Columbia University
Office of Human Resources
Short Term Visitor Registration Form

To Be Completed by Visitor			
Visitor's name:			
Home address:			
City:	State:	Zip:	Cell or Home phone no.:
Affiliation (e.g. school or other entity):	☐ Visitor is over age 18 ☐ Visitor is age 14 – 18 (Requires Minor Visitors Parental Consent Form and Sponsor/Principal Investigator will require Protection of Minor Training.)		
Current employer or school:	Work or school phone no. (if applicable):		
Emergency contact name:	Relationship to you:	Emergency contact phone no.:	
Name(s) of family member(s) employed at Columbia University:			

I acknowledge that, as a short-term visitor, my activities are limited to observation and training and I am not eligible for compensation or any University benefits. I understand that I must abide by all University rules, policies and procedures, including, but not limited to those relating to ethical conduct, safety, confidentiality, protected health and financial information and computer usage. I understand that I should not be on-site or travel to other locations without my designated or assigned sponsor.

I understand that Columbia University, when applicable, may require me to provide a medical attestation, undergo medical clearance and/or a background check, which may include a criminal check.

Columbia University may verify all of the information provided. I release the Trustees of Columbia University in the City of New York, and its officers, faculty, students, employees, agents, and affiliates from any liability for any injury that may occur at the University or while traveling to and from the University. I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to any requests for information, can be sufficient grounds for my rejection as a short-term visitor or revocation of my status as a short-term visitor.

Visitor's signature:	Date:

To Be Completed by Department		
Visitor type: ☐ Research ☐ Clinical ☐ Administrative or other (non-research/clinical)		
Is this a Visiting Student Intern (Sponsored Internship)? ☐ Yes ☐ No **(If yes, please refer to checklist on pg. 3)**		
Project dates (not to exceed 3 months for Research and Clinical; 1 year for Administrative) Start End		Hours per week (up to 35):
Department name:	Department Division:	Observing location Campus: Building: Room:
Supervisor name/title:	Supervisor phone no.:	Form preparer name:

Describe in detail the observation and/or training activities the visitor will participate in (and attach C.V. or résumé to this form).

If any of the following Special Indicators will be part of the visitor's training or observation activities, please check the applicable boxes and schedule the required safety or compliance training appointments using the links below:

Special Indicator (All applicable trainings must be completed **prior** to accessing observing location)	**Medical Surveillance**	**Human Subject Research Training**	**IACUC/ ICM Animal Training**	**EH&S Safety Training**	**EH&S Biosafety / BBP Training**	**Fit Testing**
☐ Interacts with patients or human subjects in NYPH or ACNC space	X	X			X	X
☐ Interacts with patients or human subjects in CUIMC space (non-hospital)	X	X			X	X
☐ Observes laboratory animal use *	X		X			
☐ Has potential blood borne pathogen exposure	X				X	
☐ Potential exposure to known infectious agents or toxins where prophylactic vaccination is available (e.g., Rabies, Varicella, Polio, Salmonella typhi, Vaccinia, diphtheria toxin, pertussis toxin)	X				X	
☐ Observe or train in these departments: Autopsy, Gross, or Anatomical Pathology, Dermatopathology, or the Anatomical Gift Morgue.	X			X		X
☐ Wears N-95 respirator	X					X
☐ Wears a full-face/half-face negative or positive pressure respirator	X					X
☐ Potential exposure to laboratory chemicals				X		
☐ Potential exposure to radioactive material				X		
☐ Potential exposure to lasers				X		
☐ Potential exposure to viral vectors				X	X	

Safety or compliance training links:

Medical Surveillance: http://www.cumc.columbia.edu/hr/employment or, alternatively, visitors with assignments up to 90 days may complete the Visiting Non-MD Attestation of Medical Fitness form or the Visiting MD Attestation of Medical Fitness form: http://www.cumc.columbia.edu/hr/policies-procedures
Human Subject Research and applicable safety trainings: https://rascal.columbia.edu/ **
IACUC Animal Training: https://research.columbia.edu/content/laboratory-animal-lecture **
EH&S Safety Training: https://research.columbia.edu/content/safety-trainings
Fit Testing by EH&S: call 212-305-6780

*** For minors 14-18, special approval and training required by ICM and IACUC**

**** For Rascal access, please use both Visitor and Guest designation in the Delegated Identity Administration (DIA) system**

Department and School Approvals

I have reviewed the University policy on short term visitors (https://research.columbia.edu/sites/default/files/content/EVPR/Policies/Guidelines_for_Short-term_Visitors.pdf) and I acknowledge that short-term visitors may not replace employees' positions or impair employment of University positions or collaborate in research. Activities are limited to observation and training purposes and are not eligible for compensation or any University benefits. If roles and responsibilities change from the above description, I will notify my CUIMC HR Client Manager and CUIMC's Director of the Office of Faculty Affairs or the Associate Provost for Academic Appointments, as applicable, immediately for reassessment.

