

**Warren County Health Services
Health Services Committee Meeting Agenda
June 24, 2011
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To adopt the 2011-2015 Rabies Program Plan for Warren County.

Rationale:

This plan must be formally updated and adopted every five years. A copy of the plan will be filed with the minutes of the meeting, and copies will be available should any Health Services Committee Member wish to have a copy. The plan is distributed to all animal control officers in the county as well as to veterinary practices. It is also available on the Health Services Website.

Request Resolution:

To authorize reimbursement per CSEA Contract for college Internship fees for Patricia Belden, PHN, in an amount not to exceed \$75.00.

Rationale:

Ms. Belden continues in her pursuit of a Master's Degree in Public Health, which she expects to complete in December 2011. The amount of fees for the internship will not exceed \$150.00 and the county will not need to pay more than 50% of that expense or \$75.00. The Internship experience is pass/fail so there is no letter grade. She has also received approval from the SUNY Albany School of Public Health to complete her internship projects at our agency, doing activities she normally doesn't do in the course of her regular responsibilities, so that is of mutual benefit.

Request Resolution:

To authorize an agreement with Fletcher Allen Health Care, Inc. in Burlington, Vermont, to allow Warren Count Health Services' personnel access to certain specified Fletcher Allen information systems to obtain patient specific data.

Rationale:

This is a similar agreement to what we have in place with Glens Falls Hospital, and is a need for the times of health related technology. We expect to see more of these agreements as time goes on, and it is part of doing business in the current health care arena. There are no financial implications related to the agreement, and the facility has provided their own agreement, which will, of course, be reviewed by the County Attorney before execution.

Request Resolution:

To amend the 2011 Warren County Budget to reflect revenue for COLAs (Cost of Living Adjustments) for the following programs and amounts:

WIC: \$38,932.00

Children With Special Health Care Needs: \$1,484.00

Immunization Program: \$2,656.00

Rabies Program: \$1,126.00

Rationale:

The contracts are written to allow receipt of any COLA funds that become available, but we need to amend the budget to reflect the specific amounts.

Pending Items/Old Business

There are no Pending Items or Old Business for this month.

Topics for Discussion/Information**Emergency Response and Preparedness Activities:**

Please see the attached activities report. **Attachment #1**

Report of New York State Department of Health Survey for the Division of Public Health

This comprehensive consolidated monitoring of all Public Health Programs is conducted every three years. The monitoring team of 7 state health department staff and an intern from the SUNY Albany School of Public Health visited on June 9 and 10. We are pleased to report that **no deficiencies** were identified. Kudos are indicated for the Public Health Staff, and especially, Ginelle Jones, our Assistant Director of Public Health, for the efforts put forth in preparing for the survey.

2010 Warren County Health Services Annual Report

We will distribute the report at the meeting, and request committee members to review it before the next meeting. At the July meeting, we will answer any questions, and will request a Resolution to accept the report. This report and resolution must be done annually per New York State Department of Health regulations. After it is adopted, we will include it on our department Website. Over the years, we have tried a number of ways to present the report, and it seems in the last several years, it has worked best to give committee members the opportunity to review it as they wish and ask questions.

Report of Expenditures, Revenues, Overtime and Per Diem Use

Please see **Attachment #2**

Tawn Driscoll, Fiscal Manager, will be present at the meeting to answer any questions.

Attachments:

#1 Emergency Preparedness Activities

#2 Reports of Expenditures, Revenues, Overtime and Per Diem Use

BT ACTIVITY SHEET

GY 11 - 8/10/2010 - 8/9/2011

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training; Orange/Drill; Purple/Pan Flu

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu)
May/June	Fit Testing			
6/1/11	Meeting	PH Clinic Nurses	Laura Saffer	
6/2/11	Meeting	RRC with GFH @Rensselaer County in Lake Luzerne to update POD Site Assessment	Barb Orton	
6/9/11		SNS Base Plan submitted as 3 rd Quarter Deliverables to NYSDOH CDRO.	Laura Saffer	
6/14/11	Meeting	Monthly BT Coordinators	Angela Meade	SNS
6/15/11	Tabletop	Monthly GFH - Car crash through entrance of health center/multiple injuries	Barb Orton, Laura Saffer	
6/28	Conf Call/Webinar	L-1 ERP Plan	Laura Saffer	
			Barb Orton, Laura Saffer, Angela Meade	

