



University of Connecticut Health Center

POLICY NUMBER 2005- 03

January 28, 2005

POLICY: UCHC HIPAA SECURITY ADMINISTRATION

PURPOSE:

UCHC will comply with the HIPAA Security Rule's requirements pertaining to policies and procedures and documentation requirements and the appointment of an Information Security Officer (ISO).

SCOPE:

This policy applies to all UCHC workforce:

- Employees (including faculty and staff)
- Volunteers
- Students and Residents
- Temporary staff
- Agency and contracted staff
- Credentialed staff
- Members of the Board of Directors

POLICY STATEMENT:

1. The department heads and their designees, along with the UCHC ISO, are responsible for establishing, implementing, and enforcing UCHC HIPAA Security policies and procedures. UCHC HIPAA Security policies and procedures do not preempt any existing or similar laws or policies.
2. The UCHC HIPAA policies and procedures apply to all ePHI and IT resources that store, process, have access to, and/or transmit ePHI held by the covered entities and covered components of hybrid entities. The HIPAA Security Policies can be found on the following website: http://www.policies.uchc.edu/area/HIPAA_Security.html
3. Procedures shall be reasonable and appropriate to comply with the standards, implementation specifications, or other requirements of the HIPAA Security Rule, taking into account the size, complexity, and capabilities of the department; the departmental technical infrastructure, hardware, and software capabilities; the costs of security measures; and the probability and criticality of potential risks to ePHI.

4. The UCHC ISO for those procedures that are to be used by all departments shall develop centralized procedures. Departments shall develop and maintain decentralized procedures that must be specific to their department to define specific operational steps for policy compliance.
5. Guidelines that set forth “best practices” shall be developed by the UCHC ISO for the purpose of assisting departments to comply with policies and procedures.
6. Policies, procedures, and guidelines shall be documented and stored, by the department and the UCHC ISO.
7. HIPAA Security Rule policies and procedures and actions, activities or assessments required by the HIPAA Security Rule, including but not limited to, risk analysis, evaluations, and documentation related to security incidents and their outcomes, shall be maintained for six years from the creation date or the date when it last was in effect, whichever is later.
8. Documentation shall be made available to anyone responsible for implementing, managing, and auditing the procedures.
9. Documentation shall be reviewed, updated and modified, as needed, if environmental or operational changes affect the security of ePHI.

References: State of Connecticut HIPAA Security Policy
HIPAA regulations, §45 C.F.R. Subpart A of Part 160 and Subparts A and C of Part 164 (HIPAA Security Rule).

Jonathan Carroll (signed)

2/16/05

Information Security Officer

Date

Peter Deckers, MD (signed)

2/23/05

Executive Vice President for Health Affairs

Date

REPLACES: New Policy