

LCMC Health Link Application

Organization Application Packet

LCMC Health has expanded its electronic medical record system (Epic) across its member hospitals, including CHNOLA, Touro, UMC, NOEH and WJMC, to streamline patient care. Our community partners are invited to participate in this new EMR through **LCMC Health Link**.

LCMC Health recommends that requests for referral or consultations as well as orders for lab and radiology are sent electronically through LCMC Health Link. Ordering of tests through LCMC Health Link will require your log-in and current provider credentialing information.

How to Get Access

1. Designate an individual from your organization as the Site Administrator. This role is typically an Office Manager.
2. This Site Administrator/Office Manager should download and complete this LCMC Health Link Organization Application Packet, including
 - a. Request for Health Link Affiliation and Access/Recertification of Existing Health Link Affiliation and Access
 - b. LCMC Health Link Organization Access and Use Agreement.
3. Each user, including authorizing providers and staff, who will need access to Health Link, must also complete the LCMC Health Link Individual User Application on Page 8. If you are an authorizing provider, complete page 8 and 9. Additional individual users may be added later.

NOTE: Before typing into this form, first download and save this PDF application to your computer. Your application will not be saved if you complete this application directly in your browser.

4. Once complete, email all application materials along with the completed User Access Request Form (Excel file) to link@lcmchealth.org

Once we receive the completed application and access has been approved:

1. The Site Administrator will receive their staff's LCMC Health Link log-in credentials. This email will come from an automated system.
2. Within 5 business days of the credentials being sent, the staff member will be able to log into LCMC Health Link.
3. Training information will be available to each staff member once they log into LCMC Health Link.

Thank you for your interest and cooperation. Once you submit your application online, you will receive a confirmation of receipt.

Request for Access/Recertification of Existing Health Link Affiliation and Access

To be completed by the Site Administrator/ Office Manager

Date

Affiliate (Organization) Name

Primarily Affiliated with which LCMC Hospital: Children's Hospital, NOEH, Touro, UMC or WJMC.

Site Administrator (Office Manager) Full Name

Site Administrator (Office Manager) Email Address

Site Administrator (Office Manager) Phone Number

Affiliate Mailing Address, City, State and Zip

Contact person for notification of panic values *(not needed for read-only access)*

Phone #:

After Hours Phone #

Purpose of Affiliation

Affiliate Type:

Community Clinic Offender Care Research Monitor Placement Facility

Payor Other (describe): _____

LCMC HEALTH LINK ORGANIZATION ACCESS AND USE AGREEMENT

LCMC Health Link is a secure website that provides real-time read-only access to patient information, including protected health information (PHI). Through this application, affiliates can access patient's clinical data and communicate with LCMC Health about a patient's care, refer patients within the LCMC Health network, and submit lab and radiology orders.

LCMC Health and its affiliates, including University Medical Center, Children's Hospital, Touro Infirmary, West Jefferson Medical Center, and New Orleans East Hospital (collectively "LCMC Health") are authorizing my access to LCMC Health Link with the express understanding that I will access only the minimum necessary information and that my access to this system is a privilege that may be revoked at any time.

The access I have been granted is contingent on the undersigned Affiliate's compliance with the terms and conditions outlined in this document. Affiliate, therefore, agrees to the following:

1. ACCESS.

1.1 Protected Health Information ("PHI"). PHI is individually identifiable health information that is transmitted by, or maintained in any medium (including written, oral and electronic formats). This information must relate to 1) the past, present, or future physical or mental health, or condition of an individual; 2) provision of health care to an individual; or 3) payment for the provision of health care to an individual. If the information identifies or provides a reasonable basis to believe it can be used to identify an individual, it is considered individually identifiable health information.

1.2 Parameters of Use. **Affiliate** shall have access to one or more components of the LCMC Health shared medical record ("**Shared Medical Record**").

1.3 Limitation on Access. **Affiliate** shall have access to confidential information/PHI pursuant to this Agreement only to the extent allowable by law, for treatment, payment and/or health care operations purposes. In furtherance of and not in limitation of the foregoing, **Affiliate** hereby covenants and agrees that **Affiliate** will not access nor will **Affiliate** allow any of Affiliate's providers, physicians, students, residents, fellows, employees, agents, contractors, or other personnel whether or not they are Authorized Users, to access the PHI of any individual who does not have a direct or indirect treatment relationship with **Affiliate**.

