

**BC Critical Care Database Access Request Form & Terms of Use**

*Please complete parts A & B below and send to the attention of Steve Ahkioon, Regional Advisor, BC Critical Care Database, via email (steve.ahkioon@vch.ca) and fax to 604.875.5957, Mon-Fri 0900-1700; Please allow 5 to 7 business days for processing of this form.*

**PART A: USER INFORMATION (To be completed by the intended user)**

Last Name		First Name		Employee ID#	
Health Authority Login ID			Health Authority Email		
Work Phone			Cell Phone (optional)		
<b>USER TYPE</b> <input type="checkbox"/> New User <input type="checkbox"/> Existing User <input type="checkbox"/> Reinstatement of Previous User					
For any user with history, please enter current or old/expired database User ID (s)		Month/Year of first access to the database (mmm-yyyy)		Initial training provided by	

*I agree to abide by the Terms of Use (see below) and by applicable Health Authority Privacy and Security policies and to access the information in this database only for work related purposes. I understand that any unauthorized access to the BC Critical Care Database is strictly prohibited and that disciplinary action, including the revocation of access privileges to the BC Critical Care Database, may result from my failure to comply with this undertaking.*

SIGNATURE \_\_\_\_\_

DATE (mm-dd-yyyy) \_\_\_\_\_

**PART B: ACCESS AUTHORIZATION (To be completed by Director/Manager)**

<b>VCH-PHC</b>	<b>FHA</b>
<input type="checkbox"/> Vancouver General (VGH) <input type="checkbox"/> Lions Gate (LGH) <input type="checkbox"/> Richmond (RGH) <input type="checkbox"/> St Paul's (CC) <input type="checkbox"/> Mount St Joseph (MSJ)	<input type="checkbox"/> Abbotsford Regional (ARH) <input type="checkbox"/> Peace Arch (PAH) <input type="checkbox"/> Burnaby General (BGH) <input type="checkbox"/> Ridge Meadows (RMH) <input type="checkbox"/> Royal Columbian (RCH) <input type="checkbox"/> Langley Memorial (LMH) <input type="checkbox"/> Surrey Memorial (SUR) <input type="checkbox"/> Chilliwack General (CGH)

<b>IHA</b>	<b>VIHA</b>	<b>NHA</b>
<input type="checkbox"/> Royal Inland (RIH) <input type="checkbox"/> Vernon Jubilee (VJH) <input type="checkbox"/> Kootenay Boundary (KBH) <input type="checkbox"/> East Kootenay Regional (EKH) <input type="checkbox"/> Kelowna General (KGH) <input type="checkbox"/> Shuswap Lake (SLH) <input type="checkbox"/> Penticton General (PEN)	<input type="checkbox"/> Victoria General (VIC) <input type="checkbox"/> Nanaimo Regional (NRG) <input type="checkbox"/> Royal Jubilee (RJH)	<input type="checkbox"/> University Hospital of Northern BC (PGH)

ROLE	
<input type="checkbox"/> Informatics Level 1	<i>Enters basic patient information in database, e.g. demographics; ICU nursing background not required; needs 1h of training by a seasoned Informatics Level 2.</i>
<input type="checkbox"/> Informatics Level 2	<i>Enters ALL information in database; ICU nursing background required; needs 5 days of initial training by a designated trainer.</i>
<input type="checkbox"/> Analyst	<i>Extracts and analyzes data; prepares site or Health Authority-wide operational, quality and safety reports. Data orientation needs to be set by discussion.</i>
<input type="checkbox"/> Special Analyst	<i>Users with access to the database for special purpose, e.g. statistician, researcher, etc...</i>
<input type="checkbox"/> Manager/Director/Other	<i>Obtains prepared reports from the database. Database orientation needs to be set by discussion.</i>

Reason(s) for Access				
<i>This becomes your "Authorized Purpose (s)" as set in the Terms of Use, when approved by your manager or director</i>				
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Data Extraction	<input type="checkbox"/> Data Analysis and Reporting	<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> System Administration
<input type="checkbox"/> System Training	<input type="checkbox"/> Research (attach REB approval letter)	<input type="checkbox"/> Programming	<input type="checkbox"/> Other (please specify)	

<b>TRAINING</b>	<b>Training plan in place?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Please note that without an appropriate level of training, database access may not be provided. If unsure, please contact <a href="mailto:steve.ahkioon@vch.ca">steve.ahkioon@vch.ca</a> to discuss</i>
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*I approve the request for access to the BC Critical Care Database for the above mentioned staff at the specified site(s), for the designated role(s) and for the specified reason(s) for access. I agree to make provisions for adequate training of this staff member. I also understand that the BC Critical Care Database users are subject to privacy and security measures and that non-compliance can lead to revocation of access to the database*

SIGNATURE

DATE (mm-dd-yyyy)

Name, Title, Site, Health Authority	Phone	Email

PART C: TO BE COMPLETED BY BC ICU DATABASE CENTRAL ADMINISTRATION			
<input type="checkbox"/> System Verification <input type="checkbox"/> Training Plan <input type="checkbox"/> Other	Approved User ID (s)	Approval Date	Notification Date

## **Terms of Use**

"Your use of the BC Critical Care Database to which you have been granted access in connection with this Access Request Form is subject to the following terms:

1. You will use the system and information contained therein only for the purpose(s) identified on the Access Request Form (the "Authorized Purpose(s)" in PART B: ACCESS AUTHORIZATION).
2. You will access information, including personal information, as defined in the BC Freedom of Information and Protection of Privacy Act (FIPPA) ("Personal Information"), within the BC Critical Care Database only as necessary to perform your duties as an employee, service provider, contractor or representative of your respective Health Authority, in connection with the Authorized Purpose(s).
3. You will only access and use the minimal number of personal identifiers necessary to perform your duties in connection with the Authorized Purpose(s). This includes names, PHNs, MRNs, birthdates, addresses, postal codes, phone numbers and other information that may be associated to the individual to whom it pertains
4. You will not access your record or those of family, friends or others, unless required to for the Authorized Purpose(s) identified on the Access Request Form.
5. You will not use or disclose information obtained through the System for research purposes, unless authorized by the applicable Research Ethic Board(s) and done in accordance with applicable Critical Care Database policies and procedures.
6. You will not disclose your password to others or allow others to use your account.
7. You will immediately report to the Privacy Office in your Health Authority and/or to the PHC Information Access & Privacy Office any loss or potential or actual unauthorized disclosure of Personal Information.
8. You will comply with all applicable Critical Care Database policies and procedures regarding system usage, privacy and other policies and applicable laws, including FIPPA.
9. You acknowledge that you are accountable for all activity associated with your user name and password and your use of the BC Critical Care Database will be monitored and recorded in an audit log, which is reviewed regularly to ensure compliance with this Terms of Use.
10. You will comply with this Terms of Use in respect of information obtained through the System whether in electronic or printed form.
11. You acknowledge that failure to comply with this Terms of Use may lead to disciplinary action, including revocation of access privileges, professional sanctions, suspension or termination of employment or services.