**COMMISSION ON DENTAL ACCREDITATION**

**GUIDELINES FOR REPORTING AND APPROVAL OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

**PURPOSE:** A Report for the Approval of Sites Where Educational Activity Occurs (sometimes called Off-Campus Sites) informs the Commission that a program intends to initiate the use of a site where educational activity occurs. Change is part of the dynamic evolution and growth of a healthy education program. **Changes have a direct and significant impact on the program’s potential ability to comply with the** **Accreditation Standards**. The Commission must be informed in writing when a program intends to initiate educational experiences in new settings and locations. The report should indicate how the relevant standard(s) will continue to be met.

**CONSULTATION:** Before initiating use of a new site occurs, Commission staff should be consulted immediately. Staff will provide guidance in adequately explaining and documenting all changes. Commission staff will also inform the program of the appropriate reporting and approval requirements for the use of the new site. In addition, program administrators frequently consult with staff when they are anticipating changes. This allows the program administrator to assess the impact of the proposed change on the accreditation status of the program.

**FORMAT:** The report must be clear and concise and must follow the “Format” and “Mechanics” illustrated within this guideline. Reports that fail to adhere to the stated guidelines will be returned to the program for proper formatting.

When adding a new site(s), the information requested at the end of these Guidelines must be provided in the format provided. In addition to the requested information, the program is expected to provide information on each new site using the template at the end of these Guidelines.

**MECHANICS:** The following guidelines must be observed when preparing your report. Electronic Submission Guidelines are available and **must be strictly followed**.

The Commission requires **one (1) report** be submitted **for each program affected** following the Electronic Submission Guidelines. Failure to comply with these guidelines will constitute an incomplete report. Electronic Submission Guidelines are available on the CODA website at this link: <https://coda.ada.org/policies-and-guidelines/electronic-submission-guidelines>

1. **VERIFICATION PAGE (Use required template provided)**

**The report must include a signed verification page and must conform to the Commission’s electronic submission guidelines. If, due to the nature of the interruption of education, the program is unable to obtain administrative signatures, the submission must at a minimum include evidence of distribution of the completed report to the program’s institutional administration (e.g. carbon copy on email submission of report).**

2. **DOCUMENTATION** – The report must be succinct and provide only the information necessary to fully address the questions noted above.

***Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security, including those related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission’s statement on HIPAA, as well as the Privacy and Data Security Requirements for Institutions (PDF), are found in the Policies/Guidelines section of the Commission’s website at*** [***https://coda.ada.org/policies-and-guidelines/hipaa-compliance***](https://coda.ada.org/policies-and-guidelines/hipaa-compliance)***. Programs that fail to comply with CODA’s policy will be assessed an administrative fee of $4000.***

**DEADLINES**: Depending upon the type of educational activity site established, a program administrator submits either: (1) the major educational activity site report **by May 1 or November 1** or (2) the minor educational activity site report at least thirty (30) days prior to planned implementation of educational activity site. Because of the above deadlines, program administrators should consult with Commission staff well in advance of an anticipated use of the site. Failure to adhere to established deadlines and/or comply with the policy will jeopardize the program’s accreditation status.

**POLICY ON MISSED DEADLINES:** So that the Commission may conduct its accreditation program in an orderly fashion, all institutions offering programs accredited by the Commission are expected to adhere to deadlines for requests for program information. Programs/institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information.  Program information (i.e. self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process.  If an institution fails to comply with the Commission's request, or a prescribed deadline, it will be assumed that the institution no longer wishes to participate in the accreditation program.  In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

Revised: 2/16; Reaffirmed: 8/20; 8/15; 8/10, 7/07, 7/01, 5/88

**Policy on Preparation and Submission of DOCUMENTS to the Commission:** All institutions offering programs accredited by the Commission are expected to prepare documents that adhere to guidelines set forth by the Commission on Dental Accreditation, including required verification signatures by the institution’s chief executive officer, the institution’s chief academic officer, and program director. These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of program change, and transfer of sponsorship and exhibits. The Commission’s various guidelines for preparing and submitting documents, including electronic submission, can be found on the Commission’s website or obtained from the Commission staff.

