

OBSERVER POLICY

VISITING OBSERVERS FROM OUTSIDE OF HARBOR

Definition: An observer is a visiting, licensed physician who is not a member of the Professional Staff. Observers must be sponsored by a Faculty member at Harbor-UCLA, and are not allowed to examine patients or participate in medical decision making, write prescriptions, or make entries into the medical record.

1. Must be licensed physician (M.D. or D.O.) and sponsored by a Faculty member of the David Geffen School of Medicine at UCLA and the Professional Staff Association at Harbor-UCLA Medical Center.
2. Sponsoring program must complete observership application which must be signed by Faculty Sponsor, Division Chief, Department Chair, and approved by the Chief Medical Officer.
3. Observership cannot exceed 4 weeks duration.
4. Prospective Observer must complete the following prior to starting rotation:
 - A. HIPAA examination (turned into GME Office)
 - B. Code of Conduct (turned into GME Office)
 - C. Clear Live Scan at Human Resources
 - D. Clear Employee Health Screen
5. Once application has been approved by the Chief Medical Officer, the GME office will advise HR and Department that observer is allowed to do Live Scan.
6. Once all forms have been approved and the Observer has cleared Live Scan and Employee Health, the Observer must sign in with the GME Office. The GME Office will advise the Department, and he/she will be directed to Human Resources to obtain an I.D. Badge, and begin observership rotation.
7. Any questions should be directed to Medical Administration, ext. 2901.



HARBOR -UCLA MEDICAL CENTER
Medical Administration
1000 W. Carson Street, Box 2
Torrance, CA 90509
Telephone: (310) 222-2901
Facsimile: (310) 782-8599

Associate Dean
David Geffen School of Medicine at UCLA
Harbor-UCLA Medical Center
1000 W. Carson Street, Box 2
Torrance, CA 90509

RE: Section 2060, California Business and Professions Code

Dear Dr. Anderson:

This is to advise you that Dr. _____ (name of visiting physician),
licensed to practice medicine in the State/Country of _____ (attach a copy of the license),
has been invited to the Harbor-UCLA campus of the David Geffen School of Medicine at UCLA by the
Department/Division of _____ to act as an observer from
_____ to _____ (period of observation not to exceed 4 weeks). Dr. _____, who is a
faculty member of the David Geffen School of Medicine at UCLA and the Professional Staff Association at
Harbor-UCLA Medical Center, will sponsor the visiting physician as his/her guest. In company with his/her
faculty sponsor, the visiting physician will be observing in the following patient care
area(s):_____.
Dr._____ will be observing for the purpose(s) of _____

Dr. _____ has complied with the HIPAA Privacy Rule & Security Rule. A copy of the
Harbor-UCLA Privacy and Security Comprehensive Assessment Answer Sheet is also attached.

Sincerely,

_____/_____
Faculty Sponsor Date (Fax# to receive notification of approval*)

_____/_____
Division Chief Date Department Chair Date

*Return for Approval (with 2 attachments):_____
Gail V. Anderson, Jr., M.D., M.B.A. Date

(*A temporary ID badge may be issued after the Associate Dean's approval is obtained.)
rev. 9/21/06