

MyPatients at Boston Children's

Thank you for your interest in **MyPatients at Boston Children's Sponsored Access**.

Sponsored Access offers providers with registered MyPatients accounts the ability to sponsor access for their clinical and administrative practice staff. To learn more about MyPatients Sponsored Access, please visit: <http://www.childrenshospital.org/clinician-resources/mypatients-provider-portal>

- To Register for Sponsorship Privileges, MyPatients Users must submit a **Sponsorship Agreement**
- Please print the **Sponsorship Agreement** (attached) on your practice letterhead, sign, and fax to:

Fax number: 617-730-4844

Attention: MyPatients Provisioning

Once your documentation has been received and validated, you will receive an email with instructions for creating Sponsored User accounts. Please allow up to three business days for your documentation to be processed.

If you have any questions about Sponsored Access, please email: mypatients@childrens.harvard.edu

Thank you,

The MyPatients Team

Boston Children's Hospital



Boston Children's Hospital
Until every child is well™

MyPatients Portal – Sponsorship Agreement

You are committing to sponsor one or more user(s) (each a “Sponsored User”) so that the Sponsored User(s) may access certain Boston Children’s Hospital (“BCH”) patient health information through the BCH MyPatients Portal. As you know, BCH is committed to respecting patient privacy and protecting the confidentiality and security of patient health information and requires that any individual accessing BCH patient health information, including any Sponsored User, share that commitment.

By signing in the space provided below, you certify that the following statements are true and accurate, and you agree to adhere to the terms and conditions listed below with respect to your sponsorship of the Sponsored User(s):

1. Sponsor Qualifications. You are (i) a registered user of the MyPatients Portal and (ii) either a primary care physician or a nurse practitioner or physician assistant who maintains his/her own panel of pediatric patients or (iii) you are a physician who has been authorized by a patient or his/her legal guardian to view portions of the patient’s health record. In the event you cease to meet either of these sponsor qualifications, or any of the terms and conditions otherwise set forth herein or required of registered users and/or sponsors, you will promptly notify BCH in writing. You acknowledge that failure to meet any such qualifications or requirements may result in corrective action as further set forth below.
2. Sponsored User Qualifications. Each user you are sponsoring is a support staff member with a job title and/or responsibilities that you have determined (i) requires access to the MyPatients Portal; and (ii) meets BCH requirements for access to the BCH electronic medical record as set forth in the Statement of Acceptance. You certify that each Sponsored User will access the MyPatients Portal only in support of treatment, including, as permitted by the HIPAA Privacy Rule, payment or health care operations in connection with treatment of your practice’s patients who also have received or are receiving care at BCH. As of the date hereof, you have specifically confirmed each Sponsored User’s identity and qualifications for access to the BCH electronic medical record.
3. Sponsored User’s Compliance. You agree to assume responsibility for each Sponsored User’s use of the MyPatients Portal and compliance with all applicable requirements for access. You will ensure that the Sponsored User complies with all terms and conditions of the Statement of Acceptance and with any additional requirements for access and use provided by BCH in writing from time to time.
4. Sponsored User Information. You will maintain current information in the MyPatients Portal for all Sponsored Users and will promptly update such information in the event of any changes. In addition, BCH may from time to time request that you review and confirm the accuracy of the Sponsored User(s)’ information and you will respond in a timely manner to all such requests. In the event you no longer wish to sponsor any Sponsored User or you cease to be qualified to sponsor any Sponsored User, you will promptly notify BCH and cooperate with BCH in its efforts to deactivate such Sponsored User’s account or transition such Sponsored User to another sponsor, as applicable.

5. Reporting Misuse or Other Non-Compliance. In the event you become aware that a Sponsored User no longer meets the requirements of the Statement of Acceptance, you will immediately submit (through the MyPatients Portal) a request that BCH deactivate such Sponsored User's account. In the event the Sponsored User's non-compliance is a result of misuse or suspected misuse of BCH patient health information, you will immediately so notify BCH by contacting the BCH Compliance Department at 857-218-4680 or at Compliance-DL@childrens.harvard.edu.
6. Breach of Information. In the event you have reason to believe that the confidentiality, privacy or security of any information accessed through the MyPatients Portal has been breached, you will immediately report such breach or suspected breach to the BCH Compliance Department at the above phone number or email address.
7. Compliance Audits. You understand and agree that BCH may audit your compliance with the terms hereof and each Sponsored User's use of the MyPatients Portal.
8. Corrective Action. You understand that failure to comply with these requirements, including without limitation any failure by a Sponsored User to comply with the requirements set forth in the Statement of Acceptance, may result in corrective action, including, but not limited to, termination of access to the MyPatients Portal, disciplinary action, and personal liability for breach of confidentiality of information. Such corrective action may apply to you and/or the Sponsored User.

By signing below, you acknowledge that you have read the above terms and conditions and that you agree to be bound by all terms and conditions of this Sponsorship Agreement.

Print Name: _____

Signature: _____

Date: _____