



Break the Glass Access Form

* indicates required field

* Last Name	* First Name	* Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

* Title	* Credentials, if any (MD, DO, etc.)	Specialty
<input type="text"/>	<input type="text"/>	<input type="text"/>

*** Participating Organization**

*** HIE User Account Name, if known:**

HIE Break the Glass (BTG)

It is important that you only BTG if "emergency access is medically necessary." You may **ONLY** BTG if **all of the following conditions are met:**

An emergency situation exists whereas:

- a. The patient is in immediate need of medical attention and an attempt to secure consent would result in a delay of treatment, increasing the risk to such patient's life or health
- b. Information that may be held or accessible via HealthConnections may be the material necessary for the treatment of such patient
- c. Such patient (or his/her legally authorized representative) has not denied consent to access such patient's information through HealthConnections

Once the emergency situation is resolved, the patient's record should only be accessed if they have given their consent. All BTG access is monitored and audited to ensure that access without consent was justified. If information in the HIE is accessed or used improperly, sanctions will be implemented. Sanctions shall include, but do not necessarily have to be limited to: (i) requiring an Authorized User to undergo additional training (ii) temporarily restricting an Authorized User's access; (iii) terminating the access of an Authorized User; (iv) suspending or terminating a Participant's participation; and (v) the assessment of fines or other monetary penalties.

Per HealthConnections protocol, the designated Audit Report Recipient will receive BTG notifications. The BTG audit is sent out daily for BTG events from the preceding day/weekend. User accounts may be suspended if an organization is non-compliant with a BTG Audit. BTG Audits must be returned within 5 business days of an occurrence.

By signing this document, I confirm that I have completed HIE training, read & understand the HIE access policies & I am

Signature*:

Date:

By signing this document, I, the RHIO Administrator, HealthConnections Trainer or other Authorized Individual certifies the identity of this user has been proven:

Authorizing Signature*:

Date:

Authorizing Signature's Email Address:

Title:

PLEASE SUBMIT TO SUPPORT@HEALTHCONNECTIONS.ORG OR FAX TO 1-315-407-0053.