EMR Mobile Application Registration and User Responsibility Acknowledgement

<u>**CONFIDENTIAL**</u>

User First & Last Name: (Print)

Epic User Name: (Print)

Haiku Install ID Number (last 4 digits):

DATE:

Authorized By: (Print)
_____

This request is for the authorized use of the Haiku or Canto mobile applications to access the University Hospital Electronic Medical Record System. Authorized mobile application registration and access is only granted to the specific user and the mobile device (Cell Phone or iPad) associated with the **Haiku Install ID Number (last 4 digits)** to be provided by the user on this request form. After successful registration future mobile access requires the authorized Epic user name in combination with the registered instance of Haiku linked to the provided Install ID. All access attempts that do not include the Epic user name & password and on the registered instance of Haiku will be denied.

The user identified on this request form is authorized to use the Haiku and Canto mobile applications and acknowledges the risk and responsibility they have to do so in a safe and secure manner. Use must be compliant with University Hospital policy which includes but is not limited to the University Hospital Personal Mobile Device Security Policy and University Hospital Acceptable Use Of Information Technology Policy. User agrees to these requirements for mobile device access to patient information or electronic medical record systems;

1. The user must ensure the mobile device used is protected from unauthorized access by configuration and use of a password or PIN and employ encryption to safeguard stored information.
2. Creation, transfer, or storage of information classified as "Restricted", which includes University Hospital patient information, or patient images is prohibited unless explicitly authorized by exception or the use of a University Hospital authorized mobile application (Haiku) or workflow. Picture taking or image screen capture may be performed only by written exception and only after all of the following criteria are met;
    a. Any picture creation or screen capture process is performed using a University Hospital authorized mobile application or is part of a documented and approved departmental workflow with security exception.
    b. Technical review has been completed and approved by Information Services and Technology Department.
    c. A security risk assessment of the activity has been performed with no unacceptable risk to the hospital identified by the University Hospital Office of Information Security. The assessment must include a use of encryption determination for ePHI stored on mobile devices.
3. The integrity of the mobile device is to be ensured by manufacturer safeguards which prevent unauthorized applications and require only manufacturer certified and licensed applications to run on the mobile device. Any attempt to bypass of these protections by "Jailbreaking" or alteration of the device operating system is prohibited.

4. The individuals involved acknowledges their responsibility to protect patient information and the risk inherent in the use of mobile devices.
5. Any loss, theft or suspected breach of the mobile device or unauthorized access of patient information must be immediately reported to The Chief Compliance and Privacy Officer for University Hospital who will initiate the risk determination process for compliance with breach reporting and notification requirements.

Any violation of these requirements is a violation of the Haiku and Canto mobile applications terms of use required by University Hospital and agreed to by the authorized user issued access on this form. Any violation may result in access revocation to the UH Electronic Medical Record (Epic) system and other sanctions up to and including suspension and/or termination of Hospital privileges or employment.

As an authorized user of the University Hospital Epic system I request access to the Haiku and Canto mobile applications and agree to the terms of use as described on the Electronic Medical Record Mobile Application Registration and User Responsibility Acknowledgement request form.

Signature of Requester:

Date of signature:

FOR HST USE ONLY:
Date received @ HST: ____/____/____ HST Management Authorization:
_____ Date: ____/____/_____
HST Haiku Analyst: _____ Date: ____/____/_____
Date LWS Activated: ____/____/_____

Submit this form to: HaikuAdmin@uhnj.org