



Largest non-profit, community-owned healthcare organization serving the Portland / Vancouver and Mid-Willamette areas



6 Hospitals

- 2 Regional
- 4 Community
- 1,641 Licensed Beds
- 280,000 ED Visits Annually



80 Clinics

- Primary Care
- Specialty Clinics
- 390,000 Visits Annually



13,500 staff

including 3200 medical staff



Legacy Connect

- 1 Hospital
- 37 clinics
- 2 integrated care or regional networks

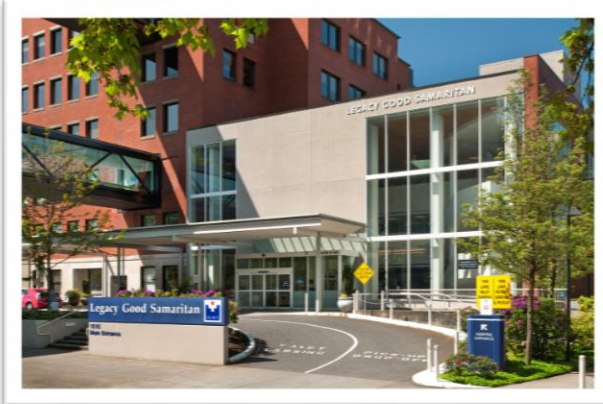
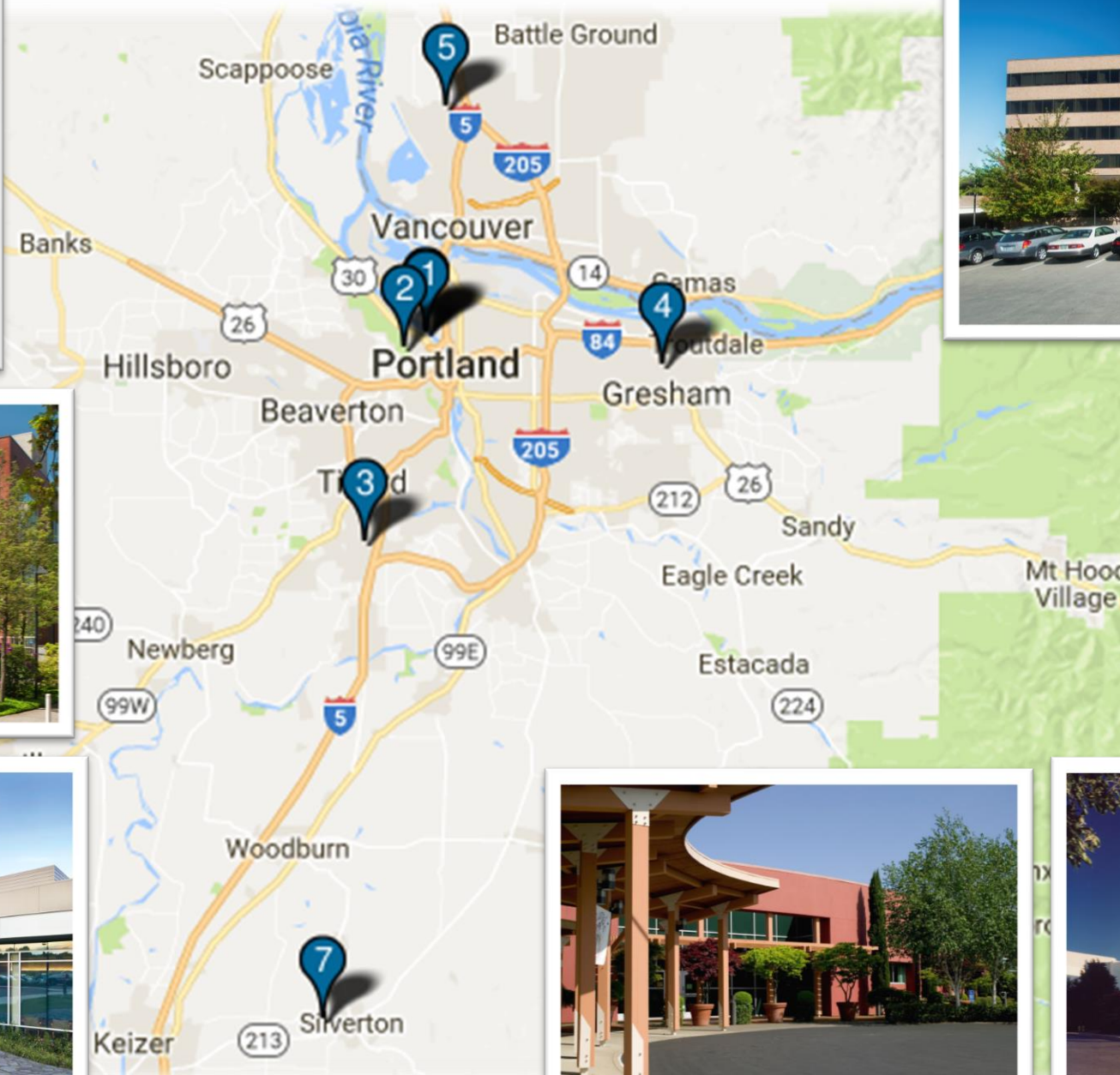


