is unlawful or otherwise violates clinical or professional standards, or that the care, services, or conditions provided by the UTHSCSA potentially endangers one or more patients, workers, or the public, a disclosure of confidential information may be made, but only to the appropriate public authority and/or to the attorney retained by me for the purpose of determining legal options with regard to the suspected misconduct.

My signature, on the following page, acknowledges that I have read the terms and conditions of this Acknowledgement. The signature page will be maintained by my department supervisor.

NOTE: To access specific policies regarding privacy or security issues, please refer to the *Handbook of Operating Procedures (HOP)*, available at <http://www.uthscsa.edu/hop2000/>. Security policies are located in Chapter 5 and privacy policies in Chapter 11.

Confidentiality/Security Acknowledgement Signature Page

By my signature below, I acknowledge that I have read the terms and conditions of the Confidentiality/Security Acknowledgement. I am maintaining the three page Acknowledgement for my own records.

Signature: _____
Please circle *UTHSCSA Employee Resident/Intern Student Non-employee*

Printed name: _____

Date: _____

Work Phone: _____

Department: _____

UHS

HIPAA Training

VHA Privacy Policy Training

Introduction

The Veterans Health Administration (VHA) has carefully guarded the privacy of the veterans and their records. In 2000 new privacy rules were published requiring every health care provider and health plan to revise its policies, including the VHA. It also requires that ALL VHA employees, including volunteers, students, medical residents, and some contractors be trained in these policies. The training must be completed annually. This course will help you learn the basic information you need to know to complete this requirement and carry out your responsibility to protect veteran privacy.

Why I am required to take this course?

- It will help you understand that the privacy laws apply to you and all other Veterans Health Administration (VHA) employees, even if you do not have direct patient contact or access to any patient data.
- To meet the legal requirements for all VHA staff to obtain training on the privacy policy rules.

How long will it take me to finish the course?

- The course will take you about 50-90 minutes to go through all of the 7 modules.

Is there a deadline for me to finish the course?

- Each employee is required to take the course annually. No specific end date is indicated. For example, it may be taken each year on an employee's birthday.
- All new employees must finish the course within 30 days of being hired.

Will I get a certificate to prove I finished the training?

Yes, when you finish reading the text version of the course.

How do I get help if I need it?

If you are having trouble reading or understanding the text version, please ask for help from facility staff or the STVHCS Privacy Officer, Margi Woodward.

Who wrote this training?

VHA Privacy Office experts used the VHA Privacy Policies.

Module One: Privacy and Release of Information

In this module you will learn the background and scope of applicable privacy and confidentiality statutes and regulations. Specifically you will learn the:

- Six statutes that govern the collection, maintenance, and release of information from Veterans Health Administration (VHA) records, and
- Terms of compliance, use and disclosure of information, and safeguards under privacy regulations.

At the end of this module, you will be able to identify the background and scope of applicable privacy and confidentiality statutes and regulations.

Privacy Statutes

VHA must comply with all applicable privacy and confidentiality statutes and regulations. Specifically, there are six statutes that govern the collection, maintenance and release of information generally from VHA records.

The VHA Handbook 1605.1 establishes guidance on privacy practices and provides VHA policy for the use and disclosure of individually identifiable information and individuals' rights in regard to VHA data. When following VHA privacy policies, all six statutes are to be applied simultaneously. VA health care facilities should comply with all statutes so that the result will be application of the most stringent provision for all uses and/or disclosures of data and in the exercise of the greatest rights for the individual.

- The Freedom of Information Act (FOIA), 5 U.S.C. 552
- The Privacy Act (PA), 5 U.S.C. 552a
- The VA Claims Confidentiality Statute, 38 U.S.C. 5701
- Confidentiality of Drug Abuse, Alcoholism and Alcohol Abuse, Infection With the Human Immunodeficiency Virus (HIV), and Sickle Cell Anemia Medical Records, 38 U.S.C. 7332
- The Health Insurance Portability and Accountability Act (HIPAA)
- Confidentiality of Healthcare Quality Assurance Review Records, 38 U.S.C. 5705

Compliance

The following will describe the scope of applicable privacy and confidentiality statutes and regulations.

All VHA employees shall comply with all Federal laws, regulations, VA and VHA policies. Employees shall conduct themselves in accordance with the rules of conduct concerning the disclosure or use of information in the VA Standards of Ethical Conduct and Related Responsibilities of Employees. Employees who have access to VHA records shall be instructed on an ongoing basis on the requirements of Federal privacy and information laws, regulations, and VA and VHA policy.

The Privacy Act requires that information about individuals that is retrieved by a personal identifier may not be collected or maintained until proper notifications are given to Congress, the Office of Management and Budget (OMB), and published in the Federal Register.

Each Veterans Integrated Service Network (VISN) and VA Medical Center or VA Health Care System shall designate a Privacy Officer and a Freedom of Information Act (FOIA) Officer.

De-identified Information

De-identified information is not considered to be individually identifiable; therefore, the provisions of the Privacy Act, HIPAA, and VA Confidentiality statutes do not apply. VHA considers health information not individually identifiable only if:

- An experienced statistician determines that the risk that the information can be used to identify an individual is very small.
- Several identifiers are removed from the information (See VHA Handbook 1605.1, Privacy and Release of Information, Appendix B).

Use of Information

VHA employees must use or access information only as legally permissible under applicable confidentiality and privacy laws, regulations, and policies.

All VHA employees can use health information contained in VHA records in the official performance of their duties for treatment, payment, and health care operations purposes. However, VHA employees must only access or use the minimum amount of information necessary to fulfill or complete their official VA duties.

The use of health information for other purposes such as research requires additional authority such as the veteran's written authorization. This is a change from past practice.

VHA employees may use a limited data set for the purpose of research, public health, or health care operations. Contact the local privacy officer or the VHA Privacy Officer for guidance on limited data sets.

Disclosure of Information

VHA employees can disclose individually identifiable information from official VHA records only when:

- VHA has first obtained the prior written authorization of the individual who the information pertains to is obtained; or
- Other legal authority permits the disclosure without written authorization.

Individually identifiable information should be disclosed to requestors with the understanding that the information is confidential and should be handled with appropriate sensitivity.

VHA may disclose individually identifiable information related to VHA treatment of drug abuse, alcoholism, and sickle cell anemia, and testing or treatment for HIV only when 38 U.S.C. Section 7332 also permits the disclosure.

Data Use Form

Sharing of individually identifiable information within VHA or between VHA and other VA components, or VHA and VA Contractors shall be conditioned on the completion of a data use form, which specifies the conditions for the provision of data.

