[redacted]
CHILDREN'S
The Children's Medical Center of [redacted]

POLICY & PROCEDURES

REMOTE ACCESS POLICY
A-38

PURPOSE

The purpose of this policy is to define standards for connecting to The Children's Medical Center of [redacted] ([redacted] Children's) network from any host. These standards are designed to minimize the potential exposure to [redacted] Children's from damages that may result from unauthorized use of [redacted] Children's resources. Damages include, but are not limited to, the loss of sensitive confidential data or intellectual property, damage to critical internal systems, or damage to public image.

POLICY

[redacted] Children's enables remote connection to its network for legitimate business purposes. In order to protect the integrity and security of the network all employees, contractors, vendors, affiliate physicians and their office staff with a [redacted] Children's-owned or personally owned computer or workstation used to connect to the network must comply with the provisions of this policy.

PROCEDURE

A. It is the responsibility of [redacted] Children's employees, contractors, vendors, physicians and their office staff with remote access privileges to [redacted] Children's corporate network to ensure that their remote access connection is given the same consideration as their on-site connection to [redacted] Children's.

B. General access to the Internet for recreational use by immediate household members through the [redacted] Children's network on personal computers is not permitted. Remote users must not violate any [redacted] Children's policies, perform illegal activities, or use the access for outside business interests. Remote users bear responsibility for the consequences should the access be misused as defined in A-58 Acceptable Use of Technology Resources.

C. Access options are explained in "Remote Access Options and Requirements" found on [redacted] Children's Intranet. For additional information regarding [redacted] Children's remote access connection options, including how to order or disconnect service, add or remove user accounts or troubleshooting, contact the Information Services Help Desk at [redacted].

D. At no time should any remote user provide their login password to anyone, including family members.

E. Remote users must ensure that any [redacted] Children's-owned or personal computer or workstation which is remotely connected to the corporate network, is not connected to any other network at the same time, with the exception of personal networks that are under the complete control of the user.

F. Remote users must ensure that any [redacted] Children's-owned or personal computer or workstation which is remotely connected to the corporate network, has up-to-date firewall and anti-virus software installed and active.

G. Anyone remotely accessing [redacted] Children's systems found in violation of this policy could be subject to disconnection and possible further disciplinary action.

H. Approved applications requested will determine connection type. To review minimum and preferred specifications, please click here or cut and paste the following link in your browser. [redacted]

Responsible VP: VP/Corporate Support
Primary Author: Director/Information Services and CIO

Formulated: 10/02
Effective: 2/03, 1/28/09, 4/27/11
Revise Date(s): 11/02, 10/05, 12/2/08, 3/1/11
* = Review without revision

Request for Remote Access

Please complete this form for each user or site requiring access to [redacted] Children's. This document requires the signature of the physician, office manager, or department director. **Please contact us at [redacted] if an employee terminates their employment with your office.** After completing, submit to the IS Security Administrator, fax number [redacted] If you have questions or problems regarding this form or to report a termination contact the IS Help Desk at [redacted].

User Information	
Name:	
Job title(s):	
Email address:	
Physician Practice, Department, or Vendor name:	Phone:
Physician Practice or Vendor Address:	
Type of Access Required: ☐ VPN (CD media required) ☐ Citrix	
Applications Requested: ☐ [redacted] ☐ [redacted] ☐ [redacted] ☐ [redacted] ☐ [redacted] ☐ [redacted] ☐ [redacted]	
Beginning Date:	Ending Date: (if access is temporary)
☐ Will Pick up CD ☐ Mail CD to me	
Supply Address/Department if CD needs to be mailed:	
Reason for Access:	

REMOTE ACCESS AGREEMENT

I, ______________________________, have read and understand The Children's Medical Center of [redacted] ([redacted] Children's) Information Services Department Remote Access Policy. As an authorized user, I agree to abide by the sanctions of this policy. I further agree to comply with the confidentiality guidelines stated in the Health Insurance Portability and Accountability Act of 1996 to protect the privacy, confidentiality and security of all patients' medical information. I understand that failure to meet the requirements of these sanctions could result in permanent disconnection from [redacted] Children's network. If I have been issued a token for access to any [redacted] Children's computer system, I agree to return the token to Information Services upon termination. If the token is lost or damaged beyond repair while in my possession, I understand that I must reimburse the charge to [redacted] Children's before another token will be issued. I understand that I will no longer have remote access to [redacted] Children's computer systems if I terminate my current employment.

____
Name

____
Date

Authorizing Individual (Physician, Office Manager, or Department Director)	
DC Authorizing Signature:	Date: