

CENTRAL TEXAS MEDICAL CENTER

Date: _____

To: _____

From: CTMC Medical Staff Services Office

Re: Security Registration – Provider Affiliate Position

In order to register you through the CTMC security system I will need the following information prior to your I-connect training date:

- First Name: _____ Middle Initial: _____
- Last Name: _____
- Credentials (e.g. M.D., D.O.) _____
- Date of Birth: _____
- SS#: _____ (this will be destroyed after you have been assigned an OPID for identification purposes in the future)
- TX License # _____
- NPI # _____
- Taxonomy # _____
- E-mail address: _____
- **Office Name:** _____
- Office Address: _____
- City: _____
- State: _____
- Zip Code: _____
- Phone #: _____
- Cell Phone #: _____
- Fax #: _____

Please complete the attached security agreement and have your sponsoring physician electronically sign and then return both to CTMCAISecurity@AdventHealth.com using the **"Submit by email" link above.**

THANK YOU

Physician/Allied Health Professional Name: _____

Group Name: _____

Central Texas Medical Center
CONFIDENTIALITY AND SECURITY AGREEMENT
FOR PHYSICIANS AND CTMC-CREDENTIALLED ALLIED HEALTH PROFESSIONALS

Confidentiality of health information and patient privacy is protected strict state and federal laws. *The Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires protection of confidential information, which includes written information, verbal communication and electronic data transmission and security relative to health care. Inappropriate disclosure of protected health information may result in the imposition of fines of up to \$250,000 and 10 years imprisonment per incident.* Texas State Statutes also address confidentiality of health care information with remedies for civil damages and criminal penalties. In addition, Adventist Health System (AHS) and Central Texas Medical Center (CTMC) have policies governing the strict access, use and disclosure of protected health information.

As a physician or CTMC-Credentialed Allied Health Professional, you have requested access to CTMC/ AHS Information Systems. With this access, you will be able to review confidential and protected health information, including patient demographics and test results. The purpose of this agreement is to help you understand your personal obligation regarding access and use of this information.

Specifically, by signing this agreement, you are promising to comply with the following:

1. **CTMC/AHS Information Systems access code and password:** *This agreement must be signed prior to the assignment of a CTMC/AHS Information Systems access code and password.* I understand that I will receive my access code and generic password from the CTMC/ AHS Information Systems security officer and that I must change my password immediately to prevent unauthorized access. I further understand that I may not utilize another user's CTMC/AHS information Systems access code to gain access to any system. In addition, I will not reveal my CTMC/AHS Information Systems access and password to anyone else. In compliance with HIPAA standards and CTMC/AHS policies, I understand that my access code is subject to deactivation if the system has not been accessed in the previous 90 days. Reactivation can easily be accomplished via a request to the Medical Staff Office.
2. **Accessing confidential information:** I will not access confidential information within the CTMC/ AHS Information Systems for which I have no legitimate need to know and for which I am not an authorized user. I understand that if I "break the glass" within the CTMC/ AHS Information Systems to view patient information for which I do not play a role in their care, an audit trail will be documented that shows the date/time I accessed the data. I further understand that this audit trail may be used as evidence to support my unauthorized access. ***I accept personal responsibility for all activities occurring in the CTMC/AHS Information Systems under access code and password.***
3. **Unauthorized Access:** If at any time I feel that the confidentiality of my CTMC/AHS Information Systems access code/password has been compromised, or if I observe or have knowledge of unauthorized access or divulgence of confidential information, I understand it is my responsibility to report it immediately to the CTMC/ AHS Information Systems security office or Director of Information Systems. If my privileges with CTMC are relinquished or revoked for any reason, I understand that the CTMC/ AHS Information Systems security office will be notified to terminate any and all CTMC/ AHS Information Systems access. I agree to cease all access to the CTMC/ AHS Information Systems. I understand if audit of the system show that I accessed the system after my termination with CTMC, I could be subject to legal action by CTMC/ AHS for unauthorized access to the CTMC/ AHS Information

Systems. Quarterly audits will be performed to ensure that only appropriate information is accessed by authorized individuals.

4. **Printed Patient Information:** I understand that I am responsible for any patient information that I Print from the CTMC/ AHS Information Systems and that each printed page may include my name and the date and time I printed the document. I will ensure that all printed information is either placed into the medical record (as appropriate) or properly disposed of after my use. I will not leave printed patient information on printers or in any unsecured area.
5. **Personal Use of Data:** I understand that all patient information, regardless of the media on which it is stored (paper, computer, videos, recorders, etc.), the system that processes it (computers, voice mail, telephone systems, faxed, etc.) or the methods by which it is moved (electronic mail, face-to-face conversation, facsimiles, etc.) is the property of CTMC/AHS and shall not be used improperly or for personal gain. I understand that all communication shall be monitored and is subject to internal and external audit.

I will not in any way divulge copy, release, sell, loan, or alter any confidential information unless properly approved in writing by an authorized officer of CTMC/ AHS.

6. **Support:** I am aware that I will be given a special phone number for CTMC/ AHS Information Systems help desk issues. I understand that support will be provided for the CTMC/ AHS Information Systems and, if during this troubleshooting process it is determined that the problem is with the computer hardware or internet software, CTMC/ AHS shall only be responsible for maintaining computer hardware and software that is purchased with its funds. I understand that I (or the physician in private practice) am solely responsible for maintaining my own software and hardware necessary to access CTMC/AHS Information Systems.
7. **Force Majeure:** CTMC/ AHS shall not be responsible for any delay or failure of performance resulting from causes beyond its control and without its fault or negligence.
8. **Disciplinary Action:** I understand that my failure to comply with this agreement may result in, but are not limited to, disciplinary actions within the Medical Staff Bylaws/Rules & Regulations/Code of Conduct and AHS/CTMC policies, civil fines, or criminal charges.