In addition, all institutions must meet established deadlines for submission of requested information. Any information that does not meet the preparation or submission guidelines or is received after the prescribed deadlines may be returned to the program, which could affect the accreditation status of the program.

**Electronic Submission of Accreditation Materials:** All institutions will provide the Commission with an electronic copy of all accreditation documents and related materials, which conform to the Commission’s Electronic Submission Guidelines. Electronic submission guidelines can be found on the Commission’s website or obtained from the Commission staff. Accreditation documents and related materials must be complete and comprehensive.

Documents that fail to adhere to the stated Guidelines for submission will not be accepted and the program will be contacted to submit a corrected document. In this case, documents may not be reviewed at the assigned time which may impact the program’s accreditation status.

**Compliance with Health Insurance Portability and Accountability Act (HIPAA) (Excerpt):**

The program’s documentation for CODA must not contain any patient protected health information (PHI) or sensitive personal information (SPI). If the program submits documentation that does not comply with the policy on PHI or SPI, CODA will assess an administrative processing fee of $4,000 per program submission to the institution; a program’s resubmission that continues to contain PHI or SPI will be assessed an additional $4,000 administrative processing fee.

Revised: 2/24; 8/23; 8/20; Adopted 1/20 (Formerly Policy on Electronic Submission of Accreditation Materials, Commission Policy and Procedure Related to Compliance with the Health Insurance Portability and Accountability Act [HIPAA] and Policy on Preparation and Submission of Reports to the Commission)

**ASSISTANCE:** If you have questions, it is preferred that you contact staff via email. CODA staff emails can be found on the CODA website at the following link:

<https://coda.ada.org/about-coda/coda-staff>

Staff can also be contacted at the phone number and extension below: 312-440-(ext.)

* + - dental education programs and dental therapy programs, extension 2721;
    - advanced dental education programs in dental public health, oral and maxillofacial pathology, oral and maxillofacial radiology, pediatric dentistry and prosthodontics, extension 2672;
    - advanced dental education programs in endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics and periodontics, and fellowships in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics, extension 2714;
    - advanced dental education programs in advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine and orofacial pain, extension 2788;
    - dental assisting programs and dental laboratory technology programs, extension 4660; and
    - dental hygiene programs, extension 2695

**ADMINISTRATOR VERIFICATION FOR ALL REPORT SUBMISSIONS**

**Discipline Name**

**Type of Report: Enter Type of Report (progress, response to site visit, program change, etc.)**

**Date of Submission: Enter Actual Date of Submission of Report**

**I have reviewed this document and verify that the information in it is accurate and complete, and that it complies with the *Commission on Dental Accreditation’s Privacy and Data Security Requirements for Institutions* found at** [**https://coda.ada.org/policies-and-guidelines/hipaa-compliance**](https://coda.ada.org/policies-and-guidelines/hipaa-compliance) **(the “Requirements”) and that this document contains no prohibited Sensitive Personal Information (SPI) or Protected Health Information (PHI) as defined in the Requirements, and that the individual(s) signing and/or submitting this verification has the authority to sign and submit on behalf of the sponsoring institution, themselves, and the other individuals listed below.**

|  |
| --- |
| **SPONSORING INSTITUTION *(If the program is co-sponsored, a verification page from each sponsor must be submitted)*** |
| **Institution Name:**  Street Address  (do not list P.O. Boxes)  City, State, Zip |
| **Chief Executive Officer**  (Univ. Pres, Chancellor, Hospital President)  Name:  Title:  Phone:  E-Mail:  Signature:  Date: |
| **Chief Administrative Officer**  (Dental Dean/Chair/Chief of Dental Service)  Name:  Title:  Phone:  E-Mail:  Signature:  Date: |
| **Program Director**  Name:  Title:  Phone:  E-Mail:  Signature:  Date: |