- Violation of the terms of the agreement may result in termination of the party's right to future access of such data, and may require additional legal action, or, in the case of VA employees, disciplinary or other adverse action.
- Legal counsel should be consulted upon learning of any violation of this agreement.

A data use form is not required for the sharing of individually identifiable information:

- To meet reporting requirements mandated by law, VA or VHA Central Office,
- For the performance of official VA duties within a VA Medical Center or within a Veterans Integrated Service Network (VISN),
- For official VA approved research purposes, and
- For claims adjudication.

A data use form can be incorporated into a business associate (BA) agreement between VA Offices or VA Contractors. A contract between the VHA and BA establishes the

permitted and required uses and disclosures of such information by the BA. (See VHA Handbook 1605.1, Privacy and Release of Information, Appendix A for more information.)

Sharing of Information

VHA employees will request the following for sharing of individually identifiable information:

- Completion of a data use form from other Federal entities for auditing and oversight. A data use agreement in this situation is not required, but discretionary.
- The completion of a data use form from nongovernmental organizations or individuals requesting information for non-VA research purposes.

Safeguards

VHA employees shall ensure appropriate controls are followed to safeguard individually identifiable information, including protected health information, from loss, defacement and tampering and to ensure the confidentiality of information.

Additionally, each health care facility will make certain appropriate administrative, technical, and physical safeguards are established:

- To ensure the security and confidentiality of individually identifiable information/records including protected health information/records, and
- To protect against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom information is maintained.

Module Two: Individual's Rights

In this module you will learn the rights granted to veterans by the Privacy Act and HIPAA Privacy Rule. Specifically, you will learn the veteran's rights for:

- Notice of privacy policies,
- Copy of their own individually identifiable information,
- Requesting an amendment to personal records,
- Disclosing of information from personal records,
- Requesting and receiving communications confidentially,
- Requesting restriction of use or disclosure of records, and
- Disclosure when deceased.

At the end of this module, you will be able to identify the rights granted to veterans by the Privacy Act and HIPAA Privacy Rule.

Notice of Privacy Policy

A veteran has the right to receive a copy of the VHA Notice of Privacy Practices.

The Notice of Privacy Practices includes the uses and disclosures of his/her protected health information that may be made by VHA, as well as the individual's rights, and VHA's legal duties with respect to protected health information. There is one Notice of Privacy Practices for all of VHA. It can be obtained from

http://www1.va.gov/health_benefits/.

Any individual who has questions or needs additional information regarding the Notice of Privacy Practices should be referred to the VA health care facility Privacy Officer or to VHA at 1-877-222-8387 or <http://www.va.gov>.

Right to a Copy

A veteran has a right to obtain a copy of his or her own record. A veteran's request for a copy of his or her record must be submitted in writing to the VHA facility with the record and must be signed. Except for rare circumstances, veterans may gain access to any information pertaining to them that is contained in any system of records. Veterans do not have to state a reason or provide justification for wanting to see or to obtain a copy of the requested information.

All requests for copies will be delivered to, and reviewed by, the facility Privacy Officer or designee. VA employees should refer all requests from veterans for copies of their records to the appropriate office in their facility.

Any denial or refusal to provide a veteran a copy of his record must be stated in a signed letter to the veteran that provides the veteran his appeal rights to the Office of General Counsel.

Right to Request an Amendment

The veteran has the right to request an amendment to any information in his/her record. The request must be in writing and adequately describe the specific information the veteran believes to be inaccurate, incomplete, irrelevant, or untimely; and the reason for this belief. The written request should be mailed or delivered to the VA health care facility that maintains the record. The VA health care facility Privacy Officer will review and process the request. Requests should be processed within specific timeframes.

If the veteran requests amendment of clinical or health information in a medical record, the facility Privacy Officer will refer the request and related record to the health care provider or physician who is the author of the information to determine if the record should be amended. When a request to amend a record is approved, the Privacy Officer will complete the process. The veteran will be advised that their request has been approved and amendment changes will be recorded on original document.

When a request to amend a record is denied, the Privacy Officer will promptly notify the veteran making the request of the facility's decision. The written notification must state the reasons for the denial and should outline the veteran's right to appeal the decision.

Accounting of Disclosures

A veteran may request a list of all disclosures of information, both written and oral, from records pertaining to the individual. VHA facilities and programs are required to keep an accurate accounting for each disclosure of a record to any person or to another agency. An accounting is not required to be maintained in certain circumstances, including when disclosure is to VHA employees who have a need for the information in the performance of their official duties for treatment, payment, and health care operations.

The request for an accounting of disclosures must be in writing and adequately identify the VHA system of records for which the accounting is requested. The written request should be mailed or delivered to the VA health care facility that maintains the record. A

request for an accounting of disclosures or disclosure summary should be delivered to the Privacy Officer or designee for processing.

Confidential Communications

The veteran has the right to request and receive communications confidentially from VHA by an alternative means or at an alternative location. VHA considers an alternative means to be an in person request, and an alternative location to be an address other than the individual's permanent address listed in Veterans Health Information Systems and Technology Architecture (VistA).

VHA shall accommodate reasonable requests from the individual to receive communications at an alternative address entered in VistA for one of the five correspondence types below:

- Eligibility or enrollment,
- Appointment or scheduling,
- Co-payments or veteran billing,
- Medical records, and
- All other.

Requests to split communications under a correspondence type will be considered unreasonable and therefore denied (all or none to one address).

Right to Request Restriction

The veteran has the right to request VHA to restrict its use or disclosure of individually identifiable health information to carry out treatment, payment, or health care operations. The veteran also has the right to request VHA restrict the disclosure of individually identifiable health information (IIHI) to the next of kin, family, or significant others involved in the individual's care. This request must be in writing and be signed by the veteran.

VHA is not required to agree to such restrictions, but if it does, VHA must adhere to the restrictions to which it has agreed.

All requests for restrictions of individually identifiable information should be referred to the VHA Privacy Officer or facility Privacy Officer.

Rights of Deceased Individuals

VHA employees must protect IIHI about a deceased individual in the same manner and to the same extent as required for the IIHI of living individuals for as long as VHA maintains the records.

However, the personal representative (e.g. Executor of the Estate) of a deceased individual has the same rights as the deceased individual. VHA employees must disclose the IIHI of the deceased individual under the right of access provisions to the personal representative. A personal representative may also request amendments to the deceased individual's records.

Other disclosures of a deceased individual's information are discussed in Module 4.