Attachment #1

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2011 AS OF 6/20/2011 5:04:46 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

EXPENSES	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
Salaries - Regular	\$2,910,492.74	\$1,226,298.14	\$2,861,559.18
Salaries - Overtime	\$157,500.00	\$51,314.66	\$137,667.52
Salaries - Part Time	\$328,473.56	\$89,931.90	\$238,194.55
Salaries - Sick Leave Incentive			\$1,200.00
100's PERSONAL SERVICES	\$3,396,466.30	\$1,367,544.70	\$3,238,621.25
200's EQUIPMENT	\$71,457.75	\$13,875.98	\$72,543.64
400's CONTRACTUAL	\$10,247,348.08	\$2,338,436.97	\$7,960,554.03
800's EMPLOYEE BENEFITS	\$1,388,405.89	\$626,630.07	\$35,015.66
TOTALS	\$15,103,678.02	\$4,346,487.72	\$11,306,734.58
REVENUES	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
	\$12,541,659.00	\$2,826,866.73	\$10,735,536.33

Note: We have accrued \$38,932 for the WIC COLA and \$32,333 for the WIC April 2011 Grant. We are currently working on finalizing the May billing for CHHA, MCH and LTC.

Warren County Health Services Salaries Comparison

2010 vs 2011 as of 6/5/11 Payroll date ending

Total of All Depts	YTD 2011	YTD 2010	YTD 11v10	% Change	Total Budget 2011	Total Actual 2010
Regular Salaries	\$1,226,298.14	\$1,231,840.38	-\$5,542.24	-0.45%	\$2,910,492.74	\$2,861,559.18
Overtime Salaries	\$51,314.66	\$71,042.39	-\$19,727.73	-27.77%	\$157,500.00	\$137,667.52
Part Time Salaries	\$89,931.90	\$98,516.49	-\$8,584.59	-8.71%	\$328,473.56	\$238,194.55
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$1,200.00
TOTALS	\$1,367,544.70	\$1,401,399.26	-\$33,854.56	-2.42%	\$3,396,466.30	\$3,238,621.25

*Source: Detail GL report for all Salary Category from 1/1/XX-6/5/XX
 Note: Payroll reflects the annual 3% increase in union salaries for 2011.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS*

***Please List All Other Requests Not Covered by Previous Resolution Request Forms Here. Please attach any backup information available and be as detailed as possible.**

DEPARTMENT NAME: Health Services

DATE: June 24, 2011

- (a) Purpose of Request: To adopt the 2011-2015 Rabies Plan for Warren County
- (b) Details:
- (c) Previous Resolution Number: R275/2005

Warren County Board of Supervisors

RESOLUTION NO. 275 OF 2005

Resolution introduced by Supervisors Haskell, Barody, Sheehan, F. Thomas, Quintal, Champagne and Mason

ADOPTING WARREN COUNTY RABIES PLAN FOR ^{2011 2015}~~2005-2010~~ - HEALTH SERVICES DEPARTMENT

WHEREAS, the Warren County Health Services Department prepares a Rabies Plan to identify responsibility for the control and identification of rabies in Warren County, and

WHEREAS, a copy of said plan is on file with the Clerk of the Board of Supervisors, and

WHEREAS, the Health Services Committee of the Warren County Board of Supervisors recommends adopting said Plan for ^{2011 - 2015}~~2005-2010~~, now, therefore, be it

RESOLVED, that the Warren County Board of Supervisors hereby adopts the Warren County Rabies Plan for ~~2005-2010~~.

