
Policy Name:	Remote Access – Backus Online
Origination Date:	04/17/2008
Revision Date:	10/2012

Overview

The HIPAA Security Rule (section 164.308(a) (4) (ii) (B)) stipulates that The William W. Backus Hospital establish guidelines for authorizing access to electronic protected health information (EPHI).

Purpose

To define the process by which individuals obtain and maintain remote access to Hospital computer systems.

Scope

This policy applies to individuals not employed by The William W. Backus Hospital who require remote access to any computer application that resides at The William W. Backus Hospital and any of its facilities.

Physicians and other licensed independent providers and their office staff, regardless of employment at the Hospital, must always fill out this form to gain access for use that benefits a private practice or other non-Backus Hospital care setting.

Policy

To request access to Backus Online a *Registration and Acknowledgment to Access Electronic Information* form must be completed and sent to The William W. Backus Hospital's Management Information Systems Department. This form will be retained by the hospital's Management Information Systems Department.

Access to Backus Online requires the assignment of a unique user ID and password. This ID and password grant an individual the authority to view the list of hospital applications within the Citrix Portal (i.e. Meditech, Phillips iSite, Hospital Based Email, Muse, and the WWBH Intranet) that are related to their role.

Every individual has a responsibility to protect their passwords from use by other persons. Hospital applications may have their own password/access requirements defining the functions permitted to an individual user within that application. Passwords may be changed at any time using system provided password options. This information must be kept confidential. Sharing passwords is a significant security violation and may result in removal of access to all Hospital computer systems.

Privacy

The individual affirms that he or she will not access or divulge protected health information regarding patients of The William W. Backus Hospital or its affiliates to any unauthorized person for any reason. Neither will he or she directly or indirectly use, or allow the use of, The William W. Backus Hospital's data for any purpose other than that directly associated with his or her duties.

The individual understands that all patient information is confidential and any violation of the Hospital's confidentiality or HIPAA policies is cause for immediate removal of Backus Online privileges.

Procedure

- 1) A *Registration and Acknowledgment to Access Electronic Information* form, found on page 3 of this document, is completed by the individual requesting access. The form must be signed by the individual requesting access.
- 2) For physician office staff members, the form must also be signed by the practice's physician. For all other persons, the hospital manager most in contact with the individual should also sign.
- 3) The form will be faxed to The William W. Backus Hospital MIS department at (860) 885-6440. The MIS Department will create the necessary IDs and Passwords to permit access to the applications necessary to perform their role. The assigned password(s) will be sent in a sealed envelope to the individual receiving access.

THE WILLIAM W. BACKUS HOSPITAL

HIPAA Security Policy

11-Information Access Management

- If an individual feels that their password has been compromised, they are to contact the MIS Help Desk immediately at (860) 885-6464 and a new password will be assigned. Failure to comply with applicable policies may result in the removal of access to Backus Online.

Related Policies

Administration Policy, Confidentiality & Disclosure of Protected Health Information

Human Resources Policy, Employee Discipline

HIPAA Security Policy, Unique User Identification



THE WILLIAM W. BACKUS HOSPITAL
Management Information Systems Department

**REGISTRATION AND
ACKNOWLEDGMENT
to Access Electronic
Information via Backus Online**

Name: _____
First Middle Last

Title/Position: _____

This person replaces (if applicable): _____

Employer Name: _____

Employer Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Fax Number: () _____

Immediate Supervisor's Name: _____

Email address: _____

I have had access to Backus Information systems in the past under the following Name or User ID:

Access Role: ☐ Member of Backus Medical Staff ☐ Other Provider
☐ Provider Office Staff Member ☐ Other

PIN Information:

A 4 digit personal identification number is required as a unique identifier when requesting password changes.

Please indicate a 4 digit personal identification number: _____

Acknowledgement and Agreement

I hereby certify, on behalf of myself and my employer, that I am a representative in good standing of the company listed in the registration application.

I hereby request, as a representative of the company listed in the registration application, to be registered with the Hospital as an authorized user of the Hospital's information system and be granted access to certain information.

I hereby certify that I have been given a copy of the **Backus Online Policy**, have read it, and/or have had it explained to me to my satisfaction.

I affirm that I will not access or divulge protected health information regarding patients of The William W. Backus Hospital or its affiliates to any unauthorized person for any reason. Neither will I directly or indirectly use, or allow the use of, The William W. Backus Hospital's data for any purpose other than that directly associated with my duties. I understand that all information is confidential and any violation of this confidentiality statement is cause for immediate termination of access. I further agree to indemnify the hospital for any liability it may incur as the result of my improper use or disclosure of confidential information.

I understand that, among other possible consequences, failure to comply with applicable policies and this statement may result in me and potentially the organization I represent being prohibited from accessing patient information via Backus Online. I understand that if I violate any hospital Confidentiality or HIPAA policies my access to Backus Online will be terminated. I affirm that I have never had my access to Backus information systems terminated involuntarily by a current or former employer.

Applicant's Signature _____ Date _____

Signature of Manager or Physician _____ Date _____

Individuals who are employees of The William W. Backus Hospital should only use this form to request additional access for a position held at another facility, a physician's private practice, or other health care settings outside the hospital.