1.4 Authorized User Listing. The **Affiliate** shall identify those individuals authorized on its behalf to access LCMC Health Link ("Authorized Users") by causing each Authorized User to complete an LCMC Health Link Individual User Application. **Affiliate** warrants that only those individuals who need access to PHI to carry out necessary functions will be deemed Authorized Users.

(a) **Affiliate** hereby covenants and agrees that it will ensure that its Authorized Users are either directly or indirectly involved in the treatment of LCMC Health patients, or in other activities constituting payment or healthcare operations involving LCMC Health patients, as those terms are defined in the HIPAA Privacy Rule.

(b) Individuals who are not involved in the treatment of patients but require access to PHI for billing or health care operations purposes ("**Support Personnel Authorized Users**") must limit their access to the minimum information necessary for them to carry out the functions for which access is sought.

(c) **Affiliate** shall notify LCMC Health in writing of the termination of the relationship between **Affiliate** and any Authorized User or any decision to delete an Authorized User within twenty-four (24) hours of such termination. In addition, LCMC Health may, in its sole discretion, suspend or delete an Authorized User if such Authorized User's privileges are suspended or revoked or if LCMC Health becomes aware of a privacy breach by the Authorized User. LCMC Health shall disable the access code previously assigned to all deleted Authorized Users within three (3) days of receipt of such information, and such deletion shall be effective immediately upon the disabling of the account.

1.5 Improper Access. **Affiliate** shall comply, and shall ensure that its Providers, Users, shareholders, partners, agents, contractors and employees, regardless of whether they are Authorized Users, comply, in all respects, with the law and this Agreement in connection with the use and/or disclosure of PHI.

(a) In the event Affiliate becomes aware of a privacy, security, or other incident involving inappropriate access to LCMC Health Link, **Affiliate** shall report such violations to LCMC Health within 24 hours.

(b) The failure to report such violations, and/or the failure to take appropriate corrective action in the face of such violations, may result in sanctions against the **Affiliate**, including but not limited to termination of this Agreement. LCMC Health may utilize a number of mechanisms, including periodic audits, to identify instances of improper access.

2. CONFIDENTIALITY. Confidential information is to be treated with the utmost care and may not be discussed with, nor divulged to, unauthorized individuals. Subject to the terms of this Agreement, applicable state and/or federal laws and regulations and LCMC Health's policies related to confidentiality, all LCMC Health confidential information shall be treated by **Affiliate** and his/her Authorized User(s) as strictly confidential and shall not be disclosed, voluntarily or involuntarily, or otherwise made available to a non-party without the prior express written permission of LCMC Health or unless otherwise authorized by law.

2.1 Confidential information. Confidential information is defined as information that is not known to the general public and/or is not to be disclosed to unauthorized individuals. Confidential Information, includes, but is not limited to, the following: business, demographic and clinical patient information, claims and billing information, peer review protected information, payroll and personnel information.

2.2 Disclosure. Disclosure is defined as releasing confidential information to an unauthorized individual(s) whether intentional or unintentional. Unintentional disclosure may occur when confidential information is accessible on a computer, discussed in elevators, hallways, stairwells and other non-private areas where conversations can be overheard. Accordingly, any such discussions or other disclosures or release of confidential information should be made only to those who are authorized and need to know and when made should be made in a private setting out of the hearing of others whenever possible.

2.3 Authorized individuals. Authorized individuals are defined as those who must access PHI in order to properly perform their duties and responsibilities; those responsible for billing or following up on claims for services rendered to the individual; those who have proper legal authority or those

with written authorization from the patient.

