

ERC Policies & Procedures Therap Access to Outside Parties

I. Purpose

The purpose for having policies and procedures concerning access by parents and/or guardians to a client's records in Therap is to outline the process that must be followed as well as the expectations by ERC that access to this data will not be abused.

II. Scope

- Access to a client's Therap records may be given to any parent/guardian of a client receiving services from ERC.

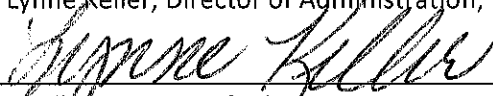
III. Policy

- A. A Therap account will be provided to outside providers and qualified parties to individuals we serve upon request.
- B. One of the key benefits of using Therap is that it increases communications between care providers and family members of people with developmental disabilities, by providing them with easy and secure access to the information they need.
- C. Access will be limited to each provider or qualified party to ensure confidentiality and HIPAA standards.

IV. Use of Security Camera - Procedures

- A. Protected Health Information (PHI) of individuals should always be communicated securely, for example using secure interfaces like Therap.
- B. For an outside entity (someone other than an ERC Employee) to receive Therap access:
 1. The Program Director, Case Manager, or designee will verify the relationship of the outside entity to ensure confidentiality by incident notification document, service documentation, or guardianship paperwork.
 2. The Program Director, Case Manager, or designee will complete the Therap Outside Entity Request form. (See form A attached.)
 3. The qualified party or outside provider requesting Therap access must complete and sign the Agreement for Therap Outside Entity Access form. (See form B attached)
 4. Both of the completed and signed forms will then be scanned and e-mailed to the Therap Administrator.
- C. Upon receiving the signed forms, the Therap Administrator will create and activate a Therap account for the individual identified.
- D. The Program Director, Case Manager, or designee will meet with qualified party/outside provider to ensure proper training of Therap including user account information and access to live modules.
- E. The qualified party receiving Therap access will be instructed in the authorized use of Protected Health Information (PHI) for the individual/family member, and to not discuss confidential information.
 - a. Users should not share their personal login information with others, such as non-authorized Therap users.

- b. Users will be instructed not to write down their login information on paper or save them in an electronic file that can be accessed by unauthorized users.
- F. The Program Director, Case Manager, or Program Coordinator will notify the Therap Administrator immediately if access is not being used according to Policy and agreement.
- G. The Program Director, Case Manager, or Program Coordinator will make attempts to reiterate the importance of maintaining Policy and Procedure/agreement with outside provider/qualified party and provide an update to records manager regarding a need to deactivate an account for any user.
- H. If a relationship ends or if change of service provider occurs, the THERAP Administrator will be notified and the account will be deactivated immediately.

V. Review/Revision/Approval Information
<ul style="list-style-type: none"> List previous Board approval dates and all review/revision dates made by P&P Review Committee: 4/2012, 4/2015, 5/2015, 12/2016. Senior managers have reviewed and approved on 12/8/2016. No changes were made. Lynne Keller, Director of Administration, has reviewed and approved these policies & procedures: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">  _____ Lynne Keller, Director of Administration </div> <div style="text-align: center;"> 12/10/2016 _____ Date </div> </div>

- CARF standard(s) (Commission for the Accreditation of Rehabilitation Facilities) _____
- DDS regulation(s) (Dept. of Disability Services – State) 401.F, 802.1.D
- OLTC regulation(s) (Office of Long Term care – State) 308.1
- DOE regulation(s) (Dept. of Education – State) _____
- ARS (Ark. Rehabilitation Services – State) _____
- AHTD regulation(s) (AR Highway & Transportation Dept - State) _____
- OSHA regulation(s) (Occupational Safety & Health Administration – Federal) _____
- Medicaid regulations (Federal/state) _____
- HIPAA Regulations (Federal) various

Printing this document may make it obsolete. For the latest version of this policy, always check the ERC website at www.ercinc.org/AboutUs/Policies.



FORM A

THERAP Outside Entity Access Request Form

Date: _____

Name of ERC Client: _____

Name of individual(s) seeking THERAP access

Relationship to Client

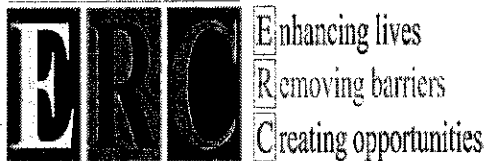
_____	_____
_____	_____
_____	_____

If client listed above is their own guardian, they must agree to the statement below:

I _____ give permission to the individual(s) listed above to have access to my daily events, behaviors, and medical records on THERAP.

Signature of ERC Client

Signature of ERC Employee Completing Request



FORM B

Agreement for THERAP Outside Entity Access

I, _____, have read and understand the policy: Therap Outside Entity Policy and Procedure. By signing this form, I understand that misuse of THERAP access will result in a deactivation of the account. Misuse may include, but is not limited to, sharing of confidential user login, breach of HIPAA and PHI (Protected Health Information), and non-professional communication between Elizabeth Richardson Center (ERC) employees and self.

Please note: Upon your first login with Therap, you must change your password. Any questions regarding additional help or access issues can be directed to Natasha Dennis at ndennis@ercinc.org or 479-841-9960.

Signature

Date

Please scan and e-mail this form along with the THERAP Outside Entity Access Agreement to Natasha Dennis at ndennis@ercinc.org. The ERC Case Manager will be notified by the THERAP Administrator when the account has been activated.