

 SAC VALLEY MEDSHARE	PROCEDURE: <i>Authorized User Access Procedure</i>	PROCEDURE NUMBER: SVMS-PRO-004.002
	Author: Elizabeth L Steffen Ken Park	Origination Date: 01/14/2015
	Revised By: Elizabeth L Steffen	Revised Date: 12/02/2016

Purpose:

To ensure that all only authorized individuals of SacValley MedShare (SVMS) and its Participants have the correct access to Health Information Exchange (HIE) data.

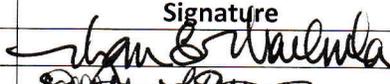
Scope:

SVMS shall grant Participant's access to the HIE as set forth in their individual Participation agreement(s) and such access will be limited to the minimum necessary (need-to-know) quantity of Electronic Protected Health Information (ePHI).

Procedure:

**All products:**

1. Verify a valid Participation Agreement is in place. If not, do not continue with setup and go back to work with designated marketing team on obtaining a valid Participation Agreement.
2. Receive Authorized User Request Form (Attachment A, 4 page Microsoft® Excel® Workbook, SVMS-FORM-013).
3. Ensure the form is complete, all orange fields must be filled in except the Verifier First Name and Verifier Last Name.
4. Log the request on the Authorized User Setup Log (Attachment B, 1 page Microsoft® Excel® Workbook, SVMS-FORM-012), input: *Participant, Date Received, Received By, Number of Users, and System Required* (either DM for Direct Messaging, Exch for full Exchange, or Both for both systems)
5. Setup the users in the proper systems as depicted by the Authorized User Form. On the log, input the date setup is complete and your initials.
6. Turn over to another to verify setup.
7. Verifier shall:
  - a. Verify system setup.
  - b. Input their name on the Authorized User Request Form in the Verifier First Name and Verifier Last Name cells.
  - c. Input their name and date in the appropriate fields on the Authorized User Setup Log.
  - d. Turn back over to setup personnel.
8. Securely deliver credentials to Participant user or designee. Complete the Authorized User Setup Log.
9. Scan all documentation to Box; and forward any hard copies to Myron Machula at Enloe Hospital.

Authorization	Name	Signature	Date
Board Chair	Myron E. Machula		4/6/2017
Project Manager	Elizabeth Steffen		03.31.2017

Reference:

Central Illinois Health Information Exchange Security Policies. (2011, December)

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Attachment(s):

- A: *Authorized User Request Form (4 pages)*
- B: *Authorized User Setup Log (1 page)*

Version	Date	Author	Comment
.001	01/19/2015	E. Steffen/K. Park	Initial release.
.002	04/06/2017	E. Steffen	Original documentation send to location.





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Attachment A: Authorized User Setup Log

 Authorized User Setup Log										
Participant	Date Received	Received By	Number of Users	Systems Required DM or Exch	Date Setup	Setup By	Date Setup Verified	Verified By	Date Creds Delivered to Participant User & Delivered By	Notes
<div style="text-align: center; margin-top: 200px;">           SVMS-FORM-012-Authorize dUserSetupLog.xlsx         </div>										