

Cincinnati Children's Hospital Medical Center's ("CCHMC") Research Network Application Owner Acceptance of Responsibility

STATEMENT OF POLICY

It is the legal and ethical responsibility of all CCHMC Information System Users to use personal and confidential patient, employee and CCHMC business information (referred to here collectively as "confidential information") in accordance with the law, CCHMC policies including the Code of Conduct, and to preserve and protect the privacy rights of the subject of the information.

Laws controlling the use, disclosure and maintenance of confidential information include, but are not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This and other laws apply whether the information is maintained in electronic or any other form, and whether the information is used or disclosed orally or in writing. CCHMC policies that control the way confidential information may be used are located <https://login.research.cchmc.org/pub/policies.aspx>. It is your responsibility to review and assure your compliance with these requirements.

As an Application Owner, it is your responsibility to protect access to data which has been entrusted to you within CCHMC applications and systems (referred to here collectively as "environment"). When you review, grant, and approve access to the environment, you are responsible to assure that only those people with the right and a need-to-know are given access to the environment and the information contained within it.

When receiving requests for access, it is important to ensure that requests are for the proper type of access (full, limited, read, read/write, etc.) based on the needs of the individual user and limited to job-related purposes. This will ensure that when you approve an access request, the individual you approve will have appropriate access without additional rights that could lead to increased exposure and potential compromise of the environment and information.

ACKNOWLEDGMENT OF RESPONSIBILITY

I understand and acknowledge that:

It is my legal and ethical responsibility as an Application Owner to preserve and protect the privacy, confidentiality and security of all confidential information collected, created or maintained by CCHMC, in accordance with the law and CCHMC policy.

I agree to diligently review all access requests related to applications for which I am responsible to ensure the request is legitimate and is limited to the proper access required by the user for CCHMC business purposes. Any excessive access requested by users beyond CCHMC business purposes will be denied and only appropriate rights to the environment will be provided.

I agree to diligently review access to applications for which I am responsible, when requested, to ensure users who have access still require access based on their current role and job function and revoke all rights to applications for users who do not or no longer require access.

I understand that it is my responsibility to ensure applications within the environment follow CCHMC secure computing policies and procedures. Any applications I am responsible for will meet the requirements outlined within CCHMC policies and procedures and I will not attempt to bypass, disable, or break any security measures. In the event that any violations of CCHMC policies or procedures are found within applications for which I am the owner, I will contact Biomedical Informatics (BMI) to address the violations and ensure protections are properly applied.

I will abide by all CCHMC policies and procedures relating to patient privacy and the protection of PHI including CCHMC Privacy & Security Policy PS-01(Safeguards) and PS-02 (Breach Notification) and

acknowledge my responsibility to report any actual or suspected Breaches of Unsecured PHI to the CCHMC Integrity and Compliance Program (513-636-5555) as soon as possible and in no case later than 2 calendar days after the event.

I understand that my access to the environment and information is subject to audit and security requirements in accordance with CCHMC policy. As an application owner, I will work with CCHMC staff during audits or investigations and provide all necessary information.

I have read and agree to abide by the above STATEMENT OF POLICY AND ACKNOWLEDGEMENT OF RESPONSIBILITY.