

Valley Children's Hospital ("Children's") maintains remote access for certain Remote Users who require an electronic connection to hospital systems from offsite locations for the purpose of providing the best possible service to our patients.

### Remote Access Agreement

1. **Acceptable Use standard.** Remote User agrees to read and adhere to Children's Acceptable Use policy (AD-1001) while connected to and utilizing any information system remotely.
2. **Protection of Confidential Information.** Remote User agrees to protect the confidentiality, integrity and availability of all electronic patient health information at all times. Remote User agrees to comply with all organizational policies, state and federal laws and regulations concerning the security and privacy of confidential information.
3. **Passwords and Codes.** Remote User agrees to abide by Children's Access Control Policy regarding usernames and passwords. Remote User will NOT share passwords, codes, credentials, or user accounts with others.
4. **Appropriate Safeguards.** Remote User agrees to take proper steps to ensure the security of the device in which they connect to Children's systems remotely. Remote User agrees not to copy information accessed remotely to local devices and or portable devices. Printing information is also not permitted unless specific authorization has been granted.
5. **Auditing and logging.** Remote User agrees that his/her remote access is subject to review and/or audit by Children's. Upon notice, Remote User agrees to return any Children's-owned portable device for purposes of ensuring compliance with this Agreement and the policies described herein.
6. **Response to Confidentiality Concerns.** Remote User acknowledges that if Children's determines in its discretion that remote access has been compromised by unauthorized parties, or that remote access has been misused, any or all of the following actions may be taken:
  - a. Remote Access terminated or disabled.
  - b. Notification to Remote User and/or Remote User's supervisor of concerns related to remote access.
  - c. Termination of this agreement.
  - d. Notification of the human resources department, information security officer, and/or information privacy officer may occur.
7. **Notification of Breach.** During the term of this Agreement, Remote User shall notify Children's within (24) hours of any suspected or actual breach of security, intrusion or unauthorized use of disclosed PHI of which Remote User becomes aware. Notification will be made in the way of the ITS Service Desk (559) 353-7300
8. **Non-Disclosure Statement.** Remote User acknowledges and agrees that access of information through use of Hospital Information Systems warrants access to proprietary Hospital Information, and that such data (information) is confidential and/or secret with ownership solely that of Children's. Authorized individuals listed on this form who access the Hospital Information System shall treat the data contained therein as confidential, and shall not disclose or otherwise make available such information and data to any other person other than the affected patient or appropriate persons involved with the medical care of the patient, except in accordance with all applicable patient medical record and information confidentiality laws, rules and regulations and as permitted by patient consent, contracts with Children's, or IRB authorization. Do not print or access protected health information unless authorized to do so. Remote User agrees to abide by applicable federal and state laws and regulations governing the privacy and security of protected health information. Violators will be prosecuted to the full extent of the law for criminal charges and/or

monetary damages and shall indemnify and hold harmless Children's against all liability resulting from violations or alleged violations. Remote User shall ensure Children are that information shall not be accessed through equipment at any site not previously approved by

Information Technology Services (ITS). Remote User shall immediately notify Children's Information Systems and/or Administration of any unauthorized access via their computer system.

- 9. Termination of Agreement.** Should the authorized user no longer require access to the system, notification of such change shall be made within 24 hours to Children's Information Systems. Upon termination, all protected health information shall be destroyed or returned to Children's. Notwithstanding the foregoing, Children's reserves the right to terminate this Agreement at any time upon at least thirty (30) days' advance notice to Remote User.
- 10. Training Module Agreement Statement:** Remote User acknowledges and agrees that he or she has been provided the Remote Access and Portable Device Training Module from Children's. Remote User also acknowledges that this training module has been successfully completed prior to obtaining access to Children's Information Systems or receipt of a Children's-owned portable electronic device. Only the authorized individual listed on this form shall have access to Children's Information Systems or portable device.



# Information Systems NON-Employee Remote Access Agreement 7.18

## Remote Access Agreement Acknowledgement

By completing and signing this form, you acknowledge that you have read and understand the aforementioned agreements and all supported policies that pertain to it. All organizational policies are available upon request from the ITS service desk (559) 353-7300. **To complete this form:** Fill top section of this form. **Please print clearly**, Incomplete or illegible forms will not be processed and may be returned, Return this page only. All other pages are for your records.

Please complete the section below (all fields required)			
Definitions:	Provider: Physician, Resident, Allied Health Practitioner (NP/PA), MA Affiliated Office Staff: Affiliated through a health-care provider, hospital or referring partner Payer or Billing Representative: Needs access to systems for Insurance, billing and payer related information. Consultant: Business Associate, under contract or other arrangement.		
Provider <input type="checkbox"/>	Affiliated Office Staff <input type="checkbox"/>	Payer or Billing Representative <input type="checkbox"/>	Consultant/Other <input type="checkbox"/>
Last Name	First Name		
Address	Business Email Address		
Company Name	Department Name		
Title	Phone Number		
Supervisors Name	Supervisor Contact Number	Supervisor's Title	
Describe Purpose of Remote Access	Who is your Valley Children's Sponsor? (Print Sponsor's Name)		
Requesting Remote User Signature (I have read the above and agree to all terms and conditions contained therein.)		Date	
<b>Valley Children's - Internal Use Only</b>			
Valley Children's Hospital Sponsor Name (Workforce member authorizing non-employee access.)	Employee Number (LSID) HR/MedStaff Use Only	Date Access Expires: (Please enter the date this access should be removed)	
Valley Children's Hospital Sponsor Signature (I authorize remote access for the above non-employee.)		Date	
<b>Note:</b> This form is only an acknowledgment for the authorization of 'remote access' and does not grant the user access to any information system within the Valley Children's Hospital network infrastructure. All requests for access to information systems must be completed and submitted by a Valley Children's Hospital employee (Sponsor) as an access request on the George page.			
<b>MAIL COMPLETED FORMS BACK TO:</b> Valley Children's Hospital 9300 Valley Children's Place, Mailstop PCXG-01, Madera, CA 93638-8762 or fax to (559) 353-7169 or email: <a href="mailto:ITS_Servicedesk@valleychildrens.org">ITS_Servicedesk@valleychildrens.org</a>			