Purpose:
This policy clarifies and codifies the rules for the use and protection of the Continuum Hospitals’ computer and communications systems. This policy applies to everyone who works at or for the Hospital including associates, consultants, independent contractors, medical staff members and all other persons who use or have access to these systems (collectively, “Staff”).

Policy:
1. All Hospital computer systems, telephone systems, voice mail systems, facsimile equipment, electronic mail systems, Internet access systems, related technology systems, and the wired or wireless networks that connect them are the property of the Hospital and should be used for business purposes only.

2. All information and documents created, received, saved or sent on the Hospital’s computer or communications systems are the property of the Hospital. Staff have no personal privacy right in any material created, received, saved or sent using Hospital communication or computer systems. The Hospital reserves the right to access and disclose such material at any time without prior notice.

3. The use of the Hospital’s computer or communications systems to send discriminatory or harassing messages or material and the use of vulgarities, obscenities, foul or abusive language is prohibited.

4. The Hospital’s computer and communications systems should not be used to solicit or proselytize others for commercial ventures, political or religious causes, outside organizations (including philanthropic organizations but excluding Hospital sponsored campaigns such as for United Way) or for other non-job-related purposes.

5. Unauthorized accessing or disclosure of stored communication or computer files by Hospital staff is prohibited.

Electronic Mail Usage /Internet Access
All e-mail communications should be written with the same care and judgment as would be the case for memoranda or letters written on Hospital letterhead and with the expectation that they may be reviewed by third parties. The Hospital may preserve all e-mail messages (even after they have been deleted) on magnetic media for some period from the date the message is created.
Periodically, all electronic media copies of the e-mail message will be deleted. If the e-mail is relevant to a legal record-keeping requirement or may be of some other administrative or historical relevance, the message should be printed and filed in an appropriate file. If the Hospital becomes involved in an investigation, litigation or any other proceeding which may necessitate the review or production of Hospital records, the Hospital may suspend the regular deletion of all or part of e-mail messages for an indefinite period without notice.

Staff may not download files from the Internet without appropriate approval.

“All E-Mail User” Function
Important information that affects Hospital staff may be communicated via the e-mail system. Only authorized communications may be sent via e-mail using the “all e-mail user” function in the e-mail system.

1. The e-mail notice should be business related and relevant to most, if not all e-mail users. (For e-mails with a limited audience, the staff should develop his/her “private” e-mail list. Contact the IS Help Desk for assistance in establishing “private” e-mail lists.)

2. The request to use the “all e-mail user” software function must be made in writing to the staff’s respective Vice President or site administration PRIOR to sending the e-mail.

3. The request must include:
   ◦ Text of the e-mail that will be distributed; and
   ◦ Brief justification as to why the e-mail must be sent to all e-mail users.

4. Staff who send unauthorized “all e-mail user” e-mails will be subject to disciplinary action, up to and including discharge.

Voice Mail
The Hospital’s voice mail system is to be used only when staff members are not able to answer the phones for which they are responsible. Voice mail should not be used on a regular basis or to screen calls. Voice mail messages should ordinarily be deleted after review by the intended recipient. If there is a reason to retain a particular voice mail message, a staff member should telephonically archive the voice mail message.

Telephone Services
Unauthorized personal telephone calls during working time and the placement of personal long distance telephone calls at the Hospital’s expense are prohibited.

Computer Operations and Data Communication
1. Unauthorized access to areas containing telecommunications and data communications equipment is prohibited.

2. The Information Services Department (IS) authorizes the operation of back-ups of the data files on the Hospital’s computers on a regular basis. If a “restore” of a file is necessary, IS should be contacted.

3. As confidential information will be transmitted through the Hospital’s data communication networks, all reasonable precautions to protect such information have been taken. Any attempt to breach data security shall be grounds for disciplinary action or dismissal. Any staff who
believes that the security of the data communications system has been breached must report that breach to his/her supervisor immediately.

4. Copying of a computer program or its documentation is an infringement of the copyright rights of the owner. The unauthorized copying of computer software, a copyright infringement, is punishable by civil and criminal penalties.

5. Upon separation of employment, a staff’s access to the Hospital’s computer systems and electronic data shall be terminated. When it becomes necessary to involuntarily terminate a person’s employment, IS must be notified in advance of such termination. From the point of time when a staff is advised of dismissal, no further access to computer systems will be permitted.

6. Contracts with vendors for hardware, software, maintenance services, or data (including contracts relating to personal computer application) may only be executed through IS, the Continuum Services Corporate Purchasing Department, and the Legal Department.

7. All staff have an obligation to preserve the trade secrets of their prior employers. Staff should therefore never bring in, use, or copy software or related documentation or any other trade secrets developed at or owned by prior employers, nor may they take or use such material obtained in connection with Hospital employment at any subsequent place of employment.

**Protection of Electronic Data and Information**

All staff are responsible for taking appropriate steps to safeguard the Hospital’s confidential electronic data and information. Confidential information consists of: any patient information (which includes but is not limited to medical records); any other non-public information or materials describing or relating to computer software or systems or business and financial affairs, staff information and personnel matters; operating procedures; organizational responsibilities; marketing matters; policies and procedures of the Hospital or its staff, or other third parties.

1. All authorized users of the Hospital’s computer equipment will have one or more unique user identifiers (“Passwords”), which should not be shared with others. Passwords must be changed regularly, and no less than once every forty-five (45) days. Passwords shall be allocated to provide access to the Hospital’s information in a way that is focused on the staff’s specific responsibilities.

2. Staff should log off computers when away from their desks. Diskettes with confidential information should be kept in a secure place. In addition, diskettes should not be left where they can be exposed to magnets or where beverages or other liquids can spill on them.

3. Staff should immediately report any suspected unauthorized access to patient information to the IS Help Desk.

4. Staff should not engage in any actions that may expose the Hospital’s computer resources to software viruses or other disabling devices. Staff may not accept, use or share programs or data from unauthorized sources.

**Access/Viewing of Information**
Staff must only access/view information that they have a legitimate “need to know” in order to effectively perform their specific job duties and responsibilities. While there is no specific definition of “need to know”, the following policy shall apply:

- The staff accessing the information had a past involvement in the management and/or treatment of the patient or is currently participating in the management and/or treatment of the patient.
- The staff accessing the information is supervising the management and/or treatment of the patient or has overall responsibility to oversee the care or treatment of the patient (i.e., Chair/Chief/Director of a Department).
- The staff is accessing the information for a Hospital or Medical Staff Committee or other approved review committee (i.e., Quality Improvement, Utilization Review, Safety).
- The staff is accessing the information for a legitimate Hospital business function requiring access to the information (i.e., Patient Billing).
- The staff is accessing the information for a legitimate teaching function requiring access to the information (i.e., Resident teaching).
- Staff may not access their own personal health information or personal health information of others (including relatives) without following Hospital policy related to obtaining access to an individual’s protected health information (medical information).

VIOLATION OF POLICY

Violation of this Policy is grounds for disciplinary action up to and including termination of employment and/or termination from the Medical Staff. Unauthorized use of the Hospital’s computer and communication systems may also subject staff to civil liability or criminal penalties.

Sr. Vice President for Human Resources: Marvin A. Russell

Vice President for Information Systems: Bonnie Sessa
ACKNOWLEDGMENT OF COMPUTER AND COMMUNICATIONS SECURITY POLICY

I have read the Hospital’s Computer and Communications Security Policy in its entirety. I understand the policy and I agree to abide by its terms.

___________________________
Name (please print)

___________________________
Signature

___________________________
Date