**DESCRIBE THE CHANGE** briefly and as clearly as possible. **The table below must be used when preparing your response. Each item must be addressed.** For your reference, the complete Policy on Reporting and Approval of Sites Where Educational Activity Occurs is found later in this document.

|  |  |
| --- | --- |
| **CODA Question/Area to address** | **Program Response** |
| 1. A description of the type of institution in which the training will occur. (e.g. hospital, community health center, ambulatory care center). Please note whether the new site is owned by dental education program’s sponsoring institution, or owned by a different entity. |  |
| 2. Signed written agreement with site(s) outlining the responsibilities of each party involved. |  |
| 3. The rationale behind choosing this site. |  |
| 4. A description of the availability of adequate patient experiences to ensure the goals and objectives or competencies for student/resident training will be achieved. |  |
| 5. The anticipated enrollment at the training site. If appropriate, indicate what level of students/residents will be using the site (e.g. fourth year only students, PGY-1 residents) |  |
| 6. The amount of time the students/residents will spend at this site. Provide the following: 1) number of days in total the site will be used by the program, and 2) the amount of time any one (1) student/resident will spend at the site. Include rotation schedule (excluding student/resident names). |  |
| 7. A description of how the students/residents will be provided instruction. |  |
| 8. A description of how student/resident performance will be assessed at the site (e.g. competency assessment, general evaluation without competency, daily grading). |  |
| 9. The ratio of attendings/teaching staff to students/residents at this site. Also identify if these individuals are site-specific faculty or program faculty traveling with students/residents to the site. |  |
| 10. The name and qualifications of the on-site clinical supervisor/director who will supervise the educational experience. Provide a completed BioSketch for each supervisor/director. |  |
| 11. A description of how faculty at this site will be calibrated. |  |
| 12. The number of and types of allied support staff available to students/residents. |  |
| 13. A description of the clinical facility/resources: operatories, resident work/study area, computer access, etc. |  |
| 14. Please complete and submit the following table for **each site being added.** |  |

**Sites Where Educational Activity Occurs**

Please provide the information requested below. Duplicate this chart for each site.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Site:** | |  | | | | | |
| Address: |  | | | | | | |
| Distance from sponsoring institution: | | |  | | | | |
| Are students/residents/fellows required to rotate to this site to gain accreditation or program requirements? | | | | | | YES | NO |
| Is the site owned by the sponsoring institution? | | | | | | YES | NO |
| Are competency or comparable summative assessments performed at this site? | | | | | | YES | NO |
| Do primary program faculty travel with students/residents/fellows to the site? | | | | | | YES | NO |
| How are faculty calibrated at the site? | | | | | | Description: | |
| How many days and in what term(s) of the program does a student/resident/fellow spend at the site? | | | | | | Number of Days **and** Year/Term in Program that Student/Resident/Fellow Spend at Site: | |
| How many days per year, in total, is this site utilized by the program? | | | | | | Days per year: | |
| Purpose of affiliation (detail experiences gained): | | | | |  | | |
| Is this the only location where a particular experience is provided? | | | | | | YES | NO |
| If YES to question above, what experience? | | | |  | | | |
| Do other CODA-accredited, or unaccredited, dental education programs use this site for training purposes? | | | | YES NO  If yes, please provide the name and type of each program/discipline: | | | |
|  | | | | 4/24 | | | |

## **COMMISSION ON DENTAL ACCREDITATION**

## **POLICY ON REPORTING AND APPROVAL OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

The Commission on Dental Accreditation recognizes that students/residents may gain educational experiences in a variety of settings and locations.

An accredited program may use one or more than one setting or location to support student/resident learning and meet Commission on Dental Accreditation standards and/or program requirements. The Commission expects programs to follow the EOPP guidelines and accreditation standards when developing, implementing and monitoring activity sites used to provide educational experiences.

