



Participant Readiness Attestation Form

1. Pre-Assessment

Each prospective/participant user site must have:

- 1.1 Agreed to the terms of and executed the *Data Use Agreement* that addresses specific technical, confidentiality, data use and management requirements.
- 1.2 Completed this *Participant Readiness Attestation Form* to assure a clear understanding and satisfaction of prerequisites for implementation.

2. Administration

- 2.1 Designate a Delegated User Administrator to serve in the following capacity:
 - (a) Verify the physical identity of users affiliated with the organization (as per the User Authentication Policy);
 - (b) Notify Account Administration at: 781.756.4052 or elincsupport@winhosp.org of any changes to employee access, i.e. employee no longer works for the Participant site, employee's access level has changed or needs to be deactivated, or a new employee requires access;
 - (c) Notify Account Administration at: 781.756.4052 or elincsupport@winhosp.org of any user and/or technical issues.
 - (d) Notify the eLINC Privacy Officer at: 781.756.7890 of any security incident or breach.

Name of Delegated User Administrator(s):

Name _____ Name _____
Email _____ Email _____
Telephone# _____ Telephone# _____

Name _____ Name _____
Email _____ Email _____
Telephone# _____ Telephone# _____

- 2.2 Require that all employees participate in user training and education necessary to assure responsible and correct use of the Participant's system and observation of essential policies and procedures including privacy and security and breach notification compliance.

3. User Authentication

Delegated User Administrator has:

- 3.1 Assured: (a) the validity and accuracy of information provided to _____ 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 (c) the appropriate assignment of all other roles to affiliated personnel designated as _____ users.
- 3.2 Implemented a process for requesting new user account for new personnel.
- 3.3 Implemented a process to notify the Security Officer upon gaining knowledge of improper activity related to identity by any affiliated user that could subject the organization, its patients or other stakeholders to risk or harm.
- 3.4 Implemented a process to support in quarterly reconciliation of its designated users list.

4. Administration

Delegated User Administrator has:

- 4.1 Implemented a process to support enrollee requests to amend medical records.

- 4.2 Implemented HIPAA compliant policies and procedures.
- 4.3 Received HIPAA Privacy Rule Policies List
- 4.4 Trained employees/users on services use as applicable.

5. Temporary Authorization

Delegated User Administrator has:

- 5.1 Implemented a process to support temporary authorization privileges, i.e. Break the Glass (reference the Temporary Authorization Policy for additional information).

6. Complaints

All user sites must support an internal patient complaint process for the resolution of problems related to use of the HIE.

Participant must:

- 6.1 Review the eLINC Policies and Procedures found on www.elinc.biz.
- 6.2 Establish and implement policies and procedures that address patients' rights and responsibilities.
- 6.3 Encourage patients to understand and exercise those rights and responsibilities.
- 6.4 Implement a plan for taking action to resolve the complaint directly with the patient.
- 6.5 Implement a process for reporting the complaint to the eLINC Privacy Officer that assures that the details of the complaint are documented on the "Report a Concern" online form (www.elinc.biz) including the date the complaint was received and all related actions taken by the Participant site.
- 6.6 Sign off: practice has received all training materials and has been trained on patient consent. Practice is responsible for printing and copying materials post-live. Training materials received are as follows:
 - Brochure
 - Script Handout

- Quick Reference Guide
- Posters

6.7 Practice has been trained the Everbridge support model in place and understands how to obtain post-live support.

Attestation By: _____ **Date:** _____

Practice/Organization Name: _____

Practice Manager: _____

Principal/Owner: _____