

EpicCare Link – Study Monitor/Auditor Access

What is EpicCare Link?

EpicCare Link is a web-based application that provides approved clinical research staff with secure, view-only access to select patient's Inova's electronic medical records. This includes lab results, diagnostic test results, hospitalization records, procedural information, discharge instructions, progress notes, medications, allergies, media files, medical history and more. Study coordinators will request that study-specific patient lists be created so that monitors are limited to viewing only relevant study subjects.

How long does an EpicCare Link user have access to the patient's medical record?

The research coordinator will specify the length of time the monitor requires access. The monitor/auditor's EpicCare Link access will remain active, but the ability to see study subject medical records will be limited to the time period of each scheduled remote monitor visit.

What is the process for EpicCare Link Access? Inova Service Line researchers should Complete:

- Monitor/Auditor Access Request Form
- Send the Research Monitor/Auditor EpicCare Link Access Packet to your monitor/auditor
- Submit the Research Monitor/Auditor Access Request Form to the Office of Research Service Desk at <https://ori.inova.org/jira/servicedesk/customer/portal/6>

Research Monitor/Auditor Should Complete:

- Complete the following documents from this packet and email them to researchapplications@inova.org
 - Inova EpicCare Link Agreement for Research Monitors/Auditors
 - Research Monitor/Auditor SARF
- After these documents are received you will need to complete Inova EpicCare Link training. This only needs to be done once.
 - You will receive an email from hs-alerts@healthstream.com alerting you to your account activation. Please complete this training as soon as possible, as it must be completed in order for your EpicCare Link access to be activated.
- A request will then be sent to Inova's IT department to provide you access.
 - You will receive one email giving you a username and temporary password for Inova's network. You will create a new password upon your first login to the network. You will also use this username and your newly created password for EpicCare Link access.
 - You will also receive an email from Inova IT with instructions to install an RSA SoftToken that is needed for access to Inova's Citrix environment, which is where you will access EpicCare Link. If you have trouble installing the token, call Inova's IT Help Desk at (703) 889-2000.

*****Make sure you log in to Inova's network at least every 60 days or your account will be inactivated. Please set a reminder to ensure you login at least every 60 days. *****

How does the Monitor/Auditor access EpicCare Link after access is granted?

Step 1: Open your preferred internet browser

Step 2: Go to www.Inova.org

Step 3: Scroll down to the bottom and click on “For Employees”

Step 4: Once you have clicked on “For Employees” you will select Employee Remote Access (Citrix)

Step 5: Enter your Inova Credentials (User Name/Password/RSA ID)

Step 4: Once you have successfully logged in, the Citrix window will open with all of your available applications. You are now behind Inova’s firewall.

Step 5: Double-click the EpicCare Link icon

Step 6: Enter your Epic username and password

*****Make sure you log in to Inova’s network at least every 60 days or your account will be inactivated. Please set a reminder to ensure you login at least every 60 days. Failure to do this could delay the timing of a scheduled visit*****

Inova EpicCare Link Agreement for Research Monitors/Auditors

Access to EpicCare Link, which connects you to Epic, the electronic health record for Inova, is a privilege and requires that you read and accept the following Guidelines for Use. Patient information is considered to be sensitive and private and anyone who is given access should remember and follow the HIPAA guidelines.

Terms and Conditions for Use of EpicCare Link

I understand and agree that Inova reserves the right to limit or discontinue my use of EpicCare Link if I do not abide by the following terms and conditions.

I acknowledge and agree that I am subject to the privacy and security requirements of HIPAA.

Use of EpicCare Link by study monitors

- I am a study monitor who is using EpicCare Link to gain access to study patient records in order to verify the accuracy of data being collected for a research study.
- I agree to use all reasonable and necessary safeguards as required by HIPAA to insure the confidentiality of all patient health records that I review.
- I will use EpicCare Link to only access the patients enrolled in the study being monitored and only those records necessary to verify data.
- I will not copy, download, or print off any medical records.
- I am fully responsible for any resulting harm caused by my misuse of or failure to maintain the confidentiality and integrity of the medical records I am reviewing.
- I will ask for assistance if I am unsure how to navigate within the electronic health record
- I will not share the password with anyone.
- I will not leave the patient records open if I am not personally in attendance at the computer. I will log out/lock if I leave the computer.
- I realize an audit will reveal where I have been in the electronic medical record and any unauthorized entry into patient charts that are not on the list or inappropriate use of data will result in actions being taken.

Print Name: _____

Signature: _____

Date: _____

Please fill out and sign this form, then email a copy to researchapplications@inova.org

You must wet sign this form and send us a scan or photo of the wet-signed form. Electronic signatures will not be accepted.



**INOVA HEALTH SYSTEM
SYSTEM ACCESS REQUEST FORM (SARF) FOR
RESEARCH MONITORS/AUDITORS**
**Training is required for access to Inova Clinical Systems.*

Email completed SARF and "Agreement for Research Monitor/Auditor Use of Inova's EpicCare Link" to researchapplications@inova.org. All fields with **red** text are required. The SARF will be returned if required fields are not completed; processing could be delayed.

Request Number: _____

Legal Last Name: _____ Legal First Name: _____ MI: _____ Preferred Name/Nickname: _____
 Group Practice Name: _____ Primary Inova Facility: _____ Provider #: _____
 Office Address: _____ Office Phone: _____ Fax Number: _____
 City: _____ State: _____ Zip Code: _____ Email Address: _____
 Date of Birth: _____ (mm/dd/yy) Gender: _____ (M or F) Last 4 digits of Social Security Number: _____

Required for Physician/Resident/NP/CNM/PA

DEA #: _____ Medical License #/State: _____ Individual NPI #: _____

Job Title:
 Research Monitor Research Auditor Other If Other, write job title: _____

Request Type: New Access Update Access Deactivate Access Effective Date _____

Please choose the system access needed.

<input checked="" type="checkbox"/> Network Access (required for EPIC and Remote PACS) <input type="checkbox"/> EpicCare* <i>(Inova Credentialed Providers)</i> <input checked="" type="checkbox"/> EpicCare Link* <i>(Inova Non-credentialed Providers, Physician office staff, Third-party Billers)</i> Has Epic training been completed? <input type="checkbox"/> Date training completed OneContent*	<p align="center">Remote Access to Epic & Remote PACS</p> <input checked="" type="checkbox"/> Remote Citrix Access (required for external access to EPIC and Remote PACS) Effective 06/26/2015, soft tokens will be issued to providers and office staff. Email address is required for processing requests. <input type="checkbox"/> Replacement Token If you currently have a network ID please provide	<p align="center">Applications below are available to credentialed physicians only</p> <input type="checkbox"/> Remote PACS
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Specify other system access requirements below or systems that are not listed above:

Additional comments or explanation of business function that requires this access:

Approval Information:

I hereby certify that all information contained on this form is true and complete. Falsified statements are sufficient basis for denial or removal of access.

 **User requiring access (Print Name)

 Signature

 Approval Date

 Phone #

 Research Applications Manager (Print Name)

 Signature/Date

 Phone #