In this module you will learn the disclosure purposes for release of individually identifiable information within VA that requires no authorization from the veteran. Specifically you will learn:

- Compliance measures for the disclosure of information regarding treatment, payment and health care operations,
- Compliance measures for the disclosure of information for research purposes,
- Compliance measure for the disclosure of information for purposes other than treatment, payment, and health care operations, and
- The process for releasing information from non-VHA Systems of Records.

At the end of this module you will be able to identify the disclosure purposes that do not require authorization from the veteran.

Use and Disclosure

The authority for sharing information for treatment, payment, and healthcare operations for use within VA and disclosure outside VA are dependent upon the requesting party.

- VHA
- VA Entities
- VA Contractors
- Non-VA entities

Intramural Research

All Research within VHA must be conducted by a VHA investigator who is a VHA employee. A Research and Development (R&D) Committee must approval all research activities conducted by VHA investigators.

VHA individually identifiable health information involving non-employee research subjects may be used by a VHA Investigator for research purposes provided:

- There is a prior written authorization signed by the research subject. A prior written authorization may be incorporated into an informed consent for participation in research, or
- If there is no prior written authorization, there is an Institutional Review Board (IRB) or Privacy Board waiver of authorization.

VHA individually identifiable information involving employee research subjects only may be used by a VHA investigator for all official research purposes without authorization.

Extramural Research

VHA has the authority to disclose individually identifiable information to non-VHA Investigators.

VHA may disclose the individually identifiable health information of research subjects who are not VHA employees to non-VHA Investigators for research purposes provided there is a prior written authorization. A prior written authorization may be incorporated into an informed authorization notice (e.g. Consent to Participate).

If there is no prior written authorization, the authority for disclosing the data for research becomes very complicated depending on the requestor.

VHA may disclose the individually identifiable information of research subjects who are VHA employees, including employee health information, to non-VHA Investigators for research purposes without written authorization, subject to certain provisions.

VA Entities

The VHA Handbook 1605.1 regulates the disclosure of individually identifiable information from VHA records to VA entities without prior written authorization for purposes other than treatment, payment, or healthcare operations.

- VA Contractors
- Contract Nursing Homes
- Office of General Counsel
- Inspector General
- Office of Resolution Management
- Veterans Benefits Administration (VBA)
- Board of Veterans Appeals (BVA)
- National Cemetery Administration (NCA)
- Office of Employment Discrimination, Complaints and Adjudication (OEDCA)
- Unions
- Compensated Work Therapy Workers (CWT)
- VA Human Resources Management Services (HRMS)
- VA Police and Security Service

Releases

Within VHA facilities there are several non-VHA systems of records that are subject to the provisions of the Privacy Act of 1974, VA confidentiality statutes and/or HIPAA.

For example, VHA employees generate medical records regarding a patient's claim for disability; these medical disability records are technically under the control of the local VBA Regional Office. Please see the VHA Handbook 1605.1, Privacy and Release of Information, Appendix C for a list of all non-VHA systems of records that are normally maintained within a VHA facility.

It is the policy of VHA that should a question arise concerning right of access, amendment or release of non-VHA records/information, the non-VHA System Manager (e.g., VBA, HRMS) who has responsibility over these records will be contacted. Whether or not right of access, amendment or release of the information is granted will be determined based on federal privacy and confidentiality statutes, VA regulations, and official policies of the non-VHA entity. Facility Privacy Officers should work with these offices to determine how to process such requests.

Module Four: Purposes Requiring Authorization

In this module you will learn the disclosure purposes for release of individually identifiable information that requires authorization from the veteran. Specifically you will learn:

- When written authorization is necessary for the disclosure of information,
- How to process a disclosure request, and

- The various types of disclosures and releases requiring authorization (Note: Not all types of disclosures discussed in this module require authorization, e.g. Audit and Evaluation disclosures.)

At the end of this module, you will be able to identify the disclosure purposes that require authorization from the veteran.

Authorization Requirements

A written authorization signed by the individual to whom the information or record pertains is required when VA health care facilities:

- Need to utilize individually identifiable health information for a purpose other than treatment, payment, and/or health care operations and other authority does not exist;
- Disclose information for any purpose where other legal authority does not exist; and
- To conduct marketing.

When an authorization of the individual is required for use or release of individually identifiable information, the request and authorization must be in writing, contain an expiration date or event, identify the individual to whom the requested information pertains, identify the permitted recipient or user, describe the information requested, and contain the signature of the individual whose records will be used or disclosed.

Additional Authorization Requirements

Authorization may be given on VA Form 10-5345, Request for and Authorization to Release of Protected Information, or in correspondence with a release signed by the individual.

If the authorization fails to meet all of the content requirements, has expired, is known to have been revoked, or is known to be false, the authorization will be considered invalid and requested information will not be disclosed. Unless it is explicitly covered in the

authorization, information regarding HIV, sickle cell anemia, or drug/alcohol treatment must not be disclosed.

Disclosure

Individuals or third parties may request VHA to disclose any record. The following outlines how a disclosure request should be processed:

- The request must be in writing and describe the record sought so it may be located in a reasonable amount of time.
- If the requestor is the individual to whom the records pertain, follow the guidelines as discussed in Module 2.
- If the requestor is other than the individual to whom the records pertain (third party), determine what information or record is requested and for what purpose:
 - If the record requested does not contain individually identifiable information, process the request in accordance with FOIA policy as discussed in Module 7.
 - If the record requested contains individually identifiable information, VHA employees should review the applicable paragraphs of the VHA Handbook 1605.1, Privacy and Release of Information for guidance.

- VHA employees should process requests from a third party for individually identifiable information within the time standards (e.g. 20 workdays) and charge the applicable fees as outlined in the VHA handbook.

If the policy for a request for individually identifiable information is unclear, VHA employees should contact their facility Privacy Officer.

Other Disclosures Requiring Authorization

VHA has several policies for the disclosure of individually identifiable information for certain purposes. Discussed below is the VHA disclosure policy for the release of information from claims folders, providing medical opinions, and release of psychotherapy notes.

Requests for release of medical or health information in veterans' claims folders are normally handled by the FOIA/PA Officers at Veterans Benefits Administration (VBA) Regional Offices. VHA health care providers are required, when requested, to provide descriptive statements and opinions for VA patients with respect to patients' medical condition, employability, and degree of disability.

VHA employees may use psychotherapy notes to carry out treatment, payment, and/or health care operations; to train students or participants in mental health programs; and in defense of a legal action. VHA employees may not disclose psychotherapy notes for any other purpose without the prior written authorization of the individual to whom the notes pertain.

