UnityPoint Health Meriter | PARTNER OF UWHealth

UW School of Medicine & Public Health Request for EpicCare Link Access - *(for Research , Quality Improvement and clinical support purposes only)*

1. New User Information:

First and Last Name: _____
Email: _____
Role (e.g. student, research coordinator): _____

☐ User already has EpicCare Link access but is starting a new project that needs to be reviewed.

2. Reason For Access:

☐ Quality Improvement

Name of Quality Improvement Project: _____
Name of Project Leader: _____
Email of Project Leader: _____
Attach a description of the project and any other relevant documentation

☐ Research

Name of Research Study: _____
Name of Principal Investigator: _____
Email of Principal Investigator: _____
IRB#: _____

☐ Clinical Support

Name(s) of physician(s) supported: _____
Describe the workflows that require this access:

4. Please describe below or in an attachment and in as much detail as possible, the data elements you are trying to collect via EpicCare Link (e.g. vital signs, diagnosis codes, demographics, information from progress notes):

5. For Students Only:

Please state how long you will need access to EpicCare Link (access cannot exceed 1 year):_____

6. For Research Only (choose one):

☐ I will track my disclosures because the Research Study I am a part of is using a Waiver of HIPAA Authorization. I will track my disclosures (meaning any patient whose record I have accessed directly in EpicCare Link or whose information is listed on a Meriter report I have reviewed) using the Accounting of Disclosures log on the Office of Compliance's website and provide it to the SMPH site administrator upon completion of my project .

☐ I will not track my disclosures, because the Research Study I am a part of is obtaining consent/HIPAA authorization from the participant.

7. For Quality Improvement and Clinical Support Only (choose one):

☐ I will only access the records of patients that previously have had or currently have a relationship with both UW School of Medicine and Public Health and UPH – Meriter providers. I will only access the information pertaining to this relationship and the condition that the SMPH employed provider was/is involved in treating.

☐ I may need to access the records of patients who do not have a relationship with UW School of Medicine and Public Health providers. If so, please define the patient population you are accessing and why this is needed:

_____

By signing this document, I understand that:

1. I must abide by the HIPAA Privacy and Security rules when accessing patient medical records and handling protected health information.
2. I may only access the information required for the above study or project and that is consistent with the study/project plan and I will not permit unauthorized individuals to view patient data.
3. I must resubmit this form for any new research study, quality improvement project, or clinical support workflows that I become a part of so that the new use of EpicCare Link can be assessed.
4. My Care Link activities are logged in an audit trail and I am responsible for all activity that appears on my audit trail. I will log-off of applications containing confidential data immediately after use to assure no other person's activities appear on my audit trail.
5. I know that unauthorized use or access of protected health information or any other confidential information is a violation of law, as well as a breach of UPH-Meriter, UW-Madison, and SMPH policies. Inappropriate use may result in the termination of access to UPH – Meriter Care Link, academic consequences, termination of my employment, and/or legal sanctions.
6. My request for EpicCare Link access may be denied/revoked if other suitable alternatives for provisioning data are found.

User Signature: _____ Date: _____

User Printed Name: _____

By signing this document, I approve the above request:

Departmental Approver* Signature: _____ Date: _____

Departmental Approver Printed Name: _____

** Use the grid in Step 5 of these instructions to identify your departmental approver(s)*

Please email the completed form to UW SMPH Site Administrator Ryan Moze

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Approvals*:*
05/2022

For SMPH HIPAA Privacy Coordinator Only:

By signing this document, the SMPH HIPAA Privacy Coordinator confirms that the user's compliance requirements are met and approves the request to provision EpicCare Link access to this user.

Privacy Coordinator Signature: _____ Date: _____

☐ Your request for EpicCare Link access has been denied. Please do the following:

For UPH – Meriter Privacy Officer Only:

By signing this document, the UPH – Meriter Privacy Officer approves to provision EpicCare Link access to this user.

Privacy Officer Signature: _____ Date: _____

☐ Your request for EpicCare Link access has been denied. Please work with _____ to obtain data and/or reports. Please reach out to the UPH – Meriter Privacy Officer with any questions at UPH_WIPrivacyOfficer@unitypoint.org.