Secure File Transfer Protocol (SFTP) County Enrollment Package

County Checklist

Welcome to the digital process for accessing patient health care records between California Correctional Health Care Services (CCHCS) and each of California's 58 counties using the CCHCS Secure File Transfer Protocol site. The Secure File Transfer Protocol (SFTP) Enrollment Package includes all of the documents you will need including the forms you need to complete in order to enroll and have access to the CCHCS SFTP site.

The following documents are included:

☐ This Checklist
☐ Intro Letter from Health Information Management (HIM)
☐ Memorandum of Understanding (MOU)
☐ Electronic Data Sharing Agreement (EDSA): Exhibit A to the MOU
☐ EDSA, Exhibit A, Attachment 1: CCHCS Information Security Incident Packet
☐ EDSA, Exhibit A, Attachment 2: Notice of Privacy Practices
☐ Specifications of Use: Exhibit B to the MOU
☐ County SFTP Access Request Form (CSAR): Exhibit C to the MOU
☐ Information Security Awareness (ISA) Training: Exhibit D to the MOU
☐ Privacy Awareness Training: Exhibit E to the MOU
☐ Security Awareness User Agreement (SAUA): Exhibit F to the MOU
☐ Non-Redisclosure Agreement (NRDA): Exhibit G to the MOU
☐ County User Guide (Job Aid)

Roles & Responsibilities

The following roles requires a signatory from the County:

- Authority to Bind: Person who has the authority to sign the MOU for the County.
    - Ensure all provisioned users execute the NRDA and comply with Information Security Awareness and Privacy Awareness requirements.
- Information Custodian: End user who has visibility to the HIPAA data.
    - Must sign the NRDA and SAUA.
    - Prior to accessing the System and then annually thereafter, County health care designee are required to read, review, and acknowledge they will comply with CCHCS ISA and Privacy Awareness Training.

Annual Training Requirements

County health care designees are required to complete CCHCS Information Security Awareness and CCHCS Privacy Awareness training annually. Training materials will be emailed to new county health care designees.

- Proof of training completion must be sent annually before January 31st of each year to County.SFTP.Inquiries@cdcr.ca.gov. Please reference your county and SFTP in the subject line of your email.

Help Desk Support

To request assistance with user name and password issues, please call the CCHCS Solution Center at **1-888-735-3470, Monday – Friday from 6:00 AM to 6:00 PM**. Please reference your county and SFTP when contacting the CCHCS Solution Center.