^{2011 - 2015}

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

- 1. Employee's Name: Pat Belden
- 2. Position: CDC 3. Department: PH
- 4. Course Title: Internship
- 5. Institution or School: University @ Albany
- 6. How Course Relates to Current Position: requirement for MPH
- 7. Starting Date: 5/11 8. Completion Date: 8/11
- 9. Cost: \$150. (no more than \$150.)
- 10. Employee's Signature: Pat Belden Date: 5/24/11
- 11. Supervisor's Comments (Approval/Denial) Good job
Supervisor's Signature: Frank Jones Date: 5/24/2011
- 12. Department Head's Comments (Approval/Denial) _____
Department Head's Signature: [Signature] Date: 5/24/11
- 13. Committee's Recommendation: Approved
Committee Chairman's Signature: [Signature] Date: 6/24/11
Signature: _____ Date: _____

Chairman of the Board of Supervisors

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a "C", its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: June 24, 2011

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize an agreement with Fletcher Allen Health Care, Inc. to allow Warren County Health Services personnel access to certain specified Fletcher Allen Information Systems to obtain specific patient data.
- (c) Name of Contractor: Fletcher Allen Health Care, Inc.
- (d) Address of Contractor: Information Services, MC 230BS3
111 Colchester Ave.
Burlington, VT 05401
- (e) Contractor's Contact Person and Telephone Number: Nancy Boss, (802) 847-6688
- (f) Has or will the Contract be provided, if so, please attach: Attached
- (g) Commencement Date of Contract: July 18, 2011
- (h) Termination Date of Contract: Per Agreement
- (i) Payment Provisions: Not applicable - No funds involved
- i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: Not applicable

Fletcher Allen Organizational System Access And Confidentiality Agreement

Fletcher Allen Health Care, Inc.
111 Colchester Avenue
Information Services, MC 230BS3
Burlington, VT 05401

Effective Date: 7/18/11

Organization: [Organization Name] Warren County Health Services
[Address] 1340 State Route 9 Lake George, New York 12845
[Phone] 518 762-6415

ORGANIZATIONAL AGREEMENT FOR ACCESS TO FLETCHER ALLEN SYSTEMS

The Organization identified below ("You") has requested that its personnel ("Your Personnel") receive access to certain Fletcher Allen Health Care, Inc. ("Fletcher Allen") information systems. In consideration of being granted this access, You acknowledge and agree that:

1. **Use of Fletcher Allen Systems.** Fletcher Allen Systems provide You and Your Personnel access to Fletcher Allen's computer network and systems and data available in those systems. Depending upon the system(s) to which You have been granted access, You and Your Personnel may have the ability to access and use Fletcher Allen patient information. Your access to and use of Fletcher Allen Systems is intended to facilitate Your conduct of business with Fletcher Allen and, in the care of Fletcher Allen Systems that address patient care, to improve the health care services provided by Your Personnel and Fletcher Allen to Fletcher Allen patients. You shall be responsible for ensuring that Your Personnel that are granted access to Fletcher Allen Systems abide by these terms and conditions of use.

When using Fletcher Allen Systems, Your Personnel shall only access records or information within Fletcher Allen systems that Your Personnel have a legitimate need to access to conduct Your business or provide Your services. You agree to prohibit access to or view of records of persons not necessary to provide Your health care services. In no event will Your access to Fletcher Allen Systems be used for any other purpose other than the purposes described above, nor will the records or information available through Fletcher Allen Systems be disclosed to any person except where such disclosure is permitted or required by applicable law.