**Reporting Requirements:**

The Commission on Dental Accreditation must be informed when a program accredited by the Commission plans to initiate educational experiences in new settings and locations. Off-Campus training sites that are owned by the sponsoring institution or where the sponsoring organization has legal responsibility and operational oversight do not need prior approval before utilization but must be reported to the Commission in accordance with the Policy on Reporting Program Changes in Accredited Programs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Reporting Requirements for Off-Campus Sites** | **Major Activity Sites** | **Minor Activity Sites** | **Supplemental**  **Activity Sites\*** |
| Definitions | Students/Residents **required** to complete an experience at this site to meet a program requirements or accreditation standards, and  Competency assessments or comparable summative assessments performed at the site. | Students/Residents **required** to complete an experience at this or another site to meet a program requirements or accreditation standards, and  No competency assessments or comparable summative assessments performed at the site. Evaluation may occur. | Student/Resident chooses whether to visit the site outside of the educational program (e.g. volunteer mission trips, health fair, etc. not used to fulfill program or accreditation requirements). |

|  |  |  |  |
| --- | --- | --- | --- |
| Program Report Requirement | Report required by **May 1 or November 1** | Report required at least 30 days prior to planned implementation of educational activity site. | No report required. |
| Acknowledgement/Approval | Commission approval required prior to implementation of the educational activity site. Approval of the major activity sites required prior to recruiting students/residents for the site and initiating use of the site. | Commission acknowledgement of review at the program’s next site visit. | No approval required. |
| Site Visit(s) to Educational Activity Site | Commission may direct special focused site visit to review educational activity site prior to or after approval of the site. Commission may review site at future site visits. | Commission may visit educational activity site during program’s next site visit. | No site visit required. |

\*sites used for community service and service learning are exempt

The Commission must ensure that the necessary education as defined by the standards is available, and appropriate resources (adequate faculty and staff, availability of patient experiences, and distance learning provisions) are provided to all students/residents enrolled in an accredited program. Generally, only programs without reporting requirements will be approved to initiate educational experiences at major activity sites.

When the Commission has received notification that an institution plans to offer its accredited program at an off-campus educational activity site, the Commission may conduct a special focused site visit to each educational activity site where each student’s/resident’s educational experience is provided, based on the specifics of the program, the accreditation standards, and Commission policies and procedures, or if other cause exists for such a visit as determined by the Commission. There may be extenuating circumstances when a special review is necessary.

The program must report the rationale for adding an educational activity site and how that site affects the program’s goals, objectives, and outcomes. For example, program goals, objectives, and outcome measures may address institutional support, faculty support, curriculum, student didactic and clinical learning, research, and community service. The program must support the addition of an educational activity site with trends from pertinent areas of its outcomes assessment program that indicates the rationale for the additional site.

When conducting a review of the program, the Commission’s site visit team will identify the sites to be visited based upon educational experiences at the site (for example based upon length of training at the site, educational experience or evaluation/competencies achieved). After the initial visit or review, each educational activity site may be visited during the regularly scheduled CODA evaluation visit to the program.

**Discipline-specific Exemptions:**

The Commission recognizes that dental assisting and dental laboratory technology programs utilize numerous extramural private dental offices and laboratories to provide students with clinical/laboratory work experience. The program will provide a list of all currently used extramural sites in the self-study document. The Commission will may then randomly select and visit facilities at the time of a site visit to the program. Prior Commission approval of these extramural dental office and laboratory sites will not be required.

The Commission recognizes that dental public health programs utilize numerous off-campus sites to provide students/residents with opportunities to conduct their supervised field experience. The program will provide a list of all currently used sites in the self-study document. The visiting committee will select and visit facilities during the site visit to the program to evaluate compliance with CODA accreditation standards. Prior Commission approval of these supervised field experience sites will not be required. Programs where 30% or more of the overall student/resident training occurs at off-campus site(s) must report the off-campus site(s) under the Commissions *Policy Statement on Approval of Sites Where Educational Activity Occurs.*

The Commission recognizes that advanced dental education programs in dental anesthesiology utilize numerous mobile ambulatory settings and rotations to provide residents with opportunities to gain required clinical experiences. The program will provide a list of all currently used settings and rotations in the self-study document. The visiting committee will randomly select and visit several settings and rotation locations during the site visit to the program to evaluate compliance with Commission on Dental Accreditation standards. Prior Commission approval of these settings and rotations will not be required.

For predoctoral dental education programs, when primary program faculty travel with student(s) to a site and competency is assessed, the site may be treated as a minor site for reporting purposes.

Expansion of a developing dental hygiene program and/or current or developing dental assisting program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.

**Fees Related to the Use of Educational Activity Sites:**

All programs accredited by the Commission pay an annual fee. Additional fees will be based on actual accreditation costs incurred during the visit to and educational activity site. The Commission office should be contacted for current information on fees.

**Commission on Dental Accreditation Consideration of Educational Activity Sites:**

The Commission uses the following process when considering reports for adding educational activity sites. Program administrators have the option of consulting with Commission staff at any time during this process.

1. Depending upon the type of educational activity site established, a program administrator submits either: (1) the major educational activity site report **by May 1 or November 1** or (2) the minor educational activity site report at least thirty (30) days prior to planned implementation of educational activity site.

2. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program’s potential ability to comply with the accreditation standards. If this is the case, whether the site is major or minor, the report is reviewed by the appropriate Review Committee for the discipline and by the Commission.

3. Receipt of the educational activity site report and accompanying documentation is acknowledged in one of the following ways:

a. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting. Additional information may be requested prior to this review if the change is not well-documented; or

b. The program administrator is informed that the reported change will be reviewed during the next site visit.

4. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission’s review.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of addition of educational activity sites received from accredited educational programs.

* *Approve the addition of the educational activity site*: If the Review Committees or Commission does not identify any concerns regarding the program’s continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change has been noted and will be reviewed at the next regularly-scheduled site visit to the program.
* *Approve the addition of the educational activity site and request additional information:* If the Review Committees or Commission does not identify any concerns regarding the program’s compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit. Use of the educational site is permitted.
* *Postpone action and continue the program’s accreditation status, but request additional information:* The transmittal letter will inform the institution that the report of the addition of the educational activity site has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request. Use of the educational activitysite is not permitted until Commission approval is granted.
* *Deny the request:* If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for the addition of educational activity sites. The institutions will be advised that they may re-submit the request with additional information if they choose.

Revised: 2/22; 8/18; 8/17; Reaffirmed: 8/20; Adopted: 2/16 (Former Off-Campus Policy)

**Commission on Dental Accreditation**

**Privacy and Data Security Reminders**

***Protect sensitive personal information (“SPI”) such as social security numbers, drivers’ license numbers, credit card numbers, account numbers, etc.***

**Security Reminder: Sensitive Personal Information**

Before submitting any documents to CODA or to a CODA site visitor, an institution must:

* Review for SPI and patient identifiers.
* Fully and appropriately redact any SPI and patient identifiers.
* Make sure the redacted information is unreadable in hard copy and electronic form. You must use appropriate redaction methods to ensure personal information cannot be read or reconstructed.

CODA **does not accept** SPI or patient identifiers in any materials submitted by a program.

**Security Reminder: Patient Identifiers**

Before submitting any information about a patient to CODA or to a CODA site visitor, you must **thoroughly redact** **all 18 patient identifiers** **listed on the next page.**

Examples of information about a patient:

* Dental records
* Rosters of procedures (procedure logs)
* Chart review records (chart audit records)
* Information from affiliated teaching institutions, to include items listed above
* Brochures with patient images and/or information
* Presentations with patient images and/or information
* Course materials (exams, lecture materials) with patient images and/or information

If **even one** identifier is readable, do not submit the information to CODA.

CODA **does not accept** documents containing SPI or patient identifiers from institutions. Any PHI/SPI that is necessary for CODA accreditation may only be reviewed by CODA site visitors when they are on-site at the institution.

