

<b>TITLE: PARTICIPANT RESPONSIBILITY POLICY</b>	
<b>STATUS: FINAL</b>	<b>EFFECTIVE DATE: July 28, 2014</b>
<b>VERSION: 10</b>	<b>PAGE: 1 OF 3</b>

## I. PURPOSE

It is the policy of ClinicalConnect HIE (CCHIE) to comply with the Minimum Necessary Standard set forth in the Health Insurance Portability and Accountability Act (HIPAA). This policy describes the responsibilities of the CCHIE Participants for ensuring their workforce members only have access to the minimum amount of patient data necessary to do their assigned work duties, as well as how CCHIE may limit and control such access.

## II. SCOPE

CCHIE and its Participants

## III. DEFINITIONS

“Authorization” shall have the same meaning and include the requirements set forth at 45 CFR § 164.508 of the HIPAA regulations and include any similar but additional requirements under Applicable Law.

“eHealth Exchange” is a data sharing network of governmental and non-governmental exchange partners who share information under a multi-purpose set of standards and services which are designed to support a broad range of information exchange activities using various technical platforms and solutions.

“The Sequoia Project”, formerly known as “Healthway”, shall mean the non-profit organization responsible for operating the eHealth Exchange.

“PA Patient and Provider Network” also known as “P3N,” is the network that supports the ability of healthcare participants to exchange information within and beyond Pennsylvania’s borders.

“Patient in Context” shall mean the patient currently being viewed in the Participant’s EHR by the Workforce Member.

“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.

“Workforce Member” shall mean employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

#### IV. POLICY

- A. Participants shall create accounts within their EHR for Workforce Members and assign roles that will link to roles for the ConnectChart service, thereby granting appropriate access to CCHIE patient data. Participants shall authenticate all workforce members prior to access being granted to the CCHIE and log all workforce member access after it is granted.
- B. Participants shall have policies and procedures in place consistent with all statutes and regulations that govern the access of their workforce members and their ability to access the CCHIE.
- C. Participants shall only access ConnectChart by launching from their clinical system (EHR) with a Patient in Context to initialize the connection to CCHIE. Participant shall have previously transmitted a registration message to CCHIE for the patient that they access.
- D. CCHIE shall prevent Participants from directly searching for the existence of patient information through the ConnectChart service, independent of launching from their clinical system.
- E. CCHIE shall develop and maintain roles with varying levels of access to CCHIE patient information. CCHIE shall review the established roles annually to determine if revisions are necessary to accommodate changes in access requirements, technology, standards, and laws.
- F. Participants shall ensure that all workforce members are granted the minimum level of access necessary within the scope of their jobs.
- G. Participants that request data through the eHealth Exchange network or the P3N network shall have a corresponding reciprocal duty to respond to requests for data by other eHealth Exchange and P3N participants.
- H. Participants shall reasonably cooperate with CCHIE, any other eHealth Exchange participants, and P3N Participants to resolve any issues related to the eHealth Exchange Data Use and Reciprocal Support Agreement and P3N Participant Agreement.
- I. Participants shall establish a policy and procedure(s) to control access to printed PHI from output devices such as printers, fax machines, and copiers to prevent unauthorized individuals from obtaining possession of confidential patient information. Such policy and procedure(s) should address how to store printed PHI until no longer needed as well as how to properly dispose of it.

- J. In alignment with section 10 (h) of the Data Exchange Agreement, Participants must ensure that all requests for PHI through CCHIE are permitted under the Permitted Data Use Policy and supported by appropriate legal authority. For example, a Participant that operates as a health insurance company has the responsibility of timely providing CCHIE with an updated member panel when such Participant is no longer authorized by law to receive the PHI. If a Participant receives PHI through CCHIE without appropriate legal authority, the Participant must follow its in-error procedure.

## V. Revision History

DATE	AUTHOR	COMMENTS
7/28/2014	Smith/ Szymanski	Creation of the Policy
12/28/2015	Jones	Update the template/change name of policy
5/25/2016	Jones	Included the P3N
4/3/2017	Clark	Updated Healthway name change to The Sequoia Project
12/19/2018	Mosesso	Reviewed Policy - Updated text for term consistency and reworded for clarification; formatting and grammatical changes to text.
7/30/2019	Dukes	Changed “staff” to “employees”, updated “ehealth exchange” definition, and adjusted the format.
12/23/2020	Dukes	Broadened language to include all CCHIE services, noted “ConnectChart” service when necessary, corrected effective date, and corrected minor grammar errors
11/15/2021	Dukes	Reviewed - No Changes
10/4/2023	Dukes	Added section “I” addressing PHI
12/8/2025	Dukes	Added section “J” to better enforce section 10(h) of the Data Exchange Agreement.
1/7/2026	Dukes	CCHIE Leadership approved new section J