

UC San Diego Health

Return Completed Forms to:

UCSD Link, c/o:
UC San Diego Health
Health Information Management
200 West Arbor Drive, #8825
San Diego, CA 92103-8825
Tel: 858-249-1531 | Fax: 858-622-2027
Email: ucsdlinkhelp@ucsd.edu

Request for Access to UCSD Link Your Electronic Health Record (EHR) Connection

To facilitate continuity of care for your patients who receive medical care at UC San Diego Health (UCSD) and to ensure compliance with Federal / State Privacy and Security Laws, UC San Diego has established the following procedures to permit California community physicians and other authorized medical office personnel to apply for access to UCSD Link.

This inclusive document includes a policy (memorandum of understanding), application for access to UCSD Link, HIPAA acknowledgement, and a computer use and security agreement. After the user's application for access has been accepted, the user will be contacted by a representative from UCSD to inform them that UCSD Link access has been established. Training and instruction will be provided.

The medical director for each facility is required to notify the UCSD Privacy Office in a timely manner when users leave, so that we can de-activate the user's access code. Access by all users to all patient accounts is monitored. Be aware that violations of this agreement (e.g., unauthorized access to patient information, sharing passwords, accessing UCSD's restricted systems from an unsecured workstation) are violations of UCSD policy and will jeopardize access for your medical practice group members and staff!

Memorandum of Understanding

Dear Community Health Care Provider Colleague:

Attached are a series of forms for you to read and complete in anticipation of accessing UCSD Link. We are excited as a health system to offer a web based application to access our clinical systems in order to enhance the continuity of care.

The purpose of this document is in fact care delivery; as such, by adhering to this memorandum of understanding, you attest that the reason for accessing patient records is for the sole purpose of clinical care and not for administrative, data management or resource utilization activities.

UC San Diego Health is happy to provide resource utilization information through other means, should community organizations or payers require access for that purpose; however, use of UCSD's clinical web portal is restricted to health care providers for continuity of care.

Please feel free to contact either myself, Cassi Birnbaum or the UCSD Chief Compliance Privacy Officer, (858-657-7487) should you have any questions or concerns about this memorandum of understanding.

Sincerely,
Brian Clay, MD
Chief Medical Information Officer, T: 619-471-9186

Cassi Birnbaum
Director, Health Information Management and Revenue Integrity, T: 858-249-1545

Enc.

UC San Diego Health

Application for Access to UC San Diego (UCSD) Health's "UCSD Link"

Each Individual User (individual person) must complete a separate form.

1. HIPAA Privacy / Security Minimum Necessary Standard. Information that you seek through UCSD Link shall be limited **solely** to that of patients who are being cared for by your medical facility and shall be further limited to a specific visit or encounter for treatment at UCSD. I shall not use the Information for any other purpose nor disclose Information relating to a particular patient to any third party without the written authorization of said patient. I understand that if a paper copy of the medical record is needed, I will contact UCSD Health Information Management – Medical Records, Release of Information Unit at 619-543-6704.
2. Memorandum of Understanding. I hereby certify that I have received, read and will comply with UCSD's Memorandum of Understanding regarding access to the UC San Diego Health's Clinical Information Systems by non-UCSD physicians and their medical personnel and related policies regarding access to UCSD's information systems. I understand that the reason for access must be limited to clinical care.
3. I acknowledge that I am responsible for my access code and the use of any UC San Diego Health informational resources under my user login code. I agree to actively protect my access code and password to prevent unauthorized access, use, disclosure, viewing, modification, deletion, or loss of data from UCSD's information systems. I understand that I must promptly log-off from UCSD's health information systems.
4. I hereby agree, as a condition of continued access to the UC San Diego Health Clinical Information Systems to abide by the policies and procedures described in this Memorandum of Understanding and UCSD information security policies described in:
 - a. UCSD Policy 135-4, "Access for Non-UCSD Personnel to UCSD Core Systems",
<http://adminrecords.ucsd.edu/PPM/docs/135-4.pdf>
 - b. UCSD "Minimum Network Connection Standards"
<http://blink.ucsd.edu/technology/security/network/standards/index.html>
5. I understand that access to the UC San Diego Health Clinical Information Systems is a privilege, which may be changed or revoked at any time at the sole discretion of UC San Diego Health.
6. I also agree to promptly report all privacy / security incidents, including suspected violations of these policies to the UCSD Health Sciences Privacy Officer (858-657-7487) or in confidence to the University of California Hotline (1-800-403-4744).
7. I acknowledge that UCSD may need to change or update the computer network connection standards from time to time and will post any revised policy to its web-site. I will comply with all revisions to these policies.
8. I understand that if I am unsure of any of the elements of these policies or if I subsequently learn that I am otherwise unable to comply with certain of its requirements, I should contact the UCSD Health Sciences Information Security Officer at 619-543-7474 for assistance with any questions I may have.
- 9. I have read and understand both the Memorandum of Understanding and the related UCSD policies and hereby agree to fully comply with them.**

