

Use Agreement for 6th Floor CHH1 Research Outpatient Exam Rooms

1. I have read the instructions for use of CHH2 Outpatient Exam Rooms
2. I have been given tour and orientation of the space.
3. I understand I am responsible to schedule the time I have used in the space
4. I understand if I need more time during the visit, I will check to ensure I can extend my time in the scheduling system
5. I understand I am responsible to clean the exam room after each study visit. If I have more than one study visit within the same room, I will clean the area between each study visits
6. I understand this area is not a secure area. I will follow OHSU policy and protocol guidelines with regards to HIPAA requirements and safe storing of study supplies, medication, and/or equipment.
7. This area is not staffed with nursing staff.
 - a. Study staff will know the location of the crash cart and safety exits
 - b. Study staff will know the location of the emergency resource book
 - c. Resource book will serve as a guide for study staff regarding what service to contact when/if an emergency occurs.
8. Failure to follow these guidelines may result in evoking permission to use exam rooms during clinic after hours.

I have reviewed and understand this agreement document

Study Program Name	Printed Staff Name	Signature	Printed Name of Supervisor	Date