REMOTE ACCESS TO INFORMATION SYSTEMS

Thank you for your interest in obtaining remote access from your office to the following SACH information systems:

For Physician and Staff:
- Integrated Clinical Information System (ICIS)

For Physicians:
- PACS - MI View (Radiology images)
- MUSE (EKGs)
- OBLINK (Fetal Monitoring)

INSTRUCTIONS

1. Please read the Requirements and Post Installations sections below.
2. Complete and sign the Request Form.
3. Read and sign the SACH Confidentiality and Nondisclosure Agreement.
4. Fax or email the signed request form and agreement to:
   - FAX: (909) 920-6383
   - Attention: I.T. Help Desk
   - Email: HelpDesk@sach.org

REQUIREMENTS

We ask that the following workstation, software and educational requirements be met prior to scheduling an appointment to have a SACH technician install our software on your office computer.

Workstation/Laptop Hardware
- 1 GHz or faster processor
- 1GB memory (minimum)
- Broadband Internet Access such as DSL, cable modem, or T1 line
- Local LPT1 printer, USB printers, and/or network printers
- Color monitor with video card supporting a resolution of 1024x768

Workstation/Laptop Software
Microsoft Windows:
- Windows XP, Vista, or Windows 7.
- Internet Explorer 6.0 SP2 or later version (note: PACS-MI View not supported for IE 9, Safari, or FireFox).
- SUN Java Virtual Machine Version 5 or 6 only.
- Virus Protection (e.g. Norton or McAfee) with the latest version DAT file updates.
- Personal Firewall Software (or a hardware firewall solution).
- All latest Microsoft security patches and service packs installed.

Apple Mac:
- MacOS X v10.3.9 or higher
- Right-click mouse feature enabled
- For PACS, the Parallel Program must installed.

Education for ICIS
- Physician training: Complete the physician ICIS training DVD and post test. The DVD training includes: patient lookup functions, result inquiry, progress notes retrieval, patient list printouts, order entry functions, and policies concerning information security. An ICIS user name will be issued at the completion of the post test. Once trained, physicians are requested to utilize ICIS when onsite at San Antonio Community Hospital (SACH) for clinical data retrievals (Lab, Radiology, face sheets, patient lists, progress notes, orders) and printouts.

- Office Manager training: The office manager will be trained to perform basic ICIS functions such as retrieving patient demographics and lab/radiology results. Policies concerning information security will be explained. If
Education for PACS-MI View (Radiology images)

- A brief training session with a self-explanatory user guide will be provided onsite to the physician.

Post Installation Support

- For hardware/network or software issues not related to SACH software issues, please contact your contracted vendor.
- SACH will provide support Monday-Friday 7:00 AM to 6:00 PM. The IT Service Desk at (909) 920-6300 may be contacted to:
  - Schedule an appointment to have the remote client software installed on your office computer.
  - Request onsite training for the physician or office staff.
  - Request ICIS review class for the physician.
  - Request a new user name.
  - Request a forgotten user name or password reset.
  - Request that a user name be disabled or removed from SACH remote information.
  - Report problems connecting to SACH remote information systems.
  - Reset your SecurID token PIN.
  - Report a expired, damaged, or lost SecurID token.
  - Report security issues.
REQUEST FORM
Fax to (909) 920-6383 (Attention: I.T. Help Desk)
Or
Email to HelpDesk@sach.org

Physician: Please check the boxes that are applicable:

I would like to have access to:
[ ] PACS (Radiology images).
[ ] MUSE (EKGs)
[ ] OBLink (Fetal monitoring)
[ ] I will need training on ICIS.
[ ] I will need training on PACS.

Office Manager: Please check the boxes that are applicable:

[ ] Our office meets all of the required specifications for remote access.
[ ] I will require an ICIS user name and training.
[ ] I will require an additional ICIS user name(s).

I understand that no one from my office should retrieve any confidential patient information from ICIS that is not directly related to the performance of their work.

PHYSICIAN SIGNATURE: _____________________________________________________

PHYSICIAN NAME (PRINT): __________________________________________________

PRACTICE OR OFFICE NAME (if different from above): _________________________________

ADDRESS: ________________________________________________________________

PHONE #: ________________________________________________________________

EMAIL ADDRESS: __________________________________________________________

CONTACT PERSON: _________________________________________________________

DSL /CABLE MODEM PROVIDER NAME: _______________________________________

PRIVACY OFFICER NAME: ________________________________________________

INFORMATION SECURITY OFFICER NAME: ________________________________

If you have any questions, please contact the IT Service Desk at (909) 920-6300.

10/03/11
SACH Confidentiality and Nondisclosure Agreement
(For non-employed workforce members, contractors, or vendors)

I acknowledge that, as a member of the workforce or a contractor to San Antonio Community Hospital (SACH), and by virtue of my relationship and work assignments for SACH, that I may acquire access to confidential information. Confidential information includes, but is not limited to, all patient data or protected health information (PHI), social security numbers, credit card data or cardholder information, and other sensitive or proprietary information such as SACH financial or personnel information regardless of format – paper, electronic, magnetic or optical media, or oral. I understand that confidential information is protected through SACH policies and may also be protected under Federal and State law.

Therefore, as a condition of my working relationship with SACH, I agree to the following responsibilities and expectations:

Access and Disclosure
- I will not disclose or disseminate (except as needed to perform my work) any confidential information and I will restrict my access to the minimum necessary
- I understand that the uses and disclosure of patient information is governed by SACH’s HIPAA Privacy policies which can be made available upon my request
- My responsibility for maintaining confidentiality continues even after my business relationship with SACH ends

Storage and Retention
- I will securely store media containing confidential information when it is not in use
- I will ensure that media containing confidential information will remain on SACH property unless a valid business need exists to take the media off-site
- I will contact the SACH Information Security Officer (909-985-2811, ext. 26995) to obtain approval for the use of any mobile computing device or portable storage devices prior to storing SACH confidential information
- I understand that access to SACH confidential information does not convey a transfer of ownership and that I will return all documents or media containing confidential information when I no longer have a legitimate business need

Transmission
- When I fax confidential information on SACH’s behalf, I will use an approved SACH cover sheet with a confidentiality notice
- I will use encryption approved by Information Services (IS) when sending any confidential information to or from SACH via electronic communications

Disposal
- I will properly dispose of confidential paper documents by shredding them or by placing them in a secure shred bin (A cross-cut shredder is highly recommended)
SACH Confidentiality and Nondisclosure Agreement
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Agreement
I have read and agree to the provisions in this agreement and understand my responsibilities for protecting confidential information.

I understand that failure to adhere to the terms in this agreement may result in an inappropriate or unauthorized disclosure of confidential information which may lead to sanctions. I also acknowledge that I may be subject to penalties or liabilities under state or federal laws.

I will immediately report any known or suspected breaches of confidentiality to SACH management or my SACH sponsor.

I will abide by the applicable SACH policies and procedures as required, and especially when physically working on-site at a SACH facility.

Printed Name ______________________________ Signature ______________________________ Date ________________

Identify your SACH sponsor (Point of contact and/or department)

Briefly describe your role with SACH: ____________________________________________________________

_______________________________________________________________________________________

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