Fletcher Allen Systems that are used to provide or support the delivery of health care to Fletcher Allen patients are sophisticated tools that can assist You in the practice of medicine, but they are not a substitute for competent human intervention and discretionary thinking. Therefore, You agree that You and Your Personnel will do each of the following ("Your Responsibilities"):

- (i) Your Personnel will be responsible for entering information into Fletcher Allen Systems accurately and completely.
- (ii) Your Personnel will be responsible for reading information displayed by Fletcher Allen Systems on computer screens accurately.
- (iii) You will be responsible for ensuring that Your Personnel are using Fletcher Allen Systems accurately.
- (iv) You are responsible for decisions made by You or Your Personnel in configuring Fletcher Allen Systems.
- (v) Your Personnel will confirm the accuracy of life threatening information and critically important results that are accessed or stored through Fletcher Allen Systems in the same manner that such information and results would be confirmed or verified if it were in paper form or as would otherwise be confirmed or verified if Your Personnel were using applicable standards of good medical practice. For example, Your Personnel must verify allergies, current medications, relevant histories and problems with the patient and confirm questionable results (such as lab pathology or radiology results) with the applicable department using applicable standards of good medical practice to no less a degree than if Your Personnel were using paper records.
- (vi) You and Your Personnel will be vigilant in reporting any errors or suspected errors discovered in the course of using Fletcher Allen Systems. You will report immediately to Fletcher Allen any discovered or reported problems with Fletcher Allen Systems which have

Fletcher Allen Organizational System Access And Confidentiality Agreement

been discovered or reported by You or Your Personnel which You or any of Your Personnel independently know or should know could adversely affect patient care. If You or any of Your Personnel are alerted to a problem that You or Your Personnel know or should know could adversely affect patient care, You will immediately alert all of Your Personnel who could reasonably be affected by the problem.

- (vii) You will test Fletcher Allen Systems in Your environment before use. You will do reasonable testing of all critical areas in Fletcher Allen Systems and will not use it until You have undertaken reasonable efforts to assure Yourself of its accuracy.
- (viii) You and Your Personnel will use Fletcher Allen Systems only in accordance with applicable standards of good medical practice.

2. **Privacy and Security Obligations.** You and Your Personnel will take all prudent and reasonable measures to ensure the confidentiality of the records and information that are available through Fletcher Allen Systems. You and Your Personnel will comply with all federal and state laws and regulations governing the access, use and disclosure of patient information. You and Your Personnel will not (i) make electronic copies of records or information available through Fletcher Allen Systems; (ii) leave printed copies of such records or information uncovered, unattended or easily accessed or viewed by unauthorized persons; (iii) discuss or otherwise disclose any such records or information to unauthorized third parties; or (iv) orient or locate computer screens that display confidential or patient information in a manner that they would be visible to anyone other than Your Personnel.

3. **Rights to Fletcher Allen Systems and Confidential Information.** Fletcher Allen Systems consist of system components that are owned by Fletcher Allen and its licensors. Fletcher Allen and/or its licensors reserve all rights, title and interest in and to Fletcher Allen Systems. Except for the limited right granted to You and Your Personnel to access and use Fletcher Allen Systems, You obtain no other rights in or to Fletcher Allen Systems. To preserve confidential information regarding Fletcher Allen Systems, You acknowledge that You are not an individual or entity that licenses software to health care facilities (other than licensing software to other health care facilities ancillary to Your health care purposes, so long as such software does not compete with Fletcher Allen Systems). You will limit the access of Your Personnel to Fletcher Allen Systems to proper use of Fletcher Allen Systems. You and Your Personnel will not attempt to access any object code or source code of Fletcher Allen Systems other than components of object code which are designated to operate on personal computers for the purpose of accessing Fletcher Allen Systems. You agree on behalf of Yourself and Your Personnel to not do any of the following: reverse engineer any of the Fletcher Allen Systems components or any part thereof; or use Fletcher Allen Systems, or any part thereof, to create a second independent operating application or database using Fletcher Allen Systems, or any part thereof, so that any limitations on Your use, such as license limitations, may be avoided.

You agree not to remove, modify or diminish any trademarks or copyright or trademark notices contained in Fletcher Allen Systems. If You are authorized to customize the appearance of any portion of Fletcher Allen Systems, You agree to display any logos or trademarks in a manner, style and location that conforms to the requirements specified by Fletcher Allen or its licensors.

You understand and agree that Fletcher Allen Systems contains certain confidential information of Fletcher Allen and its licensors protected by operation of law and this Agreement. "Confidential Information" means any information concerning the functionality, operation, use, source code, data structures or implementation of Fletcher Allen Systems. Consistent with that understanding and to protect the rights of Fletcher Allen and its licensors, You agree that You will:

- (a) maintain in confidence any Confidential Information;
- (b) not allow anyone to access Fletcher Allen Systems with Your username or password;
- (c) not assist directly or indirectly in the development or enhancement of software that competes with, or is being developed to compete with, Fletcher Allen Systems or a portion of Fletcher Allen Systems; and
- (d) notify Fletcher Allen promptly and fully in writing of any person, corporation or other entity that You know has copied or obtained possession of or access to Fletcher Allen Systems, or any portion of Fletcher Allen Systems, without authorization from Fletcher Allen.

You will not allow any third party to access or use Fletcher Allen Systems without the prior, written consent of Fletcher Allen. Upon request by Fletcher Allen, You will promptly return to Fletcher Allen all Confidential Information obtained by or disclosed to You, together with any summaries, copies or reproductions thereof.

Fletcher Allen Organizational System Access And Confidentiality Agreement

4. **Third Party Beneficiary.** You acknowledge and agree that Fletcher Allen's licensors are intended to be third party beneficiaries of these Terms and Conditions of Use and that they may enforce these Terms and Conditions of Use directly against You or Your organization.
5. **No Warranties; Limitation of Liability:** NO WARRANTIES ARE MADE BY FLETCHER ALLEN OR ITS LICENSORS UNDER THIS AGREEMENT. ANY INFORMATION ACCESSIBLE PURSUANT TO FLETCHER ALLEN SYSTEMS IS PROVIDED "AS IS". YOU ACKNOWLEDGE THAT NEITHER FLETCHER ALLEN NOR ITS LICENSORS SHALL BE LIABLE TO YOU OR YOUR PERSONNEL FOR ANY DAMAGES, WHETHER DIRECT OR INDIRECT, SPECIAL, CONSEQUENTIAL OR PUNITIVE OR ANY LOST PROFITS RESULTING FROM YOUR USE OF FLETCHER ALLEN SYSTEMS, WHETHER FORESEEABLE OR NOT AND WHETHER SUCH DAMAGES RESULT FROM A CLAIM BASED ON CONTRACT OR TORT.
6. **Indemnification:** Notwithstanding Section 5 above, You and Fletcher Allen each agree to indemnify, defend and hold harmless the other from and against all third party claims, suits or actions against, and any related liabilities, losses, settlements, costs, expenses (including reasonable attorneys' fees) or damages incurred by indemnitee arising as a result of the indemnitor's: (1) negligent conduct resulting in bodily injury (including death) or physical damage to tangible personal property, (2) intentional or willful misconduct, or (3) any breach of: (a) privacy, (b) confidentiality, or (c) the terms of this Agreement.
7. **Breach Notification:** To enable Fletcher Allen to comply with its legal obligation to notify patients of suspected breaches of their health information and personal financial information, as required by 42 U.S.C §§ 17921 – 17954 and 9 V.S.A. §§ Sections 2430 and 2435 respectively, You agree to report to Fletcher Allen any suspected breach within 5 business days of the date that You learn of an incident giving rise to the breach. For purposes of this Section 7, the term "breach" shall have the same meaning as set forth in 45 C.F.R. § 164.402 and 9 V.S.A. § 2430(8).
8. **Remedies:** You acknowledge and agree that in the event of any breach of this Agreement by You or Your Personnel, Fletcher Allen may be irreparably and immediately harmed and unable to be made whole by monetary damages. It is accordingly agreed that Fletcher Allen, in addition to any other remedy to which it may be entitled by law or in equity, shall be entitled to injunctive relief to remedy any such breach and/or to compel specific performance. Further, the parties agree that the prevailing party in any suit or proceeding concerning this Agreement shall be entitled to an award of reasonable attorney's fees and costs.
9. **Assurances Regarding Access:** You agree that You and each of Your Personnel will fully cooperate with any audit conducted by Fletcher Allen to determine whether You and Your Personnel have honored the terms of this Agreement; each of Your Personnel will make himself/herself available to receive all training offered by Fletcher Allen regarding Fletcher Allen Systems; each of Your Personnel will not share his/her system authentication information or device (user name, password, or security token (if any)) with any other person and in no event will any of Your Personnel that is authorized to access Fletcher Allen Systems allow any person not so authorized to access Fletcher Allen Systems.
10. **Termination:** Fletcher Allen may terminate access to Fletcher Allen Systems immediately, in the event You or any of Your Personnel breaches any requirement of this Agreement. Either Fletcher Allen or You may terminate this Agreement, at any time, for its convenience, by providing thirty (30) days written notice of termination to the other. On any such termination, Fletcher Allen will immediately end access to Fletcher Allen Systems by You and all of Your Personnel.
11. **Miscellaneous:** You will notify each of Your Personnel, before he/she receives access to Fletcher Allen Systems, of the obligations of You and Your Personnel under this Agreement, and require each of Your Personnel to maintain those obligations. You and Your Personnel shall adhere to all applicable laws, regulations and rules relating to the export of technical data, and shall not export or re-export any technical data, any products received from Fletcher Allen, or the direct product of such technical data, to any proscribed country listed in such applicable laws, regulations and rules unless properly authorized. This Agreement is a complete agreement regarding this transaction and replaces any prior oral or written communications between the parties. All amendments or modifications to this Agreement must be made in writing and must be signed by an authorized representative of each party. This Agreement is made under, and shall be exclusively construed according to, the laws of the State of Vermont, U.S.A., and all applicable federal laws, without regard to its rules as to conflicts of law. By signing below for our respective entities, each of us agrees to the terms of this Agreement. Once signed: (a) any reproduction of this Agreement made by reliable means (for example, photocopy or facsimile) is considered a duplicate original; and (b) all disclosures made under this Agreement are subject to such a reproduction.

Fletcher Allen Organizational System Access And Confidentiality Agreement

Fletcher Allen Health Care, Inc.

Title: _____

Accepted and Agreed to:

By: _____
(Authorized Signature)

Print Name: _____

Date: _____

Organization _____

Title: _____

Accepted and Agreed to:

By: _____
(Authorized Signature)

Print Name: _____

Date: _____



In alliance with The University of Vermont

NETWORK DEVELOPMENT SYSTEM ACCESS REQUEST FORM

This form is for requesting FAHC System Access for individuals who are not FAHC Employees. All Information & Signatures must be completed to process request!

Mail the completed form to: Network Development, Clinical Outreach 1 South Prospect St, Room 421AR4, Burlington, VT 05401

Or Fax the completed form to: Attn: Network Development 802-847-6401

APPLICANT INFORMATION

Name: DeLorenzo Tamara M Role/Title: Informatics Coordinator

Social Security Last 4 #: xxx-xx-6591 Birth Date:(mm/dd/yy) 07,18,65 User ID or M# if available:

User's Manager/Sponsor: Manager's E-mail Address:

ORGANIZATION INFORMATION

Name of Organization: Warren County Health Services

Mailing Address: Lake George NY 12845

Phone: 518, 761-6415 Contact person and phone # for questions: Tammie DeLorenzo

SYSTEM ACCESS NEEDED

PRISMLink Access - Patient Records Information Systems Management (Non-FAHC Faculty Practice Member and/or Non-FAHC Faculty Practice Member employed in your facility)

PRISM Hyperspace & PRISMLink now automatically gives you access to CardioChart. CardioChart allows you to view diagnostic cardiology test results.

PRISM Hyperspace Access - Patient Records Information Systems Management (FAHC Faculty Practice Member and/or FAHC Faculty Practice Member employed in your facility)

PRISM Hyperspace & PRISMLink now automatically gives you access to CardioChart. CardioChart allows you to view diagnostic cardiology test results.

