



# University of Connecticut Health Center

**POLICY NUMBER 2005-07**

**January 28, 2005**

**POLICY: UCHC HIPAA SECURITY INFORMATION  
SYSTEM ACTIVITY REVIEW**

**PURPOSE:**

The University of Connecticut Health Center (UCHC) is committed to reviewing system activity in order to detect and minimize security violations to electronic protected health information (e-PHI). UCHC shall continually assess potential risks and vulnerabilities to protected health information in its possession, and develop, implement, and maintain appropriate administrative, physical, and technical security measures.

**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. This policy applies to all forms of ePHI.
2. IT resources that store, access, or transmit ePHI shall electronically log activity into created log files.
3. Logging shall include system, application, database, and file activity whenever available or deemed necessary by the risk analysis or evaluation in accordance with UCHC Policy #2005-08, HIPAA Security Risk Management, Evaluation, and Audit Policy.
  - a. Logging shall include creation, access, modification and deletion activity.
  - b. Log files shall be retained electronically for a period no less than 12 months.
4. Department managers are responsible for developing and implementing procedures for logging activity.

5. IT resources and log files shall be periodically examined for access control discrepancies, breaches, and policy violations.
6. System activity review cycles shall include review of audit logs, access reports, and security incident tracking reports, shall not exceed 30 days, and shall include daily exception reporting.
7. UCHC procedure development guidance shall be developed and implemented for reviewing systems activity logs.

References: State of Connecticut HIPAA Security Policy  
45 C.F.R. § 164.308(a) (1) (ii) (D)

Jonathan Carroll (signed)

2/16/05

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**Information Security Officer**

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**Date**

Peter Deckers, MD (signed)

2/23/05

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**Executive Vice President for Health Affairs**

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**Date**

**REPLACES: New Policy**