- 3. REPRESENTATIONS AND WARRANTIES.** LCMC Health is authorizing Affiliate and its Authorized Users access to LCMC Health Link with the express understanding that Affiliate and its Authorized Users will access only the minimum necessary information and that Affiliate's access to this system is a privilege that may be revoked at any time. The access LCMC Health is granting Affiliate and its Authorized Users hereunder is also contingent on continuous compliance with the terms and conditions of this Agreement by Affiliate and its providers, users, shareholders, partners, agents, students, residents, fellows, contractors and employees, regardless of whether they are Authorized Users (collectively "Personnel"). Therefore, Affiliate agrees to the following to the following:
- 3.1** Affiliate and its Personnel are familiar with the HIPAA Privacy Rule and will use and access PHI only where such information is necessary for treatment, payment, and/or operations purposes and only that which is the minimum necessary for such purposes;
 - 3.2** Affiliate and its Personnel are requesting access to, and will only access information regarding patients with whom Affiliate or its Personnel has or had a treatment, payment, and/or operational relationship, and the subject of the information requested pertains to such relationship;
 - 3.3** Affiliate and its Personnel shall protect the privacy, confidentiality and security of the PHI accessed in the LCMC Health Link in accordance with federal and state privacy regulations.
 - 3.4** Neither Affiliate nor its Personnel will in any way divulge, copy, release, sell, loan, alter or destroy any PHI except as properly authorized by the policies of LCMC Health and Affiliate.
 - 3.5** Neither Affiliate nor its Personnel will ever access, remove, copy, or release confidential medical or non-medical information without proper authorization to do so. Affiliate and its Personnel shall prevent any person from examining or making copies of any patient reports, documents, or electronic records unless authorized to do so.
 - 3.6** Affiliate and its Personnel shall safeguard and shall not disclose or share access codes, passwords or any other individual authorizations that allow access to LCMC Health Link. Affiliate shall accept responsibility for all activities performed under any of Affiliate's or its Authorized User's access codes, passwords or other authorizations.
 - 3.7** Neither Affiliate nor its Personnel shall use the access codes and passwords of another individual to access the LCMC Health Link.
 - 3.8** When exposed to confidential information, including PHI, Affiliate is responsible for ensuring that its Personnel keep that information confidential. Affiliate is responsible for any misuse, wrongful disclosure or failure to safeguard PHI as a result of the actions or behavior of Affiliate or its Personnel.
 - 3.9** Affiliate understands that Affiliate's and its Personnel's activities and access to the LCMC Health Link may be monitored and audited.
 - 3.10** Affiliate acknowledge that the failure by either Affiliate or its Personnel to comply with the foregoing representations and warranties may result in termination of this Access Agreement and termination of Affiliate's access to LCMC Health Link. Affiliate also acknowledges that Affiliate may

be subject to civil or criminal penalties as described by federal/state law.

3.11 Affiliate understands Affiliate's responsibility to promptly report to LCMC Health any inappropriate access, use or disclosure of PHI that Affiliate or any of its Personnel observe or of which Affiliate becomes aware.

- 4. TERMINATION.** LCMC Health may suspend access to LCMC Health Link or terminate this Agreement immediately for improper or unauthorized access to an individual's PHI or unauthorized or improper disclosure of information contained therein by Affiliate, any of Affiliate's Personnel. In the event that Affiliate or its Personnel breach these requirements through the unauthorized access, use or disclosure of PHI, LCMC Health reserves the right to notify the Louisiana State Board of Medical Examiners, the Office of Civil Rights and/or the applicable LCMC Health member hospital credentials committee of the unauthorized access, use or disclosure.
- 5. REMEDIES.** Affiliate agrees that LCMC Health would be irreparably harmed by a disclosure of PHI. Consequently, Affiliate agrees that in the event of a disclosure or threatened disclosure by Affiliate or one of its Personnel, LCMC Health shall, in addition to any other remedy to which it might be entitled, be entitled to obtain a temporary restraining order, preliminary injunction and/or permanent injunction against the disclosure or threatened disclosure and that said relief shall be available to LCMC Health without the necessity of posting a bond. In addition and in the event of a breach of these requirements, LCMC Health shall be entitled to recover its reasonable attorney's fees and costs incurred in the enforcement of its rights under the terms of this agreement in addition to any other remedies to which it may be entitled.
- 6. INDEMNIFICATION.** Affiliate, individually, and on behalf of each of its Personnel, agrees to indemnify and hold LCMC Health harmless from and against all liability, losses, damages, claims, causes of action, cost or expenses (including reasonable attorneys' fees), caused by reason of any harm or injury sustained by any person or to property by reason of any act, neglect, default or omission of Affiliate, any of its Personnel, or breach of any of the terms or conditions herein by Affiliate or any of its Personnel, regardless of whether such individuals are Authorized Users.

[SIGNATURE PAGE FOLLOWS]

By signing below, Affiliate hereby requests access to LCMC Health Link and agrees to the terms and conditions set forth above.

AFFILIATE ORGANIZATION: _____

Signature of Authorized Affiliate Representative (*Site Administrator/Office Manager*)

Printed Name: _____

Title: _____

Date: _____

LCMC Health Link Individual User Application

Complete this page for each individual applicant including authorizing providers and staff.

Last Name: _____ First Name: _____ Middle Initial: ____ Prefix: _____

Date of Birth: ____/____/____ Sex: ____ Last Four Digits of SSN: _____ Credentials (MD, etc.): _____

Organization Name: _____ Phone: _____

Job Title: _____ Have prior access to Epic Systems at LCMC or LSU: _____

Email: _____

Clinical Systems Access: (select only one)

Ordering Access (order & referral entry)

	LCMC Health Link Authorizing Provider (MD, DO, PA, NP) <i>NOTE: Authorizing Providers must also complete the <u>Application for Utilization of Diagnostic/Consultant Services</u> on Page 9</i>
	LCMC Health Link Site Administrator (non-provider)
	LCMC Health Link Ordering (non-provider access) for Community Clinics Staff

Non-Ordering Access (read only)

	LCMC Health Link Non-Ordering Site Administrator
	LCMC Health Link Non-Ordering Staff (Placement Facilities or Community Clinics) <i>Can search any patient and has full read-only access to chart review</i>
	LCMC Health Link Non-Ordering Research Monitor <i>Cannot search patients and has full read-only access to chart review</i>
	LCMC Health Link Non-Ordering Release of Information <i>Cannot search patients, can only access information release by LCMC HIM</i>
	LCMC Health Link Non-Ordering Payor User (Insurance Organizations) <i>Can search patients, can only access information applicable to coverage</i>

By signing this application, I agree to the following:

- I am familiar with the HIPAA Privacy Rule and will use and access PHI only where such information is necessary for treatment, payment, and/or operations purposes and only that which is the minimum necessary for such purposes;
- I shall protect the privacy, confidentiality and security of the PHI accessed in the LCMC Health Link in accordance with federal and state privacy regulations.
- I shall not access, remove, copy, or release information from LCMC Health Link without proper authorization to do so.
- I understand that my activities and access to the LCMC Health Link may be monitored and audited.
- I understand my responsibility to promptly report to LCMC Health and my employer any inappropriate access, use or disclosure of PHI that I observe or of which I become aware
- I acknowledge that I am accountable for all activity attributable to my logon ID. I will not share my logon ID and I will guard my password.
- I will use my logon ID to perform authorized activities only (i.e., to carry out employment, contract, or school-related responsibilities).
- I understand that, upon termination of employment, non-renewal of contract, or loss of active student status, LCMC may delete my logon ID and my data.

Applicant Signature: _____ Application Date: _____

SIGNATURE OF AUTHORIZED AFFILIATE REPRESENTATIVE (Site Administrator/Office Manager):	
Authorizing Signature: _____	Date: _____

Application for Utilization of Diagnostic/Consultant Services

Complete this page only if you are an authorizing provider.

Last Name: _____ First Name: _____ Middle Initial: _____ Prefix: _____

Organization Name: _____

LA. Medical License #: _____ Exp Date: _____

Medical Specialty: _____

NPI #: _____ Fax Number: _____

Are you a Medicaid Community Care Provider? Yes No

When referring a Community Care Medicaid patient, you must provide Medicaid Authorization when requesting services.

FOR PHYSICIAN ASSISTANT AND NURSE PRACTITIONER ONLY:

NAME OF SPONSORING MD: _____ Phone: _____

Email: _____

Note: Sponsoring MD must have diagnostic/consultant privileges with an LCMC Health Facility

By signing this application, I hereby agree to the following:

- I understand that this application is not an appointment to the LCMC Medical Staff and does not grant me admitting privileges to any of the LCMC facilities. Based on this application, I can order laboratory and radiology testing and send electronic requests for referrals for specialty care.
- I understand that I am responsible for all patient care treatments and follow-up that may be needed as a result of the results provided by this service.
- I acknowledge that patient information is covered by standards and laws of confidentiality and HIPAA (Health Insurance Portability and Accountability Act) and that LCMC and undersigned will abide by these regulations as applicable to covered transactions.

Applicant Signature

Date

Sponsoring Provider Signature (for NPs and PAs only)

Date