

TITLE: AUDITING HIE ACCESS POLICY	
STATUS: FINAL	EFFECTIVE DATE: May 9, 2014
VERSION: 1	PAGE: 1 OF 3

I. PUPOSE

It is the policy of ClinicalConnect HIE to comply with all regulatory requirements for the auditing, logging, and monitoring of the use and disclosure of protected health information (PHI). This policy identifies the controls required to record and examine activities occurring within the HIE that pertain to the use and disclosure of PHI.

II. Scope

This policy applies to ClinicalConnect HIE staff and its Participants.

III. DEFINITIONS

“Participant” is an organization (including physician practice) that has signed a Data Exchange Agreement with the ClinicalConnect HIE.

“Protected Health Information” or “PHI” shall have the same meaning as set forth in HIPAA.

IV. POLICY

A. ClinicalConnect HIE shall arrange for privacy and security audits to occur within ClinicalConnect HIE organization on at least an annual basis. As determined by the Board of Directors, audits may either be performed by a HIE Participant’s internal audit staff or external auditors.

B. Each Participant shall establish policies and procedures to perform audits of its staff’s access to patient information, including information received from the ClinicalConnect HIE.

C. ClinicalConnect HIE shall provide the audit information below when requested by a Participant:

1. Patient Record accessed;
2. User/Participant that accessed the patient record;
3. Clinical Views accessed, including:
 - i. Summary;

- ii. Encounters;
 - iii. Problems;
 - iv. Allergies;
 - v. Medications;
 - vi. Labs;
 - vii. Immunizations;
 - viii. Documents;
- 4. Date and time each Clinical View was accessed;
 - 5. Indication and Reason if Emergency Access was declared.
- D. The following types of audit information shall be available from ClinicalConnect HIE:
- 1. Identify Participants and individual users who accessed a particular patient's information
 - 2. Identify all patient information that was accessed by a particular Participant or user
 - 3. Historical reporting of a patient's participation (opt-in and opt-out status)
- E. Each Participant shall establish procedures to coordinate inquiries received from patients regarding the access of their information by Participant (including staff).
- F. Participants shall work collaboratively when patient requests for accounts require investigation and information from multiple Participants.
- G. Non-hospital Participants shall have the option to make prior arrangements with a member hospital of ClinicalConnect HIE, so that the member hospital can become the audit agent and take the lead role in investigating the patient's inquiry. Member hospitals are not obligated to comply with the non-hospital Participant's request to be their audit agent, but may choose to do so based on an established working relationship. Regardless, non-hospital Participants shall remain responsible for ensuring that patient inquiries are appropriately responded to.
- H. ClinicalConnect HIE shall provide requested audit review information to Participants via secure transmission methods within two (2) business days.
- I. Audit results shall be reviewed on a timely basis by the receiving Participant, or their audit agent. Participants, or their audit agent, are directly accountable for further investigating events discovered during an audit review and taking appropriate actions based on the audit findings.
- J. Participant, or their audit agent, shall communicate any inappropriate access discovered through the audit review to ClinicalConnect HIE.

- K. ClinicalConnect HIE shall notify all applicable Participants who have accessed the patient in question and are involved in the audit investigation.

V. **Revision History**

DATE	AUTHOR	COMMENTS
5/9/14	Jacqueline Smith	Creation of the policy
6/22/15	Erika Jones	Title change
9/14/16	Jones/Szymanski	Review Policy – no changes