

Policy #2
CurrentCare User Authentication Policy

Purpose

The purpose of this policy is to establish the standards by which the physical identity and credentials of users affiliated with registered provider organizations will be verified.

Scope

This policy applies to all departments and positions at all levels, including full-time, part-time, and temporary positions. This policy also applies to all CurrentCare users.

Policy Statement

As an essential step in protecting the confidentiality and accurate auditability of health information in CurrentCare, the physical identity of all individual users of the system must be verified as a function of user registration. Further, the currency and accuracy of user identity must be maintained to enable permissions to be correctly set and maintained in the system and to monitor access to CurrentCare at an individual level during all subsequent online sessions.

Delegated User Administrators in registered provider organizations are responsible for assuring: (a) the validity and accuracy of information provided to CurrentCare to establish the identity of users to be designated as affiliates of their respective organizations; (b) the currency and validity of professional credentials, especially as they relate to the appropriate assignment of the Licensed Independent Practitioner (LIP) role and Licensed Non-Independent Practitioner (LNIP) roles and; (c) the appropriate assignment of all other roles to affiliated personnel that they designate to be CurrentCare users. An LIP is a medical professional responsible for patient care decision-making including primary care providers, specialists, consultants, mid-level practitioners (midwives, nurse practitioners, physician's assistants, etc.), and others as appropriate. An LNIP is clinical support staff at the healthcare provider's facility (e.g. a registered nurse) or any individual able to view PHI according to the practice's policies and procedures.

Designated users will be assigned permission to use CurrentCare at the recommendation of the registered provider organization and at the discretion of the RIQI Operations Program Support staff.

Consistent with the terms of the Data Use Agreement executed by the provider organization, Delegated User Administrators or their designee in registered provider organizations are responsible for notifying the RIQI Operations Program Support staff, the RIQI Privacy Officer, and the RIQI Security Officer promptly upon the discovery of

any improper activity related to the identity of any affiliated user that could subject the organization, its patients or other RIQI stakeholders to risk or harm. This requirements is in addition to all notice requirements in relating to the unauthorized access, use and disclosure of protected health information or a Security Incident set forth in the Data Use Agreement. Further, CurrentCare will accept notification by the State Board of Medical Licensure and Discipline in matters relating to provider misconduct as it relates to providers assigned the LIP or LNIP role and related online permissions.

Registered user sites shall provide RIQI with a semi-annual reconciliation of its designated user lists.

Compliance

Any violation of this policy will subject the employee to disciplinary action, up to and including discharge. Any RIQI employee having knowledge of any violation of the policy shall promptly report such violation to Human Resources. Any known violation of this policy

Version	Effective Date	Statement of Change
01	January 22, 2009	Original document
02	April 10, 2012	-----
03	November 29, 2012	Format change; Added revision control
04	March 20, 2014	Removed Responsibilities and Procedure section; Added LNIP, Privacy and Security Officer references; Changed RIQI Account Administrator to Operations Program Support Staff
05	See signature date below	Per Audit & Compliance/Policy & Legal Committee review: Added definitions of LIP and LNIP to Policy Statement section; Minor language changes to Policy Statement sections

Ver 5.	 _____ Alok Gupta, COO & CIO	7/29/14 _____ Date
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