

Policy Title: Access to Breast Screening Application	
Section: Access to Information	Reference No. SI 050
Effective: November 2002	Revision: February 2018

1. SCOPE

All Breast Screening Centre Staff
Client Services Centre Staff

2. POLICY

The Breast Screening application is accessed through the PHSA / BC Cancer Network. The PHSA Network includes, but is not limited to, computers, software, applications, and network equipment. Applications running on PHSA Network include email, Internet access, and the Microsoft Office suite. The PHSA Network and associated resources are supported by the PHSA Information Technology Program to assist users to accomplish tasks related to and consistent with the BC Cancer's Mission.

1. Each user will have access to the PHSA Network Acceptable Use Policy (here included).
2. Each user requiring access to the Breast Screening application must submit a completed PHSA Network Acceptable Usage Agreement Form and a completed Breast Screening Application Request Form (both of these are here included).

PHSA Network account and Breast Screening application accounts will not be issued until the signed agreements are received at BC Cancer Screening Client Services Centre.

3. The Client Services Centre will arrange for appropriate accounts to be set up and maintain files of signed account request forms.
4. Passwords will be required for both the PHSA Network account and the Breast Screening application account to:
 - maintain the security and confidentiality of information on the PHSA Network and the Breast Screening application
 - allow tracking and auditing of network and computer usage
 - comply with the Freedom of Information and Protection of Privacy Act legislation

Users will be responsible for managing the confidentiality of their account passwords.

5. Managers are responsible for notifying the Client Services Centre of employee transfers, terminations and long-term leaves so that computer accounts can be reassessed.

3. PROCEDURE

1. All new users must complete and sign both the PHSA Network Acceptable Usage Agreement Form and the Breast Screening Application Account Request Form, and send the request to the Client Services Centre.
2. The Client Services Manager or designate will arrange for appropriate accounts to be set up.
3. Users should be aware that the PHSA Information Technology Program has the ability to audit activities performed within a specific user account. The user that has been assigned the account is assumed to be responsible for those activities.
4. Each user is responsible for managing the confidentiality of their account passwords.

Passwords MUST NOT BE:

- revealed to other people, including Information Technology Program staff
 - written on any visible media
 - reused for any other electronic logon, unless such use has been approved by PHSA Information Technology
5. In order to minimize the risks associated with password confidentiality:
 - Password must be at least 7 characters long
 - Password should not be a common word
 - Users will be required to change their password at least every 42 days
 - Users should not reuse their previous 8 passwords
 - Password cannot be changed more than once per day
 - Accounts will be locked out after 5 failed logon attempts within a 45-minute period; the account will be unlocked again after 45 minutes, or immediately by calling Help Desk

4. RELATED POLICIES

5. RESPONSIBLE PARTY

Screening Operations Director

INFORMATION MANAGEMENT
INFORMATION TECHNOLOGY

NETWORK ACCEPTABLE USAGE
AGREEMENT

“I hereby acknowledge that I have read and understand the **INFORMATION MANAGEMENT INFORMATION TECHNOLOGY NETWORK ACCEPTABLE USAGE POLICY**. I agree to abide by this policy and make every effort to ensure that persons working under my supervision abide by this policy. I realize that failure to comply with this policy will result in temporary or permanent removal of access to the PHSA network and may lead to disciplinary action up to and including termination, cancellation of contractual arrangement, as well as civil and criminal action.”

PLEASE WRITE YOUR NAME, DEPARTMENT AND ASSOCIATED PHSA AGENCY

X

BREAST SCREENING APPLICATION – NEW USER ACCESS

Please print clearly.

Last Name: _____ First Name: _____ Initial: _____

Screening Centre No. _____ Screening Centre Name: _____

Health Authority (PHSA, VCH, PHC, FHA, VIHA, IHA, NHA): _____ Employee #: _____

If a PHSA, VCH, PHC employee, please provide network username: _____

Current Health Authority Email Address: _____

Effective Date: _____ Full Time/Casual/Part Time _____

Job Type:

- ☐ Clerk
☐ Technologist
☐ Radiologist
☐ Registry Clerk

Request Approved by:

(Signature of Supervisor (If applicable))

****Supervisor must notify BC Cancer Screening Client Services Centre regarding employee status changes including leaves, termination, etc****

AGREEMENT TO ABIDE BY PHSA/BC CANCER SCREENING POLICIES CONCERNING COMPUTER USE

1. I have received and read the PHSA Network Acceptable Use Policy.
I agree to abide by these rules and have signed the PHSA Network Acceptable Usage Agreement form.
2. I have received and read the BC Cancer Breast Screening Policy SI 050 entitled: "Access to Breast Screening Application".
I agree to abide by this policy and to keep my passwords confidential.

(Signature of User)

(Date)

All persons with access to the SMPBC computer must abide by the provincial Freedom of information and Protection of Privacy Act legislation to protect the confidentiality of patient information.

For BC Cancer Screening Client Services Centre Use Only

	Requested	Received	Password provided	Tables: User	Employee	Security	Email & User Lists
PHSA Network							
Breast Screening Application							