When redacting identifiers, you must ensure that the information is unreadable and cannot be reconstructed in both hard copy and electronic form. For example, certain information redacted on a hard copy can become readable when the hard copy is scanned. Instead, it may be effective to use opaque cover-up tape on the hard copy, scan, and then ensure the redacted information on the scanned version is not visible/readable through the redaction.

**Commission on Dental Accreditation**

**Privacy and Data Security Requirements for Institutions**

(Rev. 11/16/2023)

1. **Sensitive Personal Information.** To protect the privacy of individuals and to comply with applicable law, the Commission on Dental Accreditation (“CODA” or “the Commission”) **prohibits all programs/institutions from disclosing in electronic or hard copy** **documents** provided to CODA other than on-site during a site visit, any of the following information (“Sensitive Personal Information” or “SPI”):

* Social Security number
* Credit or debit card information (number, expiration date, or security code)
* Drivers’ license number, passport number, or other government issued ID number
* Financial account number
* Health insurance information, such as policy number or subscriber I.D.
* Medical information, such as information about an individual’s condition, treatment, or payment for health care
* Mother’s maiden name
* Taxpayer ID number
* Full date of birth
* Any data protected by applicable law (e.g., HIPAA, state data security law)
* Biometric data, such as fingerprint or retina image
* Username or email address, in combination with a password or security question that permits access to an online account

1. **Patient Identifiers.** Protected Health Information (PHI), including Patient Identifiers, may only be viewed by CODA or its volunteers on-site during a site visit. Programs must not submit PHI in any form to the Commission office or Commission volunteers. Before submitting information to the Commission, a program/institution **must remove the following data elements** of any individual patient, and of relatives, household members, and employers of the individual (the “Patient Identifiers”):

1. Names, including initials

2. Address (including street address, city, zip code, county, precinct)

3. Dates, including treatment date, admission date, age over 89 or any elements of dates (including year) indicative of such age, date of birth, or date of death [a range of dates (e.g., May 1 – 31, 2021) is permitted provided such range cannot be used to identify the individual who is the subject of the information]

4. Telephone numbers

5. Fax numbers

6. E-mail addresses

7. Social Security numbers

8. Medical record numbers

9. Health plan beneficiary numbers

10. Account numbers

11. Certificate/license numbers

12. Vehicle identifiers and serial numbers, including license plate numbers

13. Device identifiers and serial numbers

14. Web Universal Resource Locators (URLs)

15. Internet Protocol (IP) address numbers

16. Biometric identifiers (e.g., finger and voice prints)

17. Full face photographic images and comparable images

18. Any other unique identifying number, characteristic, or code:

* that is derived from information about the individual
* that is capable of being translated so as to identify the individual, or
* if the mechanism for re-identification (e.g., the key) is also disclosed

In addition to the items above, the information provided to CODA cannot be capable of being used alone or in combination with other information to identify the individual.

1. **Redaction.** When removing any Sensitive Information or Patient Identifier from paper or electronic documents disclosed to CODA, programs/institutions shall **fully and appropriately** remove the data such that the data cannot be read or otherwise reconstructed. Covering data with ink is not an appropriate means of removing data from a hard copy document and may sometimes be viewable when such documents are scanned to an electronic format.
2. **Administrative fee. *If the program submits any documentation that does not comply with the directives noted above, CODA will assess an administrative fee of $4000 per program submission to the institution; a program’s resubmission that continues to contain prohibited data will be assessed an additional $4000 fee.***

* Programs/Institutions may only provide access, and CODA Site Visitors and Commission volunteers are only authorized to access, Sensitive Information and Patient Identifiers:
  + On-site during a site visit, and
  + That are necessary for conducting the accreditation site visit
* CODA Site Visitors and Commission volunteers may not download or make hard copies or electronic copies of Sensitive Information or Patient Identifiers.

**NOTE: If a document includes fictitious information, which may otherwise appear to be Sensitive Information or Patient Identifiers, the program must clearly mark the document as “Fictitious Example”.**