**Guidelines for Administrative Visitors**  
*(Non-Research/Non-Clinical)*

### Introduction:

The University benefits from the presence of many individuals who come to the University for limited periods of time to participate in non-research/non-clinical projects. These are individuals who are not compensated by the University. The presence of these visitors promotes the mission of the institution. We have an obligation to ensure that their activities are conducted in a safe, professional and responsible manner.

**Volunteers** donate any services they may provide to the institution, and **may not perform work that is regularly performed by employees**. The United States Department of Labor has ruled that an employer-employee relationship does not exist when volunteers do not expect compensation for their services and are working toward humanitarian objectives.

Volunteers can be students from other institutions, including high schools, which are learning a variety of techniques or working on their own projects or internships, such as Intel Science Talent Scholars, High Schools students learning the functions of a Finance Department or a Volunteer coming in to assist in collating material for a summer project for school credit. They may participate in various activities as part of an educational/mentoring programs sponsored by their school or other educational organization in conjunction with the University.


Any visitors working on clinical projects please contact the office of academic affairs [http://www.cumc.columbia.edu/faculty/affairs/staff.html](http://www.cumc.columbia.edu/faculty/affairs/staff.html) and refer to the above website for further information.

In all cases, visitors (volunteers, trainees and observers) **may not perform work that would otherwise be performed by a University employee**, and the donated services may not be considered compensable work. All volunteers, trainees and observers are subject to University policies and procedures, as well as applicable federal, state and local laws that may apply to their activities.

In the event of accident or emergency, the same procedures used for employees should be used for visitors. The individual should be treated (a) for the Morningside campus, at the Student Health Services or the Emergency Room at St. Luke’s Hospital, (b) for Lamont, the Emergency Room at Nyack Hospital, (c) for Nevis, the Emergency Room at Dobbs Ferry Hospital, or (d) at CUMC, the Workforce Health and Safety Service or Emergency Room at NYPH. In each case, an Accident Report Form should be completed and sent to University Risk Management.

**Accident Report Form:**  
[http://hr.cumc.columbia.edu/files_humanresources/imce_shared/Forms_Disability_Workers-Comp.pdf](http://hr.cumc.columbia.edu/files_humanresources/imce_shared/Forms_Disability_Workers-Comp.pdf)

Columbia University reserves the right to withdraw any visitor privileges and remove a volunteer, trainee or observer from all campuses and all affiliated locations without prior notice.

### Special Provisions for Minor Students:

All minors must complete the Parental Consent Minor Visitor Form.

Special provisions apply to all minors, defined as individuals less than eighteen years of age, performing Administrative, Research and Clinical related activities in the University. For minors performing research/clinical projects please follow the guidelines at:  

**Please Note**: Questions relating to this guideline should be directed to Human Resources. Any inquiries pertaining to safety should be directed to the Office of Environmental Health and Safety.

For all Administrative Visitors at the Medical Center, please refer to the addendum on the CUMC HR website.
COLUMBIA UNIVERSITY
Office of Human Resources
Visitor Registration Form

Please Indicate:  □ Research  □ Clinical  □ Administrative (Non Research/Non Clinical)

Name: ________________________________________ Date: ________________________________

Home Address: __________________________________ Dept. Name: ________________________________

_______________________________________________ Work Location: _________________________

Home Phone No.: ________________________________ Work Phone No.: _________________________

Affiliation (e.g. school or other entity): ______________________________________________________

Are you currently authorized to work in the United States?   ____Yes _____No

Name(s) and Department(s) of Any Family Members Employed at Columbia University:
______________________________________________________________________________________

Emergency Contact: Check One:

Name: __________________  Visitor is 14 to 18 Years of Age

Relationship: __________________  Visitor is over 18 Years of Age

Phone No: __________________

Supervisor Name: __________________ Supervisor Phone No: __________________

Supervisor Title: __________________

Describe the Role and Activities to be Performed in Detail (Please attach Resume to this form):
______________________________________________________________________________________

Estimated Number of Hours per Week: __________________

Project Start Date: _________ Project End Date: ________ (Not to exceed one year)

Will any of the following Special Indicators be part of the duties of the Visitor?

□ Yes    □ No

If Yes, Please check the applicable boxes and schedule the required Medical Surveillance appointment at

○ Potential Blood Borne Pathogen Exposure

○ Contact with Known Infectious Agents (e.g. Varicella, Polio)

○ In Laboratory with exposure to a known carcinogen/mutagen/reproductive toxins/extremely toxic substances

   (Department/Visitor must consult with EH&S when an OSHA regulated substances is used. Also, check lab safety and Chemical Hygiene Plan).

○ Class 3b or 4a Lasers (Required only for specific projects)

○ Contact with patient or human subjects in an NYPH (New York Presbyterian Hospital) or ACNC (Ambulatory Care Network) space (protocol includes drug testing if not already conducted as part of the pre-employment requirement).