PI/Sponsor Authorization:		
Print:	Signature:	Date:
Chair/Director/Department Authorization:		
Print:	Signature:	Date:
Dean's Office Authorization:		
Print:	Signature:	Date:
Executive Vice President for Arts & Sciences Authorization:		
Print:	Signature:	Date:

CU/CUIMC Final Approvals

Without the necessary final approval(s), a University ID should not be issued.

Associate/Assistant Provost-Morningside Authorization (Morningside, Lamont, Nevis):		
Print:	Signature:	Date:
Office of Faculty Affairs (CUIMC) Authorization (Not required for Administrative visitors):		
Print:	Signature:	Date:
CUIMC HR Authorization (Required for all clinical and administrative visitors, and research visitors in hospital space):		
Print:	Signature:	Date:

For Departmental Use Only

Please use this checklist as a final review before submitting this form. Misprinted or overlooked data can lead to delays.

- ☐ Medical surveillance appointment scheduled or completed attestation form attached, if applicable
- ☐ EH&S safety training complete, if applicable
- ☐ Drug screening clearance for visitors in hospital space
- ☐ Background check complete for all clinical and administrative visitors and for research visitors in Joint Commission
- ☐ Protection of Minors Training for PI/sponsor complete, if applicable: http://compliance.columbia.edu/minors.html
- ☐ University ID to be issued once final clearance is received from OFA/CUIMC HR
  -Please note University ID is to be collected by department upon end of visitor stay
- ☐ HIPAA and Security Training complete within five business days of project start date

Visiting Student Intern- Departmental Use Only

Please use this checklist as a final review before approving this form and sending clearance to the department.

FOR MORNINGSIDE: Normal procedures for approval of academic appointments should be followed.

FOR CUIMC: Departments must comply with **Joint Commission, Medical Surveillance, and any safety/privacy/ compliance training requirements** for all Visiting Student Interns.

The following documents are required and must be submitted to CUIMC OFAs (Misprinted or overlooked data may lead to delays):

- ☐ Description of Department (Sponsored) Program
- ☐ Visiting Student Intern Assignment letter (if applicable)
- ☐ Short Term Visitor Forms (including the signed/dated confidentiality agreement and, if applicable, the Parental Consent Form).
- ☐ Background Check clearance for all clinical and administrative visitors and for Joint Commission research visitors
- ☐ Drug screening clearance for visitors in hospital space
- ☐ New Personnel Action Form (PAF)
- ☐ Labor Accounting Form (LAF)
- ☐ Stipend Form
- ☐ Student Resume
- ☐ Evidence of affiliation to educational institution (ie. student transcript, letter from the school)

For CU/CUIMC Human Resources or Office of Faculty Affairs Use Only

Please use this checklist as a final review before approving this form and sending clearance to the department.

- ☐ Medical surveillance cleared or completed attestation form attached, if applicable
- ☐ Drug screening clearance for Joint Commission visitors
- ☐ Background Check complete for all clinical and administrative visitors and for Joint Commission research visitors
- ☐ Résumé attached and reviewed, for visitors age 18 and over
- ☐ Parental Consent Form complete with insurance information for visitors age 14 – 18
- ☐ Signed/dated confidentiality agreement if applicable

Columbia University
Office of Human Resources
Minor Visitors Parental Consent Form

To Be Completed for Visitors Under 18 Years of Age

My child,_____, has my permission to participate as a visitor in the_____ program at Columbia University under the supervision of_____. I understand that, depending on the kind of project being conducted, my child may be required to participate in Environmental Health and Safety training programs and/or be subject to medical surveillance if he/she is interacting in research, clinical and educational programs at the University. PLEASE NOTE: For some visitors at Columbia University Irving Medical Center, a drug screening may be required. To the extent that there is a positive drug screening result or a criminal background check alert, I understand that I and my child will be notified. Columbia University is committed to promoting a safe environment for minors who participate in our programs and activities. We have taken a number of important steps to establish safeguards for your child. You can read the University's policy and access other helpful resources at http://compliance.columbia.edu/minors.html. I understand that there may be risk of injury to my child and I agree that I will not hold the Trustees of Columbia University in the City of New York, and its officers, faculty, students, employees, and agents, responsible for any injury that my child may occur at the University or while traveling to and from the University.

