

**Redwood Community Health Coalition
PROVIDERS AND OFFICE STAFF - USER ACCESS AND CONFIDENTIALITY STATEMENT**

All patient and business information maintained in Redwood Community Health Coalition (RCHC) health information exchange platforms is confidential and proprietary. This User Access and Confidentiality Statement outlines the requirements for users of the Systems (System applications) owned and operated by RCHC, including but not limited to RCHIE web portal. Users include but are not limited to providers, provider organizations, hospitals, and designated office staff employed by provider organizations/hospitals to support direct patient treatment. This Confidentiality Statement pertains to all access to the Systems, whether access occurs at the provider's office location or remotely.

I agree that my user name ("User Name") and password ("Password") are my unique identifier for the RCHC System(s) that I am authorized to use. I agree that I will only access patient health information for the purposes of direct patient treatment.

- I will not access confidential information that I am not authorized to access, including information for which I do not have a legitimate need to know, such as information that is not related to my direct treatment relationship with a patient.
- I will not divulge, copy, release, sell, loan, alter, revise, or destroy any confidential information except as properly authorized.
- I will maintain the confidentiality of all information that I access through the System(s), including protected health information of my patients.
- I will not share my User Name or Password with any individual for any purpose. I will be the only person using my User Name and Password. I accept responsibility for all accesses made using my User Name and Password. If my User Name and Password become compromised, I will immediately contact the RCHC access team who will advise me how to proceed.
- I will not attempt to learn or utilize the User Name/Password of another individual authorized to access the System(s).
- I understand that I have no right or ownership interest in any confidential information (including patient health information) referred to in this agreement.

When I access patient health information from a remote location, I will ensure that no unauthorized persons can view the patient health information and that transmission of patient health information for which I am authorized to make are only completed through secure and encrypted connections.

I understand that access to patient health information is governed by federal and state laws and **I may be subject to significant fines and criminal actions if I violate the terms of this statement or the governing state and federal regulations.**

I agree that RCHC may routinely audit my access and may revoke my User Name and Password at any time if I inappropriately access or disclose patient health information.

I will immediately report (without undue delay) any known or suspected breach of the security and/or confidentiality of the system or records/data obtained from it to RCHC at RCHIE@rchc.net or by phone to Lisa Israel, EMR Specialist at (707) 285-2995.

I understand this agreement will remain on file in the Redwood Community Health Coalition office.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND AGREE TO ABIDE BY THE ENTIRE CONTENTS OF THIS AGREEMENT.

Name (Print): _____ Date: _____

Signature: _____

Medical Group/Practice/Hospital Name: _____

Redwood Community Health Coalition -- RCHIE Web Portal Access Request Form

Please grant access to RCHIE web portal to me. I understand that all access is subject to monitoring and review by Redwood Community Health Coalition and/or designated representatives for regulatory compliance.

I acknowledge that the patient data accessed via RCHIE web portal is to be used solely for treatment of a particular patient. It is my responsibility to use this system in accordance with the signed confidentiality statement. **I understand that misuse or violation of given access will result in the loss of access.**

I understand this agreement will remain on file in the Redwood Community Health Coalition office.

PLEASE COMPLETE THIS FORM BY TYPING OR PRINTING LEGIBLY – **ALL FIELDS ARE MANDATORY**

Medical Group/Practice/Hospital Name: _____

Address: _____

City/State/Zip: _____

For providers with National Provider Identifier number

Print Name: _____ NPI: _____

Work Phone #: _____ Cell Phone #: _____

User Signature: _____ Date: _____

Work E-Mail: _____

Request type (choose one): Create New User Edit Existing User Disable user, no longer w/ practice/hospital
 User Access (choose one): All Clinical Data* Non-Clinical Data only (demographics)

**This role allows "break the glass" abilities to access records for patients with whom the requesting provider does not have a past relationship and is intended for providing treatment in urgent situations. Prior to access, the provider must select a reason for accessing the PHI. "Break the glass" access is monitored and audited by RCHC.*

For office staff employed by provider organizations or hospitals

Print Name: _____ DOB: _____
DOB is for identity verification purposes.

Credentials/Title: _____ Reason for access: _____

Work Phone #: _____ Cell Phone #: _____

User Signature: _____ Date: _____

Work E-Mail: _____ Supervisor E-Mail: _____

Supervisor Name: _____ Supervisor Phone #: _____

Request type (choose one): Create New User Edit Existing User Disable user, no longer w/ practice/hospital
 User Access (choose one): All Clinical Data* Non-Clinical Data only (demographics)

Medical Director Approval: _____ **Date:** _____
 (If user is associated with a hospital/health center)

FOR EACH USER ACCESS REQUEST: ONE ACCESS REQUEST FORM AND ONE USER ACCESS/CONFIDENTIAL STATEMENT

Email completed forms to RCHIE@rchc.net

Upon approval, user account will be created within 5 business days.