Module Five: Release of Information Outside of VA

In this module you will learn information that can be disclosed to non-VA entities. Specifically you will learn:

- Information that can be disclosed with or without an individual's authorization, and
- Information that can be disclosed to non-VA entities such as Congress, courts of law, law enforcement, family members, non-VA health providers, other federal agencies, public health authorities, state veterans homes, and Veteran Service Organizations (VSO).

At the end of this lesson, you will be able to identify what information can be disclosed to a non-VA organization or entity.

Individual Authorization

If VHA employees receive a request for individually identifiable information that is accompanied by a valid written authorization, disclosure should be made in accordance with the authorization. Disclosure when a valid written authorization signed by the individual is provided, though not mandatory, is made unless information is deemed to be sensitive.

Before making a disclosure of any individually identifiable information (including health information) to an outside entity without an individual's authorization, VHA employees should determine:

- The type of information involved, and

- Whether legal authority exists under the statutes and regulations to permit the disclosure. See your facility Privacy Officer if you have questions.

If legal authority is not found in all applicable statutes and regulations, VHA employees may not make the disclosure.

Disclosure is not mandatory under these provisions, and in questionable situations, the signed authorization of the individual should be obtained.

Non-VA Entities

Information can be disclosed to various non-VA entities.

- Other Non-VA Entities
- Courts of Law
- State Veterans Homes And Veterans Service Organizations (VSO)
- Congress
- Non-VA Health Providers
- Family Members
- Medical Care Cost Recovery
- Law Enforcement
- Public Health Authorities

Congress

Individually identifiable information including health information may be disclosed to a:

- Member of Congress when responding to an inquiry from a Congressional office that is made at the request of the individual if a copy of the letter from the individual to the Member of Congress or an authorization is provided, and
- Chair of the Veterans' Affairs Committee or Subcommittee of the House of Representatives or the United States Senate without the individual's written authorization when the request for information is made part for the Committee oversight functions.

VHA employees may not disclose individually identifiable information upon an inquiry from a Member of Congress on behalf of the veteran by a third party (e.g., veteran's son) without an appropriate authorization.

Disclosure of health information requires written authorization for a purpose other than described above.

Courts, Quasi-Judicial Bodies and Attorneys

VHA employees may disclose individually identifiable information including health information pursuant to a court order from a Federal, State, or local court of competent jurisdiction.

A subpoena is not a court order and cannot be used to compel disclosure except in certain situations. Any subpoena for information received should be discussed with facility Privacy Officers.

The disclosure of individually identifiable information to courts, quasi-judicial bodies and attorneys without a court order is dependent on information requested and the

purpose for the disclosure. Refer to VHA Handbook 1605.1, Privacy and Release of Information for further guidance.

Routine Reporting to Law Enforcement Entities Pursuant to Standing Request Letters

Individually identifiable information, excluding 38 U.S.C. 7332-protected information, may be disclosed to officials of any criminal or civil law enforcement governmental agency or instrumentality charged under applicable law with the protection of public health or safety only as authorized by law. (See VHA Handbook 1605.1, Privacy and Release of Information, Paragraph 21.)

The health care facility Director will acknowledge the receipt of an agency's standing request and advise the agency of the penalties regarding the misuse of the information. The standing request must be updated in writing every 4 years.

- Reporting Specific Criminal Activity
- Parole Office
- Identification and Location of Criminals
- Breath Analysis and Blood Alcohol Test

Next-of-Kin, Family and Significant Others

VHA employees may disclose the following information to the next of kin, family, or significant other of an individual without prior written authorization:

- General information on the individual's condition and location if in the Facility Directory,
- Individually identifiable information including health information when in the presence of the individual,
- Individually identifiable information including health information outside the presence of the individual when it is determined the disclosure is in the best interests of the individual, and
- HIV Status may be disclosed to the individual's spouse or sexual partner if certain conditions are met.

Non-VA Health Care Provider

Disclosure of individually identifiable health information to a non-VA health care provider (physicians, hospitals, nursing homes), even for treatment purposes, requires a written authorization by the patient.

There are three exceptions where authorization is not needed for disclosure:

- When the non-VA health care provider referred the individual to a VA health care facility and the individual intends to return to the same non-VA health care provider for follow-up care,
- Under emergent conditions where authorization cannot be obtained, and
- To a non-VA health care provider for purposes of payment of services (e.g. ChampVA, Fee).

Medical Care Cost Recovery

To recover or collect the cost of medical care from third-party health plan contracts, individually identifiable health information that is required by the health plan contract

may be disclosed to the insurance carrier. A written authorization is required to disclose 38 U.S.C. 7332 - information for billing.

Public Health Authorities

VHA employees may disclose individually identifiable information, excluding 38 U.S.C. 7332 - protected information, to Federal, State, and/or local public health authorities charged with the protection of the public health or safety pursuant to a standing request or other applicable legal authority.

An individual's infection with HIV may be disclosed from a record to a Federal, State, or local public health authority that is charged under Federal or State law with the protection of the public health.

VHA employees may disclose individually identifiable information including health information to the Food and Drug Administration (FDA) for the purpose of routine reporting and to carry out program oversight duties upon their official written request.

State Veterans Homes and Veteran Service Organizations (VSO)

VHA employees may disclose individually identifiable health information, excluding 38 U.S.C. 7332 - protected information, to a State Veterans Home for the purpose of medical treatment and/or follow-up at the State Home. VHA employees may disclose 38 U.S.C. 7332 - protected information to a State Veterans Home only with the written authorization of the individual.

VHA employees may disclose individually identifiable information including health information to a Veterans Service Organization for purposes of obtaining benefits provided an appropriate Power of Attorney or a written authorization from the individual has been filed with the VA health care facility that maintains the information.

Other Non-VA Entities

VHA may also disclose individually identifiable health information to other non-VA entities such as:

- Other Federal Government Agencies
- Public registries
- Private registries
- Consumer reporting agencies, and
- Organ procurement organizations

Module Six: Operational Privacy Requirements

In this module you will learn the general requirements for operational management when releasing individually identifiable information. Specifically you will learn:

- General requirements for privacy management during accounting, complaints, faxes, email, health information from non-VA physicians and facilities, contracts, and penalties,
- Requirements for establishing new systems of records, and
- Requirements governing the conduct of VA computer matching programs.

At the end of this module you will be able to identify the general requirements for the operational management ensuring privacy when releasing veteran information.