○ Contact with patients or human subjects in CUMC space (non-hospital) (protocol does not include drug testing but it may be part of the pre-employment requirement).

○ Medical Clearance to wear a full face/half-face respirator.

○ Medical Clearance to wear N-95 Face Mask Respirator due to: *Entering the room of a patient on respiratory isolation. *Administering aerosolized ribavirin to patients with respiratory syncytial virus (RSV). *Performing or assisting at a procedure on a patient with influenza.

○ Contact with Animals (Research)-medical clearance requirement must be met.

Animals (Research) additional information visit IACUC website: http://www.cumc.columbia.edu/dept/iacuc/ or contact directly at 212-305-24

Any workplace incidents/exposures please complete an Accident Report Form and take to WHS:
http://www.hr.columbia.edu/hr/forms/workers-comp/pdf-ver.pdf or contact Worker's Compensation directly at 212-851-0645.

*Any CUMC Visitors (volunteers, trainees, and observers) over the age of 18, and who is providing service at New York Presbyterian Hospital (NYP) must be compliant with Joint Commission mandates, and therefore are subject to a pre-employment drug screening test.
PLEASE NOTE: If Roles and Responsibilities change from the above description, please notify your CUMC HR Client Manager and CUMC’s Director of Faculty Affairs or the Associate Provost, as applicable, immediately for reassessment.

Visitor Signature: _______________________________ Date: ______________

PI/Sponsor Authorization: _______________________________ Date: ______________

Chair/Director/Dept. Authorization: _______________________________ Date: ______________

Dean’s Office Authorization: _______________________________ Date: ______________

Executive Vice President for Arts & Sciences Authorization (including Nevis)

______________________________ Date: ______________

Associate Provost-Morningside Authorization (Morningside, Lamont and Nevis)

______________________________ Date: ______________

CU HR Authorization (Morningside, Lamont and Nevis; other non-CUMC)

______________________________ Date: ______________

Office of Faculty Affairs Authorization (CUMC)

______________________________ Date: ______________

CUMC HR Authorization: _______________________________ Date: ______________

PLEASE NOTE: This form is used for research, clinical, and administrative short-term visitors. For administrative short-term visitors, not all signatures may be relevant.

For Department Use Only:

- Drug Screening Confirmation Email received from CUMC Human Resources (If applicable)
- Medical Surveillance Appointment Scheduled (If applicable)
- Background Check completed or in progressed (If applicable)
- HIPAA and Security Training
- EH&S Training (If applicable)

CU/CUMC Human Resources Use Only:

- Drug Screening Verified
- Background Check Verified
- Medical Surveillance Appointment Verified
- Resume Attached and Reviewed

Updated on 06.13.2014
COLUMBIA UNIVERSITY
Office of Human Resources

Minor Visitors Parental Consent Form

Required 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 programs and/or medical surveillance may be required for visitors working in research, clinical and educational programs at the University.

PLEASE NOTE: For some Visitors at Columbia University Medical Center, a drug screening may be required under the Joint Commission requirements. To the extent that there is a positive drug screening result, both the minor and the parent will be notified. 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 incur at the University or while traveling to and from the University.

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.

My child is covered by the following health care plan:

________________________________  ____________________________
Insurance Carrier                          Policy/Membership Number

________________________________  ____________________________
Name of Insured                            Name of Employer

________________________________  ____________________________
Signature of Parent or Guardian            Date

________________________________  ____________________________
Signature of Witness                      Date

Print the full name and address of a person who can be reached between the hours of 9:00 a.m. and 5:00 p.m. in case of emergency.

________________________________  ____________________________
Name                          Relationship

________________________________  ____________________________
Address                      Phone Number
Columbia University Medical Center
Confidentiality Agreement

As a faculty member, employee, student, affiliate, visitor or volunteer at Columbia University Medical Center (CUMC) 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 University Medical Center. You may learn or have access to confidential information through CUMC=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 CUMC students, staff or other faculty, or through your treatment of CUMC patients.

As an individual having access to confidential information, you are required to conduct yourself in strict conformance with applicable laws and CUMC policies governing confidential information. As a condition of your relationship to CUMC, 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 CUMC, 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;
- CUMC - 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 Personal Identifying 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 CUMC.
   - 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 CUMC.
     - 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 CUMC authorization.
• I will not download or transfer computer files containing confidential information to any non-NYP/CUMC 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 CUMC 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 CUMC Privacy Officer any practice by another person that violates these obligations or puts CUMC, 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 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 assures 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 CUMC.

10. I understand that I have no right or ownership interest in any confidential information referred to in this Agreement. CUMC 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 CUMC.

_______________________________     _________________________
Name (print)       Date

_______________________________     _________________________
Name (sign)        Department

A copy of this Agreement should be kept in the Department