Legacy Health Partners

- Clinically Integrated Network
- 100k Lives and growing



Legacy Research Institute



THE LEGACY WAY

Our legacy is good health, for:

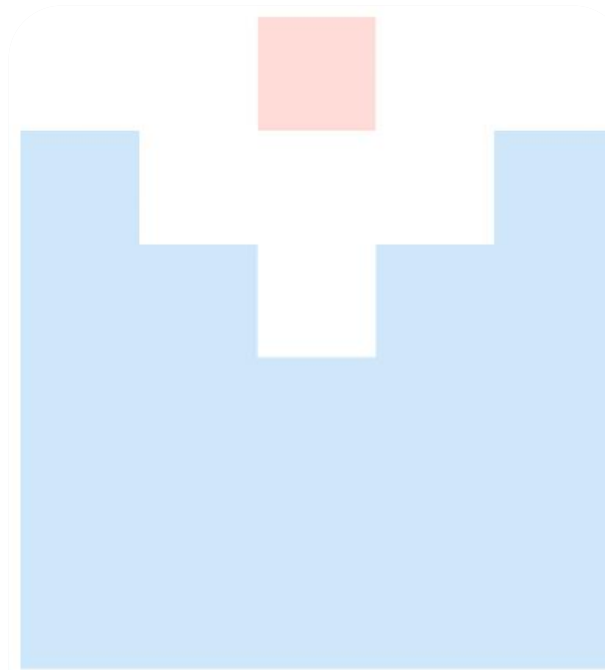
OUR PEOPLE

OUR PATIENTS

OUR COMMUNITIES

OUR WORLD

Above all, we will
do the right thing.



LEGACY

HEALTH

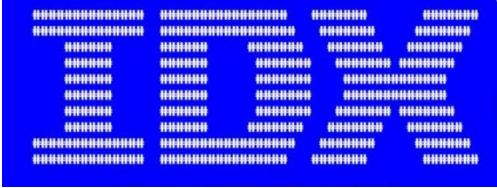
HEALTH

LEGACY

We value

-  **RESPECT**
We treat all people with respect and compassion.
-  **SERVICE**
We put the needs of our patients and their families first.
-  **QUALITY**
We deliver outstanding clinical services within healing environments.
-  **EXCELLENCE**
We set high standards and achieve them.
-  **RESPONSIBILITY**
We are good stewards of our resources, ensuring access to care for all.
-  **INNOVATION**
We are progressive in our thinking and actions.
-  **LEADERSHIP**
We serve as a role model of good health and good citizenship.





1999 - 2011



2005 - 2010



2010 - present



Overview of Legacy Outreach

- **Connect**

- > 1 Hospital
- > 37 clinics
- > 2 integrated care or regional networks

- **Epic**

Healthy Planet Link/Outreach

Happy Together

Care Everywhere/CE RUG

Payer Record ingestion for clinical prompting/case management

HIE Connections to:

- Carequality – Athena Health, GE Centricity, NextGen
- Social Security Administration
- Surescripts National Record Locator
- Veterans Administration
- Wellcentive

76,222,048 ▶ Since Care Everywhere Go-Live

□ We've exchanged patient records with more than

1,686 Hospitals

1,482 Emergency Departments

38,196 Clinics

INCORPORATED OUTSIDE DATA

In the past month, clinicians added:

Problems	Allergies	Medications	Dispenses	Immunizations
38,010	10,629	34,017	12,331	107,684

Overview of External Access to Legacy Epic

- Offered to a variety of organizations with access based on relationship to our shared patients
 - > External Access includes
 - > 1,171 external organizations including
 - Treatment: Medical offices (except workers comp)
 - Payment: Billing offices and audit groups
 - Operations: State agencies, QA @ EMS,
 - > 11,400+ individuals- About 80% of access is billers, 20% clinical based on volume of use and records reviewed
 - > Ranges from 1 person/site to over 300
 - > High utilization of notifications (can be set by user) for discharges, ED visit notifications, lab and radiology notifications
 - > Tied to PGP groups for autcreation of patient lists for sites
 - > Supported by .5 FTE ☺

Overview of External Access to Legacy Epic

- Community Systems Setup
 - > Request driven process
 - > 1. Credentialed or "Pathway"
 - > 2. Sponsor and Delegate agreement
 - > 3. Individual User Access Forms
 - > 4. Audited usage
 - > 5. Recertification of terms and conditions

Electronic Systems and Communications Policy Patient Confidentiality Agreement Page 1 of 1

Legacy Health - Patient Confidentiality and Remote Access Agreement

This Patient Confidentiality Agreement ("Patient Confidentiality Agreement") applies to Licensed Medical Practitioners, their Agents, Medical Staff and others as specifically authorized, who access Legacy Health Electronic Information Systems, (including, for example, applications such as Epic, E-Chart, Millennium, PACS and Lawson) and are not employed by Legacy Health ("Legacy").