UC San Diego Health Computer Security and Use Statement

Personal and Confidential Information

I understand and agree that I must hold personally identifiable information (PII) (including name, Social Security Number, driver license, credit card information, medical information, health insurance information) and protected health information (PHI) in confidence. Further, I understand that the intentional violation of UC San Diego (UCSD) Memorandum of Understanding and the Application for Access to UC San Diego's information systems which results in the unauthorized disclosure of personal / confidential information may result in legal charges for invasion of privacy. I also understand that it is against UCSD policy to seek out or use personal or confidential information relating to others or to myself for my own interest or advantage. I understand that I must limit my access to the electronic medical record system to the minimum necessary information.

Network Use

Use of UCSD's health information system network by authorized users is permitted for the practice of medicine, patient care, medical research, medical billing claims, and in support of UCSD's business or administration purposes. All other use is prohibited. File transfers of any kind except in association with or furtherance of official UCSD business is strictly forbidden.

I understand that under existing State of California and Federal laws, any person who maliciously accesses, alters, deletes, damages, or destroys any UCSD computer system, network, computer program, or data shall be guilty of a felony. I understand that the use of another person's computer security code or password, or the delegation of my code to another person, could be considered False Representation. **I understand that my access code constitutes my signature and I am personally responsible for all activities that occur under my user identification code. I understand that my access code and password must never be shared with anyone else.**

In the event that I fail to comply with the terms of this Computer Security and Use Statement, UCSD may, as its sole remedy, terminate my access to UCSD's Health "UCSD Link" and other UCSD information systems. In addition, my failure to comply with the terms of the Memorandum of Understanding and the Computer Security and Use Statement may result in further legal actions and/or privacy breach notification obligations under State and Federal laws.

Acknowledgements, by completing the Request for Access to UCSD Link:

- ❖ I understand that my security access code will be issued to me after acknowledgement and signature of this statement.
- ❖ I acknowledge that I am responsible for completing appropriate HIPAA Privacy/ Information Security training at my own healthcare institution consistent with Health and Human Services Office for Civil Rights guidelines. I agree to limit access to the minimum necessary standard as defined by HIPAA laws.
- ❖ I have read and understand the UC San Diego Health Memorandum of Understanding.
- ❖ I understand that if I suspect a possible privacy breach or misuse of my access code, that I will call 619-543-7474 to report the concern promptly.

UC San Diego Health

Application Form

Request for Access to UC San Diego (UCSD) Health's "UCSD Link"

Applicant's Name (print):

First Name: _____ MI: _____ Last Name: _____

Last Four SSI: xxx xx _____ Date of Birth: _____

Applicant's Signature: _____ Date Signed: ____/____/____

Title / Role: _____

Check one: MD RN Other: _____

Facility / Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax: _____

Supervisor Name: _____

Applicant's Email: _____

Applicant's HIPAA Training Date (MM/DD/YYYY): _____

Reason for Access: Treatment purposes;
 Other (explain): _____

Medical Director's Name (print): _____

Medical Director's Signature: _____ Date Signed: ____/____/____

Medical Director's E-Mailaddress: _____

Note: For non-UCSD workforce members, user access period is monitored and limited to one year. All accounts will be auto-suspended for lack of access at 90 days.

FAX the completed form to 858-622-2027 for review and processing.

WD1071 (1-30-17)

Acknowledgements, by completing the Request for Access to UCSD Link form:

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- ❖ I acknowledge that I am responsible for completing appropriate HIPAA Privacy/ Information Security training at my own healthcare institution consistent with Health and Human Services Office for Civil Rights guidelines. I agree to limit access to the minimum necessary standard as defined by HIPAA laws.
- ❖ I have read and understand the UC San Diego Health Memorandum of Understanding.
- ❖ I understand that if I suspect a possible privacy breach or misuse of my access code, that I will call 619-543-7474 to report the concern promptly.
- ❖ Failure to comply with the terms of the Memorandum of Understanding and the Computer Security and Use Statement may result in further legal actions and/or privacy breach notification obligations under State and Federal laws.