Agency Accounting of Disclosure Responsibilities

VA health care facilities are required to maintain an accounting of all disclosures. The accounting will:

- Include the date of each disclosure, nature or description of the individually identifiable information disclosed, purpose of each disclosure, and the name and, if known, address of the person or agency to whom the disclosure was made.
- Be retained for 6 years after the date of disclosure or for the life of the record whichever is longer.

Complaints

Individuals have the right to file a complaint regarding VHA privacy practices. The complaint does not have to be in writing, though it is recommended.

Complaints should be made to the VHA Privacy Officer, or the VA health care facility Privacy Officer, or designee. The Privacy Officer must enter the complaint into the Patient Violation Tracking System (PVTS).

Faxes

VA health care facilities shall only transmit individually identifiable information via facsimile (fax):

- Between VA health care facilities when no other means exists to provide the requested information. VA health care facilities should ensure individually identifiable information is sent on a machine that is not accessible to the general public, and
- Outside VA under medical emergency situations.

The VA health care facility shall take reasonable steps to ensure the fax transmission is sent to the appropriate destination (e.g. call the requestor to ensure receipt). A confidentiality statement should be on the cover page when transmitting individually identifiable information. The statement should instruct the recipient of the transmission to notify VHA if received in error.

Email

Email messages must contain only non-individually identifiable information unless the data, and accompanying passwords or other authentication mechanisms are appropriately secured. (See VHA Handbook 6210, AIS Security.)

Contracts

Any contract between VHA and a contractor for the design, development, operation, or maintenance of a VHA system of records or any contract that necessitates the creation, maintenance, use, or disclosure of individually identifiable information will conform to the Federal Acquisition Regulations (FAR).

Organizations or individuals with whom VHA has a contract for services on behalf of VHA where individually identifiable health information is provided to, or generated by, the contractors are considered business associates (See VHA Handbook 1605.1, Privacy

and Release of Information, Appendix A). Business associates must follow the privacy policies and practices of VHA.

All contractors and business associates and their employees must receive privacy training.

Penalties

Individuals who are convicted of knowingly and willfully violating the penalty provisions of the Privacy Act shall be guilty of a misdemeanor and fined not more than \$5,000.

In the event a health care facility employee is found criminally liable of a Privacy Act violation, a written report of the incident will be provided to the VA health care facility Director.

Any person who violates any provision of 38 U.S.C. 7332 shall be fined not more than \$5,000 in the case of a first offense, and not more than \$20,000 in each subsequent offense.

A VHA employee who knowingly violates the provisions of HIPAA by disclosing individually identifiable health information shall be fined not more than \$50,000, imprisoned not more than one year, or both. Offenses committed under false pretenses or with the intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain or malicious harm have more stringent penalties.

In addition to the statutory penalties for the violations described above, administrative, disciplinary or other adverse actions (e.g., admonishment, reprimand, and/or termination) may be taken against employees who violate the statutory provisions.

Other Requirements

Other operational privacy requirements include:

- Designation of Privacy Official
- Training of Personnel
- Health Information from Non-VA Physicians and Facilities

Establishing New Systems of Records

When personal information is retrieved by an individual identifier, a system of records subject to the Privacy Act comes into existence. The Privacy Act requires agencies to publish notices in the Federal Register describing new or altered systems of records.

Information concerning an individual cannot be collected or maintained in such a manner that information is retrieved by an individual identifier unless a system notice is first published in the Federal Register.

A list of published VHA systems of records only can be obtained at <http://vaww.vhaco.gov/privacy>

You will only be able to access this address through the VA Intranet.

Computer Matching Programs

The Privacy Act includes requirements governing the conduct of VA computer matching programs.

The Privacy Act covers the computerized comparison of records from:

- Two or more automated systems of records, and
- A Federal agency's automated system of records and automated records maintained by a non-federal (State or local government) agency.

VA health care facilities will not participate in computer matching programs with other Federal agencies or non-Federal agencies as a "recipient agency" or a "source agency" unless the program is approved by the VA health care facility Director, VHA Privacy Officer, appropriate VA Central Office staff, and the VA Data Integrity Board and conducted in compliance with the Privacy Act (as amended by the Computer Matching Act), the OMB guidelines (65 FR 77677, December 12, 2000) and applicable Department guidance (VA Handbook 6300.7).

Module Seven: Freedom of Information Act (FOIA)

In this module you will learn about the elements of the Freedom of Information Act (FOIA). Specifically, you will learn about:

- Access and fees,
- Time limits,
- Exemptions, and
- The Annual Report of Compliance.

At the end of this module, you will be able to identify the elements of the Freedom of Information Act (FOIA).

Elements

- Access and Fees
- Time Limits for a FOIA Request
- Exemptions Annual Report of
- Compliance

Access and Fees

The FOIA requires disclosure of VA records, or any reasonably portion of a record that may be segregated, to any person upon written request. VHA administrative records will be made available to the greatest extent possible in keeping with the spirit and intent of the FOIA.

Before releasing records in response to a FOIA request, the record will be reviewed to determine if all or only parts of it cannot be released.

Records or information customarily furnished to the public in the regular course of the performance of official duties may be furnished without a written request. A request for access to official records under the FOIA must be in writing over the signature of the requester and reasonably describe the records so that they may be located.

There are four categories of FOIA requesters. Specific levels of fees will be charged for each of these categories.

- Commercial use requesters,
- Educational and non-commercial scientific institutions requesters,
- Requesters who are representatives of news media, and
- All other requesters.

Time Limits for a FOIA Request

A request for records received at a health care facility will be promptly referred for action to the facility's FOIA Officer. The requester must be notified in writing within 20 workdays after receipt of the request whether the request will be granted or denied.

Exemptions from Public Access to VHA Records

There are nine exemptions that permit withholding of certain information from disclosure. It is the general policy of VA to disclose information from Department records to the maximum extent permitted by law. There are circumstances, however, when a record should not or cannot be disclosed in response to a FOIA request. When such an occasion arises, the FOIA permits records or information, or portions that may be segregated to be withheld under one or more of the exemptions.

Annual Report of Compliance

The FOIA requires each agency to submit to Congress a report on or before March 1st of each year of its activities and efforts to administer the FOIA during the preceding fiscal year. The facility FOIA Officer is required to submit figures referencing FOIA requests annually to VHA CO (See VHA Directive, Annual FOIA Report).

South Texas Veterans Health Care System (STVHCS)

The release of Information is a Centralized process in STVHCS. Only Release of Information Section Staff may disclose individually identifiable medical information to third parties. Each Division and Satellite clinic location of STVHCS has release of Information staff identified to accomplish releases.

Course Completion

Congratulations you have completed taking the text version of the VHA Privacy Policy Training.

VHA Privacy Policy Training

1. There are six statues that govern the collection, maintenance and release of information from VHA records
 True False
2. Veterans do not have to state a reason or provide justification for wanting to obtain a copy of their health information
 True False
3. Veterans have no recourse or action or action available to them when their request for an amendment to their record is denied
 True False
4. VHA employees may disclose psychotherapy notes for any purpose without the prior written authorization of the individual to whom the notes pertain
 True False
5. A valid authorization must be in writing, contain an expiration date, identify the individual to whom information pertains, identify the permitted recipient or user, describe the information requested, and contain the signature of the individual
 True False
6. Before making a disclosure of any individually identifiable information (including health information) to an outside entity without an authorization, VHA employees should determine if legal authority exists under the statutes and regulations
 True False
7. A written authorization is required before disclosing individually identifiable health information needed by a health plan contract in order for the hospital to recover or collect the cost of medical care from third-party health plan contacts
 True False
8. VHA employees may disclose individually identifiable information to Federal, State, and/or local public health agencies charged with the protection of public health or safety pursuant to a standing request or other applicable legal authority
 True False
9. VA health care facilities shall only transmit individually identifiable information via facsimile (fax) between VA health care facilities when no other means exist to provide the information and outside the VA under medical emergency situations
 True False
10. Any person who violates any provision of 38 U.S.C. 7332 shall be fines not more than \$5000 in the case of a first offense, and not more than \$20,000 each subsequent offense
 True False

Ethics Training

American Medical Association

Physicians dedicated to the health of America

Addendum II: Council on Ethical and Judicial Affairs Clarification on Gifts to Physicians from Industry (E-8.061).

About this Document

The clarification below is offered as an addendum to Opinion 8.061, “Gifts to Physicians from Industry,” of the Code of Medical Ethics in response to frequent questions that are received by the Council. The statements that appear in **bold type** below are the original guidelines excerpted from Opinion 8.061. The questions and answers that follow are provided as clarifications of the individual guidelines.

This addendum, and a full-length report of the document, will also be available in *The Food and Drug Law Journal*, Volume 56, Issue 1, in early April, 2001. Visit www.fdpi.org for more information,

Scope

Opinion 8.061, “Gifts to Physicians from Industry” is intended to provide ethical guidance to physicians. Other parties involved in the health care sector, including the pharmaceutical, devices and medical equipment industries and related entities or business partners, should view the guidelines as indicative of standards of conduct for the medical profession. Ultimately, it is the responsibility of individual physicians to minimize conflicts of interest that may be at odds with the best interest of patients and to access the necessary information to inform medical recommendations.

The guidelines apply to all forms of gifts, whether they are offered in person, through intermediaries, or through the Internet. Similarly, limitations on subsidies for educational activities should apply regardless of the setting in which, or the medium through which, the educational activity is offered.

General Questions

(a) Do the guidelines apply only to pharmaceutical, device, and equipment manufacturers?

“Industry” includes all “proprietary health-related entities that might create a conflict of interest.”

Guideline 1

Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or for use by family members.

(a) May physicians accept gram stain test kits, stethoscopes or other diagnostic equipment?

Diagnostic equipment primarily benefits the patient. Hence, such gifts are permissible as long as they are not of substantial value. In considering the value of the gift, the relevant measure is not the cost to the company of providing the gift. Rather, the relevant measure is the cost to the physician if the physician purchased the gift on the open market.

(b) May companies invite physicians to a dinner with a speaker and donate \$100 to a charity or medical school on behalf of the physician?

There are positive aspects to the proposal. The donations would be used for a worthy cause, and the physicians would receive important information about patient care. There is a direct personal benefit to the physician as well, however. An organization that is important to the physician, and one that the physician might have ordinarily felt obligated to make a contribution to, receives financial support as a result of the physician’s decision to attend the meeting. On balance, physicians should make their own judgment about these inducements. If the charity is predetermined without the physician’s input, there would seem to be little problem with the arrangement.

**Addendum II: Council on Ethical and Judicial Affairs
Clarification on Gifts to Physicians from Industry (E-8.061).**

- (c) May contributions to a professional society's general fund be accepted from industry?

The guidelines are designed to deal with gifts from industry which affect, or could appear to affect, the judgment of individual practicing physicians. In general, a professional society should make its own judgment about gifts from industry to the society itself.

- (d) When companies invite physicians to a dinner with a speaker, what are the relevant guidelines?

First, the dinner must be a modest meal. Second, the guideline does allow gifts that primarily benefit patients and that are not of substantial value. Accordingly, textbooks and other gifts that primarily benefit patient care and that have a value to the physician in the general range of \$100 are permissible. When educational meetings occur in conjunction with a social event such as a meal, the educational component must have independent value, such as a presentation by an authoritative speaker other than a sales representative of the company. Also, the meal should be a modest one similar to what a physician routinely might have when dining at his or her own expense. In an office or hospital encounter with a company representative, it is permissible to accept a meal of nominal value, such as a sandwich or snack.

- (e) May physicians accept vouchers that reimburse them for uncompensated care they have provided?

No. Such a voucher would result directly in increased income for the physician.

- (f) May physicians accumulate "points" by attending several educational or promotional meetings and then choose a gift from a catalogue of education options?

This guideline permits gifts only if they are not of substantial value. If accumulation of points would result in physicians receiving a substantial gift by combining insubstantial gifts over a relatively short period of time, it would be inappropriate.

- (g) May physicians accept gift certificates for educational materials when attending promotional or educational events?

The Council views gift certificates as a grey area which is not per se prohibited by the guidelines. Medical text books are explicitly approved as gifts under the guidelines. A gift certificate for educational materials, i.e., for the selection by the physician from an exclusively medical text book catalogue, would not seem to be materially different. The issue is whether the gift certificate gives the recipient such control as to make the certificate similar to cash. As with charitable donations, pre-selection by the sponsor removes any question. It is up to the individual physician to make the final judgment.

- (h) May physicians accept drug samples or other free pharmaceuticals for personal use or use by family members?

The Council's guidelines permit personal or family use of free pharmaceuticals (i) in emergencies and other cases where the immediate use of a drug is indicated, (ii) on a trial basis to assess tolerance and (iii) for the treatment of acute conditions requiring short courses of inexpensive therapy, as permitted by Opinion E-8.19: Self-Treatment or Treatment of Immediate Family Members. It would not be acceptable for physicians to accept free pharmaceuticals for the long-term treatment of chronic conditions.

