

Sutter Health/Affiliate

PRIVACY AND SECURITY RESPONSIBILITIES FOR USE OF THE ELECTRONIC HEALTH RECORD

Sutter Health and its affiliates (“SH/Affiliate”) are required under the HIPAA Privacy and Security Standards to have in place administrative, technical and physical safeguards (45 CFR §164.530(c)(1) and §§164.306–164.312) for the protection of confidential protected health information (“PHI”). These HIPAA Standards also require SH/Affiliate to maintain appropriate written documentation to implement these safeguards (45 CFR §164.530(j)(1) and §164.316). This document is being provided to you, prior to being granted access to the records and information systems of SH/Affiliate (“SH/Affiliate Systems”), in order to meet these obligations and to protect you from unknowingly breaching confidentiality in your use of the electronic health record. The attached signature page serves as acknowledgement of the receipt of this information.

1. All users of SH/Affiliate Systems will protect the confidentiality of PHI, and will not access, use or disclose any PHI from SH/Affiliate Systems in any manner inconsistent with applicable law or the policies and procedures of SH/Affiliate. This shall apply to all PHI regardless of the type of media on which it is stored (e.g. paper, micro-fiche, voice tape, computer systems, etc.). In addition, all users of SH/Affiliate Systems shall confidentially destroy any printed PHI when no longer needed.
2. All users of SH/Affiliate Systems will use the SH/Affiliate Systems for SH/Affiliate business. No PHI may be downloaded to any personal device. However, electronic copy and paste of PHI is permitted to the electronic health record at a physician’s office information system, provided:
 - A. The physician takes responsibility for the accuracy of the copied text as it applies to the patient's current condition.
 - B. Copy and paste of text that includes an electronic signature or similar verbiage is strictly prohibited (e.g., “E sign” or “Authenticated by” language).
3. All users of SH/Affiliate Systems may access PHI for only those patients (including any of the user’s relatives, friends, employees, staff members) with whom the user has a treatment relationship, and/or PHI required for payment of claims, and/or PHI required for healthcare operations activities. For purposes of this document, “healthcare operations” is limited to conducting official quality assessment, competence evaluation of providers or health plans, and/or training program activities. Such use and disclosure must be restricted to the minimum necessary information required for essential business purposes (45 CFR §164.502(b) and §164.506).

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4. In order to access PHI from any SH/Affiliate Systems, SH/Affiliate may establish a unique User ID, password or other authentication method that is personal to the user and that identifies the user (45 CFR §164.312(a)(1)). Such authentication methods are for the user's use only during the user's association with SH/Affiliate, and are equivalent to the user's legal signature. All inquiries, data entries and orders using these authentication methods will permanently reference the user's name, and the user shall be responsible for all such entries. The user may not share the user's own or use anyone else's authentication methods in order to access any SH/Affiliate System; any such sharing will be a violation of the SH/Affiliate confidentiality and security standards and/or policies.
5. If any user believes that the confidentiality of the user's password(s), sign-on(s) or identification device(s) has been compromised, the user will notify the SH/Affiliate Service Desk immediately. In addition, if the user believes that PHI has been compromised in any other way, the user is to contact the SH/Affiliate Privacy, Security, Compliance Officer or Risk Manager as soon as possible.
6. All access to the SH/Affiliate Systems is subject to routine monitoring and review, with or without notice (45 CFR §164.308(a)(1)).
7. The user will be subject to disciplinary action in accordance with the provisions of SH/Affiliate professional staff or medical staff bylaws or rules and regulations, and/or any applicable professional service agreements, for any violation of law or policy that is relevant to the protection of PHI (45 CFR §164.530(e) and §164.308(a)(1)).

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ACKNOWLEDGMENT

My signature below acknowledges that I have received the Sutter Health/Affiliate Privacy and Security Responsibilities for Use of the Electronic Health Record.

Printed Name: _____ Date: _____

Signature: _____