I understand that the business entity or organization for which I work, volunteer, am affiliated with, or otherwise provide services for has a relationship (contractual or otherwise) with Legacy involving access to or exchange of information. Furthermore, as part of this relationship, I understand that I have a legal and/or ethical responsibility to safeguard the confidentiality and integrity of Legacy's electronic medical records, Protected Health Information ("PHI") and/or Legacy's other proprietary data, e.g., financial information, (collectively "Confidential Information") to which I come in contact. As such, I will only access, use, or disclose this Confidential Information when it is necessary, appropriate, and lawful while in the performance of my duties, AND in accordance with the Legacy's use and disclosure policies such as LHS.700.18, LHS.500.501, and LHS.700.24.

I further understand that if I fail to adhere to the provisions of this Patient Confidentiality Agreement or Legacy's use and disclosure policies, remedial action may include, but not be limited to, termination of established contracts, suspension and/or permanent revocation of authorization to access Legacy's Electronic Information Systems.

Additional terms and conditions:

- | | |
|---|---|
| <p>1. I will only access Legacy's Electronic Information Systems, and the data within those systems to which I am authorized and have a work-related reason based on my job or position. I will not access Legacy's Electronic Information Systems, or data within those systems for personal reasons of any kind.</p> <p>2. I will only access PHI after having received prior authorization or when appropriate and lawful based on Legacy's use and disclosure policies, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and/or other State and Federal laws.</p> <p>3. I will not in any way divulge, copy, release, alter or destroy any Confidential Information, including PHI, except as authorized by Legacy or as required by law.</p> <p>4. I will avoid inappropriate disclosure of Legacy's Confidential Information, including PHI, by using appropriate security measures. These measures may include, but are not limited to, locking up electronic media (e.g., floppy disks or CDs) when not in use, using password protected screen savers, and positioning computer or device screens that show Confidential Information away from the view of unauthorized persons.</p> <p>5. I understand that Legacy reserves the right to log, access, review, monitor, audit and otherwise utilize information stored on or passing through its Electronic Information Systems in order to manage and enforce security.</p> | <p>6. When accessing Legacy's Electronic Information Systems, I will:</p> <p>a. Only use credentials assigned to me, which may include a User ID and password, to access Legacy Systems.</p> <p>b. Never share, disclose, or publicly display my credentials. Never use tools or techniques to break, exploit, or otherwise circumvent established security measures. I will notify my Delegate, as indicated below, or Legacy's Security Official if:</p> <p>c. My credentials, which may include a User ID and password used to access Legacy's Electronic Information Systems (e.g., Epic, E-chart, Millennium, etc.) have been disclosed or otherwise compromised.</p> <p>d. I know or suspect that activities that violate this Patient Confidentiality Agreement, or Legacy's use and disclosure policies, have occurred.</p> <p>7. I agree that my obligations under this Patient Confidentiality Agreement will continue indefinitely, even after termination of my employment, expiration of my contract, or my Sponsor's relationship with Legacy.</p> <p>8. Upon termination of my employment, expiration of my contract or my relationship with Legacy, I will immediately return any Confidential Information owned by Legacy to Legacy.</p> |
|---|---|

By signing below, I acknowledge that I have read this Patient Confidentiality Agreement and I agree to comply with all the terms, conditions, and policies stated or listed herein.

Requestor's Printed Name (Last, First, MI)*	Position / Job* (circle one) MD Clinical Admin/Biller Other	Date*	Social Security number last 4 or 4 digit PIN
Requestor's Organizational EMail*	Business Entity Name/Facility*	DOB*	
Requestor's Signature*			

We request that this person be given access to the following Legacy Health system(s) and certify that they have a work-related need to access information in the requested system(s). If this person is terminated or reassigned to a position where all or part of this access is no longer required, we will notify Legacy Health **within three (3) business days** so that access can be disabled.

Citrix Gateway	HealthyPlanet Link	Match access with (name)	Remove access to:	REMOVE ALL ACCESS	Legacy Use Only
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Sponsor or Delegate Signature*					PGP _____
Sponsor or Delegate's Printed name, email and phone number*					

the Health Insurance Portability and standards for Privacy of Individually Selected Health Information at 45 C.F.R.

includes, however, Legacy has a lawful laws as applicable, to take reasonable system is accessed, used, and disclosed

efficient, and secure mechanism for the

all legal requirements for the protection

r agreements, whether oral or written, is Agreement between the parties, that at shall supersede any other conflicting luding all exhibits or other attachments regoing, any limitation or exclusion of

tent necessary to allow either party to tes (the "Regulations"). Facility agrees Agreement to incorporate any material

respective meanings assigned to such e meanings given to them in 45 C.F.R.,

may access, use, and disclose PHI purposes of the Treatment, Payment or h applicable laws and regulations or b) the laws and regulations. Facility shall cess, use, or disclose PHI originating in olation of the Privacy Regulations or is ived from PHI originating in Legacy's Facility further agrees that the extent to Information Systems shall be only the

of this Agreement is to provide Facility accuracy, efficiency, and protection of unferred between Legacy and Facility, third party except as authorized under 's organization who have a valid need, ical Information Systems will be so