PURPOSE AND SCOPE
This policy establishes requirements for providing electronic access to UW Medicine information systems containing protected health information (PHI). These requirements are applicable to all potential users whether internal or external to UW Medicine.

POLICY PRINCIPLES/STATEMENT
UW Medicine complies with the minimum necessary standard for information access management and provides role-based access to information systems that contain PHI.

DEFINITIONS
See UW Medicine Compliance policy: PP.00 Glossary of Terms.

POLICY
I. Authorizing Users for access to UW Medicine information systems containing PHI

A. UW Medicine workforce

1. UW Medicine workforce members are provided role-based access to UW Medicine information systems containing PHI, as required, in order to perform their official job responsibilities. Managers shall authorize such role-based access; while managers may execute this through a delegate, they still retain the authorization responsibility.
2. Workforce members must complete the workforce member Privacy, Confidentiality and Information Security Agreement (PCISA) before access is granted.

3. Managers are required to maintain documentation of the systems to which each workforce member has access. Form PP.20a Attachment C - IT Documentation may be used for this purpose.

B. Non-UW Medicine workforce

1. UW Medicine may provide individuals who are not part of its workforce with role-based access to UW Medicine information systems containing PHI when a business relationship or continuity of patient care creates the need for access. These circumstances are categorized as follows:

   • Entities in an Organized Healthcare Arrangement (OHCA) with UW Medicine.
   • Business associates.
   • External healthcare facilities or professionals.
   • Other non-UW Medicine workforce (for example, auditors, regulators, insurers, external researchers).
   • Limited account access.

2. The following requirements for specific categories must be met and the processes followed in order to obtain access.

   a. **OHCA members:** UW Medicine provides individuals from organizations that have entered into an OHCA with UW Medicine with access to UW Medicine information systems containing PHI for the purposes of joint treatment, payment and operations (TPO) activities or institutional review board (IRB) reviewed/approved research. Each individual shall follow his or her own entity-specific process in regards to access authorization and confidentiality agreements.

   b. **Business associates:** The UW Medicine leader (for purposes of this policy, defined as manager or higher) that oversees the work of the business associate must assure that a Business Associate Agreement (BAA) has been executed and must authorize the access to information systems containing PHI. Each individual must sign the non-UW Medicine workforce member PCISA before access is granted. (The completed form is retained by the non-UW Medicine access coordinator).

   c. **External healthcare facilities or professionals:** All of the following criteria must be met and approval granted before individuals from external
healthcare facilities or external healthcare professionals are granted electronic access to information systems containing PHI:

i. A UW Medicine leader (manager or higher) must sponsor the access.

ii. The information need cannot be met through standard entity Release of Information processes, Epic Care Everywhere or U-link access.

iii. The request for electronic access to information systems containing PHI is made to the entity’s Health Information Management (HIM) Director.

iv. There is an ongoing relationship with the external facility or professional, which includes sharing PHI for ongoing patient care or mandated reporting at a high frequency and/or volume, where:
   - Efficiency, utilization and quality of patient care is improved by allowing electronic access; and
   - Waiting for an individual disclosure would negatively impact patient care delivery.

v. Providing access to the external healthcare facility or professional will improve patient or public safety.

vi. There is a contract, affiliation, legal obligation or agreement in place that reflects the need to provide access to the external facility or professional, and a copy of this document is maintained by the entity’s HIM Director. (See UW Medicine Compliance policy: PP-20a Attachment A - Agreement for Electronic Access to PHI.)

If the above criteria are met, the entity’s HIM Director may approve the access request. Each individual must sign the non-UW Medicine workforce member PCISA before access is granted. (The completed form is retained by the non-UW Medicine access coordinator.)

d. Other non-UW Medicine workforce: Other non-UW Medicine workforce members’ (for example, auditors, insurers or external researchers) access to information systems containing PHI must be authorized by a UW Medicine leader (manager or higher). Each of these individuals must sign the non-UW Medicine workforce member PCISA before access is granted. (The completed form is retained by the non-UW Medicine access coordinator.)

e. Limited account access: UW Medicine may provide limited electronic access to specific patient account(s) as an alternative to processing Release of Information disclosures through HIM. Two examples of this are the
U-link and e-Care programs. Participants must sign the agreement that is required by the specific program before access is granted.

II. Access Modifications and Terminations

Managers and non-UW Medicine access coordinators must promptly report any changes to end-user duties or employment status to keep system privileges up-to-date and restricted to current job requirements. Examples of reportable changes include promotion, extended leave and separation. In addition to the manager or non-UW Medicine access coordinator, the end-user’s Human Resources department and any supervisor in the end-user’s chain of command may also authorize termination of the end-user’s access.

III. Access Documentation

Managers, other leaders and access coordinators must maintain the documentation required by this policy for at least seven (7) years or in accordance with entity-specific retention policies, whichever is longer. (See PP-20a Attachment C - IT Documentation).

REGULATORY/LEGISLATION/REFERENCES

- 45 CFR 164.304 – Definitions
- 45 CFR 164.308 (3)(i) – Standard: Workforce security
- 45 CFR 164.308 (3)(ii) – Implementation specifications
- 45 CFR 164.308 (4)(i) – Standard: Information access management
- 45 CFR 164.502(a)(1) – Permitted uses and disclosures
- 45 CFR 164.502(b) – Uses & Disclosure of Protected Health Information–Minimum Necessary
- 45 CFR 164.514(d) – Other Requirements Relating To Uses & Disclosures of Protected Health Information – Minimum Necessary
- RCW 70.02 – Medical Records - Healthcare Information Access and Disclosure

PROCEDURE ADDENDUM(s) REFERENCES/LINKS

- Data Access Policy for Researchers: http://www.washington.edu/research/hsd/docs/1357
- Confidentiality Agreement for Researchers: http://www.washington.edu/research/hsd/docs/393
- UW Medicine Account UW Medicine Account Activation, Deactivation, Change Request Forms: https://info.medical.washington.edu/default.aspx
- UW Medicine Compliance Policy: PP-00 Glossary of Terms

Forms

- UW Medicine Compliance Policy: PP-04 Attachment A - Privacy, Confidentiality, and Information Security Agreement
• UW Medicine Compliance Policy: PP-18 Use & Disclosure of Protected Health Information for Research
• UW Medicine Compliance Policy: PP-19 Protected Health Information, Limited Data Set, and De-identification of Protected Health Information
• UW Medicine Compliance Policy: PP-20a Attachment A - Agreement for Electronic Access to Protected Health Information
• UW Medicine Compliance Policy: PP-20a Attachment C - Workforce Member Documentation of IT System Access
• UW Medicine Compliance Policy: PP-20a Attachment E - Non-UW Medicine Workforce Privacy, Confidentiality and Information Security Agreement

ROLES AND RESPONSIBILITIES
Defined within POLICY.

AUTHORITIES

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<tr>
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<th>Implementation Officer</th>
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<tr>
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<td>UW Medicine Compliance</td>
<td>UW Medicine Executive Compliance Committee</td>
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APPROVALS

____________________  _______         _____________________
UW Privacy Official          Date
Sue Clausen,
Chief Compliance Officer, UW Medicine
Associate VP for Medical Affairs &
Interim Privacy Official, University of Washington