

**Confidentiality & Access Work Group  
CHARTER  
11/5/08**

<p><b>Participants</b></p> <p>Team Leader: Ellen Rubin, UW Medicine</p> <p>Team Members:</p> <ul style="list-style-type: none"> <li>Paul Bajet, HHPCC</li> <li>Diego Bartholomew, IT Services</li> <li>Sally Beahan, UWMC</li> <li>Karen Beck, HHPCC</li> <li>Liz Gay, UWMC</li> <li>Jennifer Howard, Sports Medicine</li> <li>Stephanie Jellison, UW Medicine</li> <li>Jane Killpatrick, HMC</li> <li>Chiman Kwong, IT Services</li> <li>Mike Legg, UWMC</li> <li>Eunice Little, UWP</li> <li>Suzanne McCoy, UWMC</li> <li>Richard Meeks, UW Medicine</li> <li>Loa Nielson, UWPN</li> <li>Christopher Norton, HMC</li> <li>Shelly Oosterman</li> <li>Brad Peda, IT Services</li> <li>Lynn Poser, PFS</li> <li>Addie Price, SCCA</li> <li>Bekki Sanchez, HMC</li> <li>Tina Sheldon, SOM</li> <li>Johanna Taylor, UWMC</li> <li>Ann Tutino, SCCA</li> <li>Jacque Zehner, HMC</li> </ul>	<p><b>Timeline</b></p> <p>Bi-Monthly Meetings: 2<sup>nd</sup> and 4<sup>th</sup> Thursday: 8-9:30 am</p>
<p><b>Content Experts</b></p> <ul style="list-style-type: none"> <li>• UW Medicine Compliance</li> <li>• AGO</li> </ul>	<p><b>Stakeholders</b></p> <ul style="list-style-type: none"> <li>• All clinical, administrative and financial staff who require access to systems and data within UW Medicine</li> <li>• All support staff identified to play a role in implementing and enforcing standards, policies and procedures</li> </ul>

**Scope (Responsibilities, Influence)**

1. Process requests for access to electronic PHI by non-UW Medicine, use “Criteria to Allow Electronic Access to Clinical Information Systems” to determine if request meets established criteria, and per delegation by the Confidentiality & Access Steering Committee – approve or deny the request.
2. By Outside Facilities or Non-Workforce
3. Research and determine the appropriate policy guidelines, procedures, practices and systems work that provide the foundation for appropriate and efficient access to and release of UW Medicine’s administrative, clinical and financial information.
4. Draft and get appropriate review of all proposed privacy and confidentiality policy and procedures that protect the UW Medicine’s information from inappropriate access, loss or misuse.

# **UW Medicine**

## **COMPLIANCE**

5. Identify and serve as a clearinghouse for work that should be partnered with or directed to other groups and/or committees for compliance with State and Federal Privacy law.
6. Review current policies, procedures and systems processes covering point of care, administrative and research information with a goal of making recommendations for an enterprise approach to confidentiality and security.
7. Develop policy and standards that provide the foundation for appropriate and efficient access to and release of UW Medicine's administrative, clinical and financial information.
8. Develop and maintain the awareness, education and outreach program for privacy requirements.
9. Develop and maintain the electronic medical records auditing program.

### **Approach**

1. This work group addresses policy issues for current access to and release of information and identifies approaches and resources to solve issues and priorities.
2. This group determines what initiatives need to be incorporated with other projects.
3. This group determines appropriate resources to complete work.
4. This group agrees to balance key business factors of risk, cost, compliance, implementation and long term enforcement in developing standards and making recommendations.

### **Objectives**

1. To respond to current requests for access to and release of UW Medicine's administrative, clinical and financial information.
2. To develop policy, procedure and systems practices for privacy and security projects, with a focus on HIPAA compliance and community standard practices.
3. To contribute to the continuous improvement of the security and confidentiality environment at UW Medicine.
4. To develop practices that can be integrated into UW Medicine department and service area operations.

### **Deliverables**

1. UW Medicine privacy policies, guidelines and procedures.
2. Risk assessment documentation that identifies risks and actions to recommend the priorities for the policy, procedure and other work that appropriate UW Medicine departments and programs perform related to privacy.
3. Consider and make recommendations on other, related issues that should be addressed in an evolving UW Medicine privacy strategy.
4. Develop an awareness and communication plan.

### **Assumptions**

1. All policy and procedures related to HIPAA Privacy Regulations recommended by this group will be forwarded to the appropriate UW Medicine and associated groups for review, approval and implementation.

### **Integration Areas within the UW Medicine**

1. IT Services User Access Administration
2. IT Services development projects.
3. UW Medicine Health Information Management departments.
4. UW Medicine Risk Management, Human Resources and Organizational Development & Training departments.
5. All UW Medicine departments and systems.
6. UW Medicine Compliance.
7. UW Medicine affiliates and partners.
8. University of Washington Campus & Computing.

### **Communication Requirements**

1. To the UW Medicine Confidentiality & Access Steering Committee
2. To and from other UW Medicine departments
3. Medical Centers' communication avenues: i.e. NewsRounds, STAT
4. Website
5. Hmail (HIPAA awareness email to UW Medicine Workforce Members)