My child is covered by the following health care plan (*<u>required for minors to participate as a visitor</u>):

*Insurance carrier:	*Policy/membership number:	
*Name of insured:	*Name of employer:	
*Emergency contact name:	*Relationship to visitor:	*Emergency contact phone no.:
*Emergency contact address:		
*Signature of parent or guardian:	Date:	
*Signature of witness:	Date:	

Columbia University Irving Medical Center
(Not for Morningside Visitors)
Confidentiality Agreement

To Be Completed by Visitor
A copy of this Agreement should be kept in the Department

As a faculty member, research officer, employee, student, affiliate, visitor or volunteer at Columbia University Irving Medical Center (CUIMC), you may have access to what this Agreement refers to as "Confidential Information." The purpose of this Agreement is to help you understand your duty regarding Confidential Information.

"Confidential information" includes information about patients, employees, or students or financial or other business or academic information relating to Columbia Irving University Medical Center. You may learn or have access to confidential information through CUIMC computer systems (which include but are not limited to the clinical, human resources and financial information systems), NewYork-Presbyterian (NYP) Hospital computer systems, through interactions with CUIMC students, staff or other faculty, or through your treatment of CUIMC patients.

As an individual having access to confidential information, you are required to conduct yourself in strict conformance with applicable laws and CUIMC policies governing confidential information. As a condition of your relationship to CUIMC, you are required to acknowledge and abide by these duties. A violation of any of these duties will subject you to discipline, which might include, but is not limited to, dismissal of your relationship (faculty appointment, employment, student, consulting, etc.) with CUIMC, in addition to legal and/or financial liability.

I understand that I may have access to electronic, printed, or spoken confidential information, which may include, but is not limited to, information relating to:

- Patients - including Protected Heath Information (PHI), records, conversations, patient financial information, etc.;
- Employees - including salaries, employment records, disciplinary actions, etc.;
- Students - including enrollment, grade and disciplinary information;
- Research - including PHI created, collected, or used for research purposes;
- CUIMC - including, but not limited to, financial and statistical records, strategic plans, internal reports, memos, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.;
- Third party information - including computer programs, client and vendor proprietary information, source code, proprietary technology, etc.;
- PHI and Personally Identifiable Information (PII) used in other contexts.

Accordingly, as a condition of, and in consideration of, my access to confidential information, I promise that:

1. I will use confidential information only as needed by me to perform my legitimate duties as defined by my relationship (faculty, employment, student, visitor, consulting, etc.) with CUIMC.

    - I will not access confidential information which I have no legitimate need to know.
    - I will not in any way divulge copy, release, alter, revise, or destroy any confidential information except as properly authorized within the scope of my relationship with CUIMC.
        - I will not misuse or carelessly handle confidential information.
        - I understand that it is my responsibility to assure that confidential information in my possession is maintained in a physically secure environment.

2. I will safeguard and will not disclose to any other person my access code (password) or any other authorization code that allows me access to confidential information. I will be responsible for misuse or wrongful disclosure of confidential information that may arise from sharing access codes with another person and/or for failure appropriately to safeguard my access code or other authorization to access confidential information.
    - I will log off computer systems after use.
    - I will not log on to a system or access confidential information to allow another person access to that information or to use that system.
    - I will report any suspicion or knowledge that my access code, authorization, or any confidential information has been misused or disclosed without CUIMC authorization.
    - I will not download or transfer computer files containing confidential information to any non-NYP/CUIMC authorized computer, data storage device, portable device, telephone, or other device capable of storing digitized data.
    - I will only print documents containing confidential information in a physically secure environment, will not allow other persons' access to printed confidential information, will store all printed confidential information in a physically secure environment, and will destroy all printed confidential information when my legitimate need for that information ends in a way that protects the confidentiality of the information.
3. I will follow CUIMC policies and procedures regarding the use of any portable devices that may contain confidential information including the use of encryption or other equivalent method of protection.
4. I acknowledge my obligation to report to the CUIMC Privacy Officer any practice by another person that violates these obligations or puts CUIMC, its personnel, or its patients at risk of a disclosure of confidential information.
5. I will only use my Columbia email account to send and receive message that may include confidential information and will not use email to send confidential information to other parties outside of Columbia/NYP without protection to prevent unauthorized access.
6. If I am involved in research, any research utilizing individually identifiable information or protected health information will be performed in accordance with federal, state, local and Institutional Review Board policies.
7. If I no longer need confidential information, I will dispose in a way that ensures that others cannot use or disclose it including following the Information Technology policy for disposal of printed confidential information or electronic equipment that may contain confidential information.
8. I understand that my communication using the Columbia University information network is not private and the content of my communication may be monitored to protect the confidentiality and security of the data.
9. I understand that my obligation under this Agreement will continue after termination of my relationship with CUIMC.
10. I understand that I have no right or ownership interest in any confidential information referred to in this Agreement. CUIMC may at any time revoke my access code, or access to confidential information. At all times during my relationship, I will act in the best interests of CUIMC.

Name (print):	Date:
Name (signature):	Department: