

COMMUNITY HEALTHCARE PROVIDERS OF KINGTON ELECTRONIC LUMEO POLICY

PURPOSE:

The purpose of providing Community Healthcare Providers remote access is to facilitate on-line viewing of patient information in an effective, efficient, ethical, and lawful use that supports providing “Outstanding Care, Always”, builds collegiality with our community practitioners and enhances communication of historical and real time information for the continuity of care for the patients of our community and region.

POLICY:

The Kingston Health Science Centre provides Community Healthcare Providers remote access to the LUMEO in order to provide quality care to patients and prohibits unacceptable use.

1. Every person utilizing KHSC remote access services has a responsibility to maintain and enhance the hospital’s reputation by using these tools in a productive and professional manner.
2. Each user is responsible for the information accessed using remote access. Community Healthcare Providers must receive training/orientation on health records document management access and hospital clinical application programs to be eligible for remote access.
3. Community Healthcare Providers must conform to Hospital policies and Codes of Conduct when using remote access. These policies will be provided to you.
4. KHSC routinely monitors usage patterns and audits patient records accessed through each users’ ID. Each Physician is accountable for activity under their user ID/password. **Appropriate usage is only limited to patients under their direct or continuing patient care.**
5. KHSC reserves the right to remove access if inappropriate records are accessed through the remote access availability. A breach of confidentiality through inappropriately accessing patient records constitutes professional misconduct and may form the basis of disciplinary proceedings including loss of license. KHSC also reserves the right to advise appropriate legal authorities of any legal violations and their respective regulatory bodies, such as College of Physicians and Surgeons of Ontario (CPSO), College of Nurses of Ontario (CNO), Regulatory bodies, Information Privacy Commissioner of Ontario (IPCO) and/or Police and is required under legislation to notify affected patients(s)
6. If a breach of the KHSC computer system, or its information, is known or suspected, the Healthcare Provider will notify the KHSC Privacy Officer to report the breach and work collaboratively to resolve it, as specified in the *Personal Health Information Protection Act, (PHIPA), 2004*.
7. In accordance with the Public Hospital’s Act, reports will continue to be distributed by Health Records at the direction of the KHSC Attending Physician unless the patient has disallowed release of their information. Remote printing of reports is not available. Maintaining a confidential, secure system and appropriate release of information process must be in accordance with the *PHIPA and KHSC* policies. Copies of reports may be requested to be faxed to Healthcare Provider by calling or faxing in a request to the Release of Information Department 613.544.3400 Ext. 4125.
8. Information received from the Health Records Department becomes part of the requestor’s medical record and for which the requestor becomes the health information custodian (HIC), as described in PHIPA.

9. Any costs and expenses associated with the use of remote access from the user side are the responsibility of the Community Healthcare Provider. These costs and expenses include, but are not limited to, the following: computer systems, ISP, network hardware, cables and software.
10. If a Community Healthcare Provider leaves their practice for any reason, they must contact KHSC Medical Affairs Department, so that their account can be disabled immediately.
11. After initial setup, Customer Supports responsibilities are limited to issues relating to internal systems supporting the application. This responsibility begins upon successful sign-on to the KHSC Citrix system. Internal problems include, but are not limited to, the following: password resets, user profile/access issues and changes. External responsibilities for Physicians include, but are not limited to the following: High speed/router setup and connections to KHSC via recommended options. Questions and/or calls for support from Physician offices will be processed and assigned through the customer support Help Desk (613-549-6666 ext. 4357)
12. All Community Healthcare Providers using remote access services provided by KHSC is contingent on agreement with and compliance to this policy. They must also have signed the Confidentiality, Information Access and Security Statement.

Community Healthcare Providers of Kingston Electronic (LUMEO-View Only) Remote Application Form Information Access

Access to the KHSC LUMEO system is granted annually to Community Healthcare Providers that are in good standing with the College of Physicians and Surgeons of Ontario (CPSO), College of Nurses of Ontario (CNO) or other regulatory bodies and providing care within the community of Kingston.

1. Please fill out the attached application below:
 - A) **A secure email address (*hotmail, gmail, yahoo etc. accounts will not be allowed*)**
 - B) **A key (secret) word to be used for identification purposes if you lose or forget your password.**
2. Sign the *KHSC Statement of Confidentiality and Hospital Principles* below:
Mail or Email these documents to (MedicalAffairs@kingstonhsc.ca) Kingston General Hospital, Medical Administration Office, Watkins 4, 76 Stuart St., Kingston, ON K7L 2V7 **FAX** 613.548.6082.
3. On receipt of this information, Medical Administration staff will email a copy of the completed *Application* to the KGH HELP DESK to provide your name, office phone number, secure email address to arrange for your LUMEO password. This should take couple of days.
4. The KHSC HELP DESK (**TEL** 613.549.6666 ext 4357) **will contact you** to provide your password to access the LUMEO System. Your password will be conveyed to you via 3 emails with password protected files to your secure email address:
 - 1st email will contain the user's account
 - 2nd email will contain the user's account password
 - 3rd email will contain the password to open the 1st two email attachments.

If you experience difficulty in using the LUMEO system in the course of daily practice you should contact **KHSC HELPDESK** to assist you at **613-549-6666** ext. **4357**.

Please Note: If you decide not to use the account in the future, for any given reason, you are responsible in notifying the Medical Administration Office at KGH so your account can be deactivated. There are limited licenses, and if you are not using the LUMEO you are potentially taking away an opportunity from another health care professional and making the hospitals incur costs that are not necessary.

Community Healthcare Providers of Kingston Electronic (LUMEO-View Only) Remote Application Form

SECURITY STATEMENT

UNACCEPTABLE USES (unacceptable uses as outlined here are not limited to these examples) that may result in loss of access, disciplinary and/or legal action as required:

1. **Unauthorized access (hacking):** This may include using unauthorized user names, passwords, computer addresses or identities or modifying assigned network settings to gain access to computer resources and/or data, or otherwise attempting to evade, disable or "crack" security provisions of internal or external systems.
2. **Sharing of Passwords:** Passwords are never to be shared or provided to anyone other than the authorized user.
3. **Printing of patient information:** This may include using **unauthorized** methods of capture and printing, reproducing and/or distributing of patient information from hospital information systems.
4. **Personal use:** The use of remote access for non-Hospital use such as, but not limited to, patient information not applicable to direct care and/or not in accordance to appropriate continuity of care, Privacy of Information and Security Policies, or in contravention of the Hospital's policies or best interests.

Remote access is provided subject to the following terms and conditions:

Warranties/Disclaimers:

All users release KHSC from liability or responsibility for any direct, indirect, incidental or consequential damages suffered by any person or organization in connection with your use of, or inability to use, remote access in accordance with this policy.

Compliance with all Laws:

All parties agree to use remote access in a manner consistent with any and all applicable laws and regulations. Reproduction or transmission of any material in violation of any Provincial, Federal, or international law or regulation is prohibited.

COMMUNITY HEALTHCARE PROVIDERS OF KINGSTON
LUMEO (View Only) Remote Access Application Form

Last Name: _____ First Name: _____ Date of Birth: _____

Phone: (Office): _____ (Home): _____ (Cell): _____

Home Address: _____

Office Address: _____

Secure Email Address: _____ (Note: not gmail, hotmail, or yahoo email addresses)

Key (Secret) Word for set up: _____

If applicable:

Hospital (where credentialed): _____ Department: _____

Appointment/Reappointment Period: _____ (yyyy/mm/dd) to _____ (yyyy/mm/dd)

***PHYSICIAN**

This will confirm that I am in good standing with the College of Physicians and Surgeons of Ontario and hold a valid Certificate
_____ (class) with Registration Number _____

This will confirm that I have current CMPA (or equivalent coverage) as follows:

CMPA member #: _____ CMPA Code: _____

Other (please describe, if applicable): _____

***NURSE**

This will confirm that I am in good standing with the College of Nurses of Ontario and hold a valid certificate
_____ (Class) with Registration Number and covered by CNPS/RNAO.

TECHNOLOGIST

This will confirm that I am in good standing with my licensing/regulatory body and hold a valid certificate/license and am
covered by liability insurance. Certificate/License # _____

This will confirm that I have read, understood, and signed the appended Statement of Confidentiality. I have read and
understood the Community Healthcare Providers of Kingston Electronic LUMEO Policy and System Security statement for the
LUMEO.

I agree in that in remotely accessing the system I will not print documents or do a "screen capture" of any electronic patient record. I
understand that such Electronic Data Sharing is conditional applying annually to KHSC for access and KHSC can cancel this
agreement at any time, without notice.

APPLICANT'S NAME

SIGNATURE

DATE

WITNESS NAME

SIGNATURE

DATE

STATEMENT OF CONFIDENTIALITY AND HOSPITAL PRINCIPLES

As a member of the clinical staff of a regional hospital partner that has a Data Sharing Agreement with Kingston Health Science Centre (KHSC), you will have access to information and material relating to patients, employees, other individuals or the Hospital that is of a private and confidential nature.

1. The mission, principles and philosophy of the Hospitals will be followed in accordance with the Hospitals' rules and standards of conduct. At all times you will respect the privacy and dignity of patients and their families, employees and all associated individuals.
2. You will treat all Hospital, patient, employee and other records, whether written, verbal or electronically stored, as confidential material and you will protect it to ensure full confidentiality. You will not read records, discuss or use such information unless there is a legitimate purpose to do so in your normal clinical duties and responsibilities. The Hospital may conduct periodic audits to ensure compliance and to ensure data integrity.
3. Any system User ID(s) issued to you and/or any Password(s) created and personally entered by you into Kingston Health Science Centre Information Systems are unique codes to identify you. All entries made will be associated with your identity. You will protect the security of your signature code and you will not use the code of another person, or enable another person to know or use your code.
4. KHSC reserves the right to remove access if inappropriate records are accessed through the remote access availability. A breach of confidentiality through inappropriately accessing patient records constitutes professional misconduct and may form the basis of disciplinary proceedings including loss of license. KHSC also reserves the right to advise appropriate legal authorities of any legal violations and their respective regulatory bodies, such as College of Physicians and Surgeons of Ontario (CPSO), College of Nurses of Ontario (CNO), Information Privacy Commissioner of Ontario (IPCO) and/or Police and is required under legislation to notify affected patients(s)

I have read and understand the conditions outlined in this statement.

Healthcare Provider NAME
(Please Print)

WITNESS NAME
(Please Print)

SIGNATURE

SIGNATURE

DATE

DATE

Please email completed form to medicalaffairs@kingstonhsc.ca with subject line to include First and Last name.