EPACS - Electronic Picture Archiving and Communication System PICTIS - OR Manager etc.... Radiology Cardiology

APPLICANT MUST REVIEW SECTION BELOW AND SIGN AGREEMENT:

As an individual who has access to information at Fletcher Allen Health Care, I understand and accept that my access to computerized and manually generated FAHC data will be restricted and monitored. I will not access, review, change and/or copy any Records that are not directly related to my duties and obligations at FAHC. I understand that electronic mail is not a secure system. Any electronic mail that I send will not contain information that could identify, directly or indirectly, any patient, personnel or financial information without being reasonably protected with a password and/or encryption.

Sharing my system password with, or allowing my account to be used by another person is prohibited. Breach of this policy may lead to denied access and disciplinary actions up to and including termination of employment or vendor contract. I will take prudent and responsible measures to ensure the confidentiality of the Records and information to which I have access. I agree to report any suspected breaches of FAHC's Comprehensive Confidentiality Policy to FAHC's Information Services Security Office at 847-8291 or IS-Security@vtmednet.org

Applicant's signature Tamara DeLorenzo

AUTHORIZED BY: (This must be an authorized FAHC staff member i.e. Director, Manager, etc.)

PRINTED NAME of Authorized FAHC Staff Member Title: SIGNATURE of Authorized FAHC Staff Member Date: PHONE # of Authorized FAHC Staff Member Email Address

NETWORK DEVELOPMENT SYSTEM ACCESS REQUEST

1 South Prospect Street, Burlington, VT 05401
Ph. 802.847.6688 Fax 802.847.6401



Fax

To: TAMMY DELORENZO **From:** Nancy Boss (802)847-6688

Fax: 518-761-0562 **Pages:** 6 (with cover sheet)

Phone: **Date:** JUNE 13 2011

Re: **CC:**

- Urgent
 For Review
 Please Comment
Please Reply
 Please Recycle
-

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit
Form No. 5 or 6**

DEPARTMENT NAME: Warren County Health Services-WIC Program

DATE: June 24, 2011

- (a) **Purpose of Amendment:** To amend the 2011 budget to adjust the WIC Program to reflect the COLA (Cost of Living Adjustment) funds given in the amount of \$38,932.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4013.469 WIC-Miscellaneous Expense 38,932.00

Revenue Code (with title), and Amount:
A.4013.4403 WIC Revenue \$38,932.00

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit
Form No. 5 or 6**

DEPARTMENT NAME: Warren County Health Services-Family Health Program

DATE: June 24, 2011

(a) **Purpose of Amendment:** To amend the 2011 budget to adjust the Family Health Program to reflect the COLA (Cost of Living Adjustment) funds given for the CSHCN (Children with Special Health Care Needs) Grant in the amount of \$1,484.00.

(b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0020.469 Family Health Miscellaneous Expense \$1,484.00

Revenue Code (with title), and Amount:
**A.4018.0020.4452 Family Health –Children With Special Health Care Needs
Revenue \$1,484.00**

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit
Form No. 5 or 6**

DEPARTMENT NAME: Warren County Health Services-Disease Program

DATE: June 24, 2011

- (a) **Purpose of Amendment:** To amend the 2011 budget to adjust the Disease Program to reflect the COLA (Cost of Living Adjustment) funds given for the IAP Grant in the amount of \$2,656.00.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0030.469 Disease Program- Miscellaneous Expense \$2,656.00
- Revenue Code (with title), and Amount:
A.4018.0030. 3407 Disease Program-Public Health Revenue \$2,656.00

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit
Form No. 5 or 6**

DEPARTMENT NAME: Warren County Health Services-Disease Program

DATE: June 24, 2011

(a) **Purpose of Amendment:** To amend the 2011 budget to adjust the Disease Program to reflect the COLA (Cost of Living Adjustment) funds given for the Rabies Grant in the amount of \$1,126.00.

(b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0030.469 Disease Program Miscellaneous Expense \$1,126.00

Revenue Code (with title), and Amount:
A.4018.0030. 3407 Disease Program-Public Health Revenue \$1,126.00