I have read and agree to adhere to the conditions of this agreement. I acknowledge that any violation of the above conditions may result in disciplinary action. I further understand that CTMC/AHS has an active ongoing program to review and monitor my usage of CTMC/AHS Information Systems for inappropriate access and that I could be held criminally and financially liable for any patient data that is compromised due to my negligence with system sing-on IDs, passwords, and/or printed material containing patient information.

Signature: _____ *Date:* _____

Managing Partner/Medical Director Physician Name (for AHPs)

Name: _____



Policy and Procedure

Policy Title: NON AHS-IS/CTMC OWNED EQUIPMENT SUPPORT

Policy #: 817

Policy Author: Management
Information Systems

Origination Date: April 2014

Last Review Date: June 2014

Last Revision Date: June 2014

Effective Date: June 2014

SCOPE

Physicians, physician staff, and physician office employees

PURPOSE

To define the scope of service and liability limits of Central Texas Medical Center (CTMC), Adventist Health System - Information Systems (AHS-IS) and its employees while rendering technical support services to non AHS owned equipment as outlined in this document.

POLICY STATEMENT

The Management Information System (MIS)/Information Technology (IT) department will provide limited, best effort technical assistance, as a courtesy, to physicians, physician staff, and physician office employees for the sole purpose of connecting non-AHS owned computer equipment to AHS on-line resources in the conduct of CTMC/LHOP related business.

PROCEDURE *(The following steps are provided as guidelines to achieve the intent of the policy. Based on patient or situational assessment, additional steps may be necessary or steps may need to happen out of sequence or not at all.)*

1. The primary intent and purpose of the MIS/IT department is to provide maintenance and support for AHS/CTMC owned information systems and equipment. Assistance with for NON-AHS owned devices is offered on a first come, first serve, "as available" basis and is restricted to the items listed in this document.
2. AHS-IS/CTMC and its employees are NOT responsible for damages or loss to equipment or data that result from the rendering of services outlined in this document. By signing this document, you agree to accept this condition of service.
3. When possible providers and/or their representatives are strongly encouraged to obtain and use their own technical support resources when configuring devices to connect to AHS Physician's Portal. The MIS/IT department is not responsible for installing, repairing, upgrading or service to any non-AHS owned equipment, but may provide assistance.
 - a. NOTE: Providers are strongly encouraged to establish and maintain a routine data backup procedure for their computing devices. Physicians will need to consult with their regular technical support resource for assistance setting up a data backup program.

4. The provider is responsible for providing a working and capable internet connection and user level access to that connection. Assistance with Internet Service Provider (ISP) or internal network connection issues is beyond the scope of this agreement.
5. Acceptance of this assistance is voluntary on the part of the provider and is subject to the conditions listed below.
 - a. A signed Liability Waiver must be on file before assistance can be rendered.
 - b. AHS-IS/CTMC will provide the necessary security authorization, authentication and network access tokens required to access the AHS Physician's Portal.
 - c. AHS-IS/CTMC will provide assistance obtaining and installing the required internet browser plug-ins needed to access and use the AHS Physician's Portal.
 - d. The provider may be required to provide the AHS-IS/CTMC technician with administrative access to the device for the purpose of completing any needed software installation or configuration. The provider is encouraged to consult with their own technical support resources to meet this requirement.
 - e. AHS-IS/CTMC will create a desktop shortcut to the <https://Physician.ahss.org> URL to facilitate access to the AHS Physician's Portal from the desktop.
 - f. AHS-IS/CTMC will provide basic instructions on how to use two factor authentication to log-in to the AHS Physician's Portal and launch the desired AHS application. Assistance with specific features and functions of the various Portal Applications are beyond the scope of this agreement.
 - g. AHS-IS/CTMC will provide contact information for the AHS-IS Help Desk to facilitate future technical support needs related to the AHS Physician's Portal.
6. Right to Refuse: AHS-IS/CTMC reserves the right to decline or refuse to offer assistance in situations that are deemed to exceed the scope of this document or are determined to be unsafe, unethical or unlawful.
7. The provider or their representative should make arrangements to bring portable devices to the MIS department at CTMC for technical support.
8. Special notes: By signing this waiver providers or their representatives acknowledge the fact that work performed on privately owned equipment by AHS-IS/CTMC or other 3rd party support staff may void the existing manufacturer warranty or support agreement that covers that device. AHS-IS/CTMC is not responsible for voided warranties or support agreements resulting from the assistance you receive.
9. Refer to waiver on page 3

REVIEW/APPROVALS

- (Jesse Sutton, M.B.A., Chief Financial Officer) – (June 11, 2014)



NON AHS/CTMC OWNED EQUIPMENT SUPPORT LIABILITY WAIVER

I understand that as a result of submitting my personal equipment for technical support that it could be subject to loss, theft, damage or data loss. By granting Central Texas Medical Center/Adventist Health System – Information Systems staff the permission to work on my equipment, I understand that it may void any existing warranties. I understand that Central Texas Medical Center/Adventist Health System – Information Systems offers no verbal or written warranty, either expressed or implied, regarding the success of this technical support. My signature below is acceptance of the personal equipment repair policy and that I release Central Texas Medical Center/Adventist Health System – Information Systems from any and all liability for attempting to repair my personal property.

Signature

Group Name

Date