



## **Public Health Accreditation Board Site Visitor Agreement Form 2014**

### **Site Visitor Responsibilities**

As a site visitor of health departments on behalf of the Public Health Accreditation Board (PHAB), I will:

- be present, attentive, and participatory in all training, team meetings, site visit activities, and site visit interviews;
- arrive on time for training, conference calls, and meetings, and not leave early;
- be prepared for all site visit activities;
- be responsive to requests for information, comments, and feedback from PHAB; and
- contribute to the completion of the team's charge including review of the department's documentation submitted, preparation for and conduct of the site visit, and the completion of the team's Site Visit Report.

### **Professional Conduct**

As a volunteer site visitor for the public health department accreditation program, I represent PHAB during all portions of the site visit process. As a site visitor, I will conduct myself in the highest professional and ethical manner at all times. I will be courteous and demonstrate respect and consideration for other team members, the health department, and department governance and community representatives. As a site visitor, I will not criticize any elements of the PHAB accreditation process or standards and measures in the presence of health department staff or members of the community. I will not criticize health departments' operations, programs, or staff.

### **Confidentiality**

I will respect the confidential nature of the accreditation process. I will treat all information obtained through the accreditation review process as confidential, including the name of any health department to which I am assigned. I will not discuss information about the health department site or any of its documentation with others not involved in the PHAB accreditation process.

### **Intellectual Property**

I understand that all materials, reports, summaries, articles, pictures and art, and any other tangible work product produced as a result of the work as a site visitor or that I may be exposed to as background information as a site visitor are the intellectual property of PHAB. I will not

use for publications, presentations, consultation, or otherwise use this information without requesting and obtaining permission of PHAB for same.

### **Publications**

I understand that, as a site visitor for PHAB, if I am considering participating in developing a manuscript that is focused on public health accreditation, I am required to submit said manuscript to PHAB before submitting it for publication. Articles will be reviewed against the following criteria:

- Appropriateness of publication at the current time, including:  
Manuscript does not describe policies that require, but have not yet received, Board approval
- Identity of a non-accredited health department is not revealed without consent of the health department
- Accuracy of the description of the accreditation program

### **Travel Liability**

In consideration of my position as a site visitor, I, being 21 years of age or older, do hereby release, forever discharge and agree to hold harmless PHAB and the officers, directors, employees, members, subsidiaries, agents, successors and assigns thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred, directly or indirectly, now or in the future, by reason of my participation and travel as a site visitor, including that caused solely or in part by the fault (including but not limited to negligence, gross negligence and/or recklessness) of the above- named parties. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities related to my participation and travel as a site visitor. Further, authorization and permission is given to PHAB to furnish and hereby release liability of transportation, food and lodging provided to me. This Release and Waiver of Liability shall be binding on my heirs, executors, administrators, successors, and assigns.

I understand that, as part of my site visitor duties, I may be asked to drive a rental car for the purpose of transporting other members of my team to the site visit. I have no restrictions, either physically or legally, that would pose a problem for me to serve in this capacity.

I hereby indemnify PHAB, its officers, directors, employees, members, subsidiaries, agents, successors and assigns, from and against all claims, liabilities and expenses, including reasonable attorney's fees, which may result from my acts, omissions or breach of this Agreement.

As a PHAB accreditation site visitor, I have read, understand and agree to the Site Visitor Agreement. I have been given information in the following PHAB policies and procedures and agree to abide by them in the conduct of my activities before, during and after the accreditation site visit.

- **PHAB Site Visitor Guide Version 1.0**
- Webinar on Site Visitor Responsibilities and Specific PHAB Policies
- PHAB Conflict of Interest Policy and Disclosure Form
- Content of this Site Visitor Agreement Form herein

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*Name (Please print)*

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*Signature*

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*Date*

**Updated January 2014**