The following is a suggested template you are free to use or modify if helpful. It might be used as a free-standing policy or incorporated into a related policy, such as a policy on booking procedures or health records.

Policy XXX on Use of Clinical Data Repository

Policy:

XXX Facility facilitates access to the Clinical Data Repository (CDR) by select staff to support safe continuity of care for residents upon admission to the facility.

Procedure:

1. The facility commander/delegate will identify one or more Administrators who will be responsible for arranging access to the CDR for designated staff.

2. Designated staff are:

a. Any member of the health care staff who is otherwise authorized to access patient medical records;

b. Any custody staff who conduct, or may be called upon to conduct, health screenings during the booking or intake process, but only if they conduct these screenings at a time when no health care staff are on premises.

3. When providing CDR access to any designated staff, the Administrator will ensure that the staff member has been provided training in accessing the CDR. Sources of training include, but are not limited to: training by the Administrator; training by another authorized staff member; referring the user to video or other training materials available on the OneHealthPort website. [After the User training has been completed, OneHealthPort staff will provide a link to these materials so that you can embed the link directly into this policy.]

4. When providing CDR access to designated custody staff, the Administrator will also ensure that the staff member has been instructed in the confidentiality requirements for users and acknowledges understanding of those instructions by signing form XXX, attached, which will then be placed in the staff member’s personnel file.

Form XXX

Acknowledgement of Confidentiality Requirements for Use of Clinical Data Repository (CDR) by Non-Health Care Staff

I acknowledge that I have been granted access to the CDR and understand and agree to the following:

1. I have received training in how to access patient information in the CDR.

2. I will not share my password with anyone.

3. I will only access the CDR to obtain information about an individual who is currently in the custody of the facility.

4. I will only access that information in the CDR which is necessary to complete an authorized task.

5. I will not use any information obtained from the CDR for any non-health care purpose, including but not limited to establishing or confirming criminal charges or contributing to any disciplinary action.

6. I will not share the information I obtain from the CDR with any individual who is not specifically authorized to receive information contained in the CDR to complete their assigned duties.

7. I understand that violation of any of these terms may result in one or more of the following: revocation of my access to the CDR; disciplinary action; civil suit; criminal charges.

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Staff Member Name (print) Name of Person Providing the above training

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Signature Signature

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Date