- (i) May companies invite physicians to a dinner with a speaker and offer them a large number of gifts from which to choose one?

In general, the greater the freedom of choice given to the physician, the more the offer seems like cash. A large number of gifts presented to physicians who attend a dinner would therefore be inappropriate. There is no precise way of deciding an appropriate upper limit on the amount of choice that is acceptable. However, it is important that a specific limit be chosen to ensure clarity in the guidelines. A limit of eight has been chosen because it permits flexibility but prevents undue freedom of choice. Each of the choices must have a value to the physicians of no more than \$100.

**Addendum II: Council on Ethical and Judicial Affairs
Clarification on Gifts to Physicians from Industry (E-8.061).**

Guideline 2

Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (e.g., pens and notepads).

Guideline 3

The Council on Ethical and Judicial Affairs defines a legitimate "conference" or "meeting" as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentations(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made.

Guideline 4

Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's sales representative may create a relationship which could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference.

- (a) Are conference subsidies from the educational division of a company covered by the guidelines?

Yes. When the Council says "any subsidy," it would not matter whether the subsidy comes from the sales division, the educational division or some other section of the company.

- (b) May a company or its intermediary send physicians a check or voucher to offset the registration fee at a specific conference or a conference of the physician's choice?

Physicians should not directly accept checks or certificates which would be used to offset registration fees. The gift of a reduced registration should be made across the board and through the accredited sponsor.

Guideline 5

Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging and meal expenses. Token consulting or advisory arrangements cannot be used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses.

- (a) If a company invites physicians to visit its facilities for a tour or to become educated about one of its products, may the company pay travel expenses and honoraria?

This question has come up in the context of a rehabilitation facility that wants physicians to know of its existence so that they may refer their patients to the facility. It has also come up in the context of surgical device or equipment manufacturers who want physicians to become familiar with their products.

In general, travel expenses should not be reimbursed, nor should honoraria be paid for the visiting physician's time since the presentations are analogous to a pharmaceutical company's educational or promotional meetings. The Council recognizes that medical devices, equipment and other technologies may require, in some circumstances, special evaluation

**Addendum II: Council on Ethical and Judicial Affairs
Clarification on Gifts to Physicians from Industry (E-8.061).**

or training in proper usage which can not practicably be provided except on site. Medical specialties are in a better position to advise physicians regarding the appropriateness of reimbursement with regard to these trips. In cases where the company insists on such visits as a means of protection from liability for improper usage, physicians and their specialties should make the judgment. In no case would honoraria be appropriate and any travel expenses should be only those strictly necessary.

- (b) If the company invites physicians to visit its facilities for review and comment on a product, to discuss their independent research projects or to explore the potential for collaborative research, may the company pay travel expenses and an honorarium?

If the physician is providing genuine services, reasonable compensation for time and travel expenses can be given. However, token advisory or consulting arrangements cannot be used to justify compensation.

- (c) May a company hold a sweepstakes for physicians in whom five entrants receive a trip to the Virgin Islands or airfare to the medical meeting of their choice?

No. The use of a sweepstakes or raffle to deliver a gift does not affect the permissibility of the gift. Since the sweepstakes is not open to the public, the guidelines apply in full force.

- (d) If a company convenes a group of physicians to recruit clinical investigators or convenes a group of clinical investigators for a meeting to discuss their results, may the company pay for their travel expenses?

Expenses may be paid if the meetings serve a genuine research purpose. One guide to their propriety would be whether the NIH conducts similar meetings when it sponsors multi-enter clinical trials. When travel subsidies are acceptable, the guidelines emphasize that they be used to pay only for "reasonable" expenses. The reasonableness of expenses would depend on a number of considerations. For example, meetings are likely to be problematic if overseas locations are used for exclusively domestic investigators. It would be inappropriate to pay for recreation or entertainment beyond the kind of modest hospitality described in this guideline.

- (e) How can a physician tell whether there is a "genuine research purpose?"

A number of factors can be considered. Signs that a genuine research purpose exists include the facts that there are (1) a valid study protocol, (2) recruitment of physicians with appropriate qualifications or expertise, and (3) recruitment of an appropriate number of physicians in light of the number of study participants needed for statistical evaluation.

- (f) May a company compensate physicians for their time and travel expenses when they participate in focus groups?

Yes. As long as the focus groups serve a genuine and exclusive research purpose and are not used for promotional purposes, physicians may be compensated for time and travel expenses. The number of physicians used in a particular focus group or in multiple focus groups should be an appropriate size to accomplish the research purpose, but not larger.

- (g) Do the restrictions on travel, lodging and meals apply to educational programs run by medical schools, professional societies or other accredited organizations which are funded by industry, or do they apply only to programs developed and run by industry?

The restrictions apply to all conferences or meetings which are funded by industry. The Council drew no distinction on the basis of the organizer of the conference or meeting. The Council felt that the gift of travel expenses is too substantial even when the conference is run by a non-industry sponsor. (Industry includes all "proprietary health-related entities that might create a conflict of interest.")

- (h) May company funds be used for travel expenses and honoraria for bona fide faculty at educational meetings?

This guideline draws a distinction between attendees and faculty. As was stated, "[I]t is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses."

**Addendum II: Council on Ethical and Judicial Affairs
Clarification on Gifts to Physicians from Industry (E-8.061).**

Companies need to be mindful of the guidelines of the Accreditation Council on Continuing Medical Education. According to those guidelines, “[f]unds from a commercial source should be in the form of an educational grant made payable to the CME sponsor for the support of programming.”

- (i) May travel expenses be reimbursed for physicians presenting a poster or a “free paper” at a scientific conference?

Reimbursement may be accepted only by bona fide faculty. The presentation of a poster or a free paper does not by itself qualify a person as a member of the conference faculty for purposes of these guidelines.

- (j) When a professional association schedules a long-range planning meeting, is it appropriate for industry to subsidize the travel expenses of the meeting participants?

The guidelines are designed to deal with gifts from industry which affect, or could appear to affect the judgment of individual practicing physicians. In general, a professional society should make its own judgment about gifts from industry to the society itself.

- (k) May continuing education conferences be held in the Bahamas, Europe or South America?

There are no restrictions on the location of conferences as long as the attendees are paying their own travel expenses.

- (l) May travel expenses be accepted by physicians who are being trained as speakers or faculty for educational conferences and meetings?

