Columbia Valley Community Health

600 Orondo Ave
Suite1
Wenatchee, WA 98801

Remote Access Application
Non-CVCH Employee

Columbia Valley Community Health (CVCH) recognizes the value of allowing non-employees access to the CVCH network to perform duties at off-site locations.

To ensure the integrity, confidentiality and security of the CVCH network the following application will be reviewed by the CVCH Privacy Officer for eligibility and need for access. Five (5) business days after the approval of the CVCH Privacy Officer, the applicant will receive an e-mail from Information Technology (IT) at CVCH with user instructions. Information on how to obtain the user ID and password will also be contained in the body of this email.

Applicants Printed Name: ——————————————————— Date: ——————————

E-mail address at work: _____ Job Title: _____

Employer/Facility: _____

Accessing CVCH patient information is restricted to approved settings. Approved settings include a Clinic site, Office or Hospital.

Where will you be accessing CVCH patient information from? _____

Time frame access is Requested:

Start Date_____ To _____ End Date

_____ _____
Applicant Signature   Date

_____ _____
Applicant's Supervisor Signature   Date

By signing this form the supervisor agrees to notify CVCH's Privacy Officer that access is no longer needed should this employee leave their current employment situation.

Once you have completed this form in its entirety please send it via email to: privacy@cvch.org for processing.

Rev: 11/22/16

Remote Access Agreement
Non-CVCH Employee

To ensure the integrity, confidentiality and security of Personal Health Information (Public Law 104-191) and the network the following agreement will be in effect until terminated by either CVCH, the person whose signature appears at the bottom of this agreement or the healthcare organization represented by this employee

Terminology:

CVCH: Stands for Columbia Valley Community Health.
Non-Employee: Shall mean all physicians or agents of other approved entities who have access
                              to CVCH's Electronic Health Record (EHR).
Security Code: The unique username and password that has been granted to a non-employee
                              for the explicit use of accessing the CVCH network and EHR.

Remote Access Agreement for Non-Employees:

1.   I understand and agree, that in the performance of my duties as a non-employee of CVCH, I have been granted remote access to the CVCH network or the EHR via a unique security code;

2.   I will not divulge or make known to any other person the security code that has been granted me;

3.   I will not use or attempt to use any other security codes to access data in the CVCH systems other than those authorized and assigned to me by CVCH;

4.   If I have reason to believe that the security code assigned to me has been breached, I will notify CVCH's IT department at 509.662.6000 ext. 1100 immediately for assignment of a new code;

5.   I will access the CVCH network in the manner designated by CVCH;
    a.   I will not leave my computer unattended while still connected in a remote session. When I am finished with a remote session I will promptly logoff the system and end the connection;
    b.   I will not discuss any information, status, treatment or condition of a CVCH patient with anyone, except as required for healthcare treatment, healthcare planning, quality assurance or peer review matters. I will not divulge any information other than what is medically necessary or in a manner which may compromise the confidential nature of the information being provided from the CVCH network;
    c.   I will not review information within any medical record that is not pertinent to the care of the patient and/or my purpose for reviewing the record.

6.   I understand that CVCH will not be liable to any other persons at off-site locations while I'm accessing the CVCH network;

7.   I agree that any documents, reports or data created as a result of my work related activities are owned by CVCH. I further agree to limit the creation of documents

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only when absolutely necessary and will protect the patient health information by taking the proper HIPAA regulated actions for PHI for these documents;

8. Maintenance and repair of non-employee equipment is the responsibility of the non-employee. CVCH is not liable for such equipment even if the non-employee is engaged in CVCH work at the time of the malfunction;

9. Any equipment maintained at a non-employee site or location will be protected from unauthorized or accidental access, use, or disclosure while being used to access the CVCH network;

10. All non-employees using any computer to access CVCH information must access the record from an approved/designated setting, to protect the confidentially, integrity, and availability of this information.

11. Any non-employee remains liable for injuries to third parties at off-site location. Non-employees agree to defend, indemnify, and hold harmless CVCH, its employees and agents and the CVCH Board of Directors from and against any and all claims, demands, or liability (including any related costs, losses, expenses, and attorney's fees) resulting from or arising in connection with any injury to persons (including death) or damage to property, caused directly or indirectly, by the work performed by the non-employee or by their willful misconduct or negligent acts or omissions in the performance of duties and obligations under this Agreement, except where such claims, demands, or liability arise solely from the gross negligence or willful misconduct of CVCH. Any non-CVCH employee, or agency other than CVCH, who incurs a claim or suit resultant of breech of confidentiality or harm related to negligent release of protected health information shall bear the full burden of liability and will hold CVCH harmless.

I hereby affirm by my signature that I have read the above Remote Access Agreement, understand its subject matter and agree to all of the above terms and conditions.
(NOTE: All fields below must be filled out; otherwise, access will not be granted)

_____   _____

Printed Name of Non-Employee   **Phone Number**

_____   _____

 Facility E-Mail Address   **Date**

_____   _____

Signature of Non Employee   **Date**

_____   _____

Signature and Title of Site Privacy Officer   **Date**
(If there is no Privacy Officer, the Site Representative)

_____   _____

Organization Represented   **Date**

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