In general, no. If a physician is presenting as an independent expert at a CME event both the training and its reimbursement raise questions about independence. In addition, the training is a gift because the physician’s role is generally more analogous to that of an attendee than a participant. Speaker training sessions can be distinguished from meetings (See 4b) with leading researchers, sponsored by a company, designed primarily for an exchange of information about important developments or treatments, including the sponsor’s own research, for which reimbursement for travel may be appropriate.

- (m) What kinds of social events during conferences and meetings may be subsidized by industry?

Social events should satisfy three criteria. First, the value of the event to the physician should be modest. Second, the event should facilitate discussion among attendees and/or discussion between attendees and faculty. Third, the educational part of the conference should account for a substantial majority of the total time accounted for by the educational activities and social events together. Events that would be viewed (as in the succeeding question) as lavish or expensive should be avoided. But modest social activities that are not elaborate or unusual are permissible, e.g., inexpensive boat rides, barbecues, entertainment that draws on the local performers. In general, any such events which are a part of the conference program should be open to all registrants.

- (n) May a company rent an expensive entertainment complex for an evening during a medical conference and invite the physicians attending the conference?

No. The guidelines permit only modest hospitality.

- (o) If physicians attending a conference engage in interactive exchange may their travel expenses be paid by industry?

No. Mere interactive exchange would not constitute genuine consulting services.

- (p) If a company schedules a conference and provides meals for the attendees that fall within the guidelines, may the company also pay for the costs of the meals for spouses?

If a meal falls within the guidelines, then the physician’s spouse may be included.

- (q) May companies donate funds to sponsor a professional society’s charity golf tournament?

**Addendum II: Council on Ethical and Judicial Affairs
Clarification on Gifts to Physicians from Industry (E-8.061).**

Yes. But it is sensible if physicians who play in the tournament make some contribution themselves to the event.

- (r) If a company invites a group of consultants to a meeting and a consultant brings a spouse, may the company pay the costs of lodging or meals of the spouse? Does it matter if the meal is part of the program for the consultants?

Since the costs of having a spouse share a hotel room or join a modest meal are nominal, it is permissible for the company to subsidize those costs. However, if the total subsidies become substantial, then they become unacceptable.

Guideline 6

Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution. Carefully selected educational conferences are generally defined as the major educational, scientific or policy-making meetings of national, regional or specialty medical associations.

- (a) When a company subsidizes the travel expenses of residents to an appropriately selected conference, may the residents receive the subsidy directly from the company?

Funds for scholarships or other special funds should be given to the academic departments or the accredited sponsor of the conference. The disbursement of funds can then be made by the departments or the conference sponsor.

- (b) What is meant by “carefully selected educational conferences?”

The intent of Guideline 5 is to ensure that financial hardship does not prevent students, residents and fellows from attending major educational conferences. For example, we did not want to deny cardiology fellows the opportunity to attend the annual scientific meeting of the American College of Cardiology or orthopedic surgery residents the opportunity to attend the annual scientific meeting of the American Academy of Orthopedic Surgeons. However, it was not the intent of the guideline to permit reimbursement of travel expenses in other circumstances, such as when conferences or symposia are designed specifically for students, residents or fellows.

Accordingly, “carefully selected educational conferences” should be interpreted as follows: funds may be used for the reasonable travel and lodging expenses of students, residents and fellows to attend the major educational, scientific or policymaking meetings of national, regional or specialty medical associations.

The Council recognizes that there may be some exceptional conferences for all physicians or even for just students, residents, or fellows that do not fall within this definition of carefully selected educational conferences but that meet the spirit of Guideline 5. Accordingly, the Council will consider proposals for travel and lodging subsidies for such conferences on a case-by-case basis and grant approval to those that meet the spirit of the guidelines.

Guideline 7

No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physicians’ prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures.

- (a) May companies send their top prescribers, purchasers, or referrers on cruises?

No. There can be no link between prescribing or referring patterns and gifts. In addition, travel expenses, including cruises, are not permissible.

- (b) May the funding company itself develop the complete educational program that is sponsored by an accredited continuing medical education sponsor?

**Addendum II: Council on Ethical and Judicial Affairs
Clarification on Gifts to Physicians from Industry (E-8.061).**

No. The funding company may finance the development of the program through its grant to the sponsor, but the accredited sponsor must have responsibility and control over the content and faculty of conferences, meetings, or lectures. Neither the funding company nor an independent consulting firm should develop the complete educational program for approval by the accredited sponsor.

(c) How much input may a funding company have in the development of a conference, meeting, or lectures?

The guidelines of the Accreditation Council on Continuing Medical Education on commercial support of continuing medical education address this question.

Please fill in your name, program and today's date to get credit reviewing this document

Name: _____

Program: _____

Date: _____

RETURN A COPY OF THIS FORM TO YOUR PROGRAM COORDINATOR AND TO THE GME OFFICE.

V A

The screenshot shows a web browser window titled "The University of Texas Health Science Center - School of Medicine - Windows Internet Explorer". The address bar contains the URL "http://www.uthscsa.edu/GME/incomingresidents.asp". The page content is as follows:

Step Three: Complete These Hospital/UT Forms

VA Hospital (STVHCS) Forms

1. [Resident Welcome Letter](#)
2. [VA Resident Application](#) (all incoming and switching specialties need to complete this)
3. [OF306](#) (please complete and sign both 17A and 17B on second page)
4. [I-9](#)
5. [PIV Sponsor Register Checklist](#) (complete and return asap to start badge processing)
6. [Forms of ID for PIV](#) (choose 2 of these to present when you are fingerprinted)
7. [Courtesy Fingerprint Memo](#) (for Housestaff being fingerprinted at a VA outside of San Antonio)
8. [Mandatory Training Modules](#) (content information only; do not return)
9. [Mandatory Training Exams](#) (exams only; please return)
10. [VA Clinical Trainee Worksheet](#) (fill out with current address and return)
11. [CPRS Training and Quiz](#) (fill out quiz and return)

Please email all forms to:
marleen.mueller@va.gov

You will be able to sign all documents at processing.

If you cannot email, please print out and mail to:
South Texas Veterans Health Care System
7400 Merton Minter Blvd.
San Antonio TX 78231
ATTN: Marleen Mueller (14A)

The browser's taskbar at the bottom shows the Windows Start button, several Microsoft Office applications, and the system clock displaying 3:59 PM.

Mandatory documents that Military (non-integrated) Residents Rotators need to complete if they are required to complete any portion of their training at the VA Hospital.