



University of Connecticut Health Center

POLICY SUMMARY

BUSINESS ASSOCIATE CONTRACTS

POLICY NUMBER 2003-04

To comply with HIPAA requirements for disclosures of protected health information (PHI) to Business Associates.

UCHC TRAINING OF WORKFORCE: HIPAA PRIVACY AND SECURITY

POLICY NUMBER 2003-07

To identify the mechanism by which appropriate staff receives education and training, both initial and ongoing, on Federal HIPAA regulations and UCHC organizational policies related to security and privacy of protected health information.

BREACHES OF PRIVACY & SECURITY OF PROTECTED HEALTH INFORMATION (PHI): REPORTING REQUIREMENTS, SANCTIONS AND MITIGATION

POLICY NUMBER 2003-09

UCHC's (University of Connecticut Health Center) policies regarding privacy and security of protected health information reflects its commitment to protecting the confidentiality of patient's medical records, patient accounts, clinical information from management information systems, confidential conversations, and any other sensitive material as a result of doing business. To ensure compliance with these policies and to ensure that the disciplinary actions taken as a result of breach of patient confidentiality are applied consistently, UCHC has adopted the disciplinary process in this policy.

UCHC HIPAA IT SECURITY: DATA AUTHENTICATION, PHYSICAL SAFEGUARDS
POLICY NUMBER 2005-01

University of Connecticut Health Center (UCHC) is committed to maintaining formal policies and procedures to protect electronic protected health information (ePHI) from improper alteration or destruction. This includes mechanisms to ensure that electronic protected health information has not been altered or destroyed in an unauthorized manner.

UCHC HIPAA SECURITY ACCEPTABLE USE
POLICY NUMBER 2005- 02

The purpose of this policy is to comply with the HIPAA Security Rule's requirements pertaining to the acceptable use of UCHC IT resources and electronic Protected Health Information (ePHI).

UCHC HIPAA SECURITY ADMINISTRATION
POLICY NUMBER 2005- 03

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).

UCHC HIPAA SECURITY FACILITY ACCESS CONTROL
POLICY NUMBER 2005-04

University of Connecticut Health Center (UCHC) is committed to maintaining formal procedures to limit physical access to all forms of protected health information (PHI) and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed. UCHC will safeguard the facility and the equipment therein from unauthorized physical access, tampering, and theft.

UCHC HIPAA SECURITY INFORMATION SYSTEMS ACCESS CONTROL

POLICY NUMBER: 2005-05

University of Connecticut Health Center (UCHC) is committed to maintaining formal procedures to ensure that all workforce members have appropriate levels of access to all forms of electronic protected health information (ePHI) and to prevent those personnel who should not have access to such information from obtaining access to ePHI. UCHC shall verify that an individual or entity seeking access to ePHI is the one claimed. UCHC shall also implement technical policies and procedures for electronic information systems that maintain electronic ePHI to allow access only to those persons or software programs that have been granted access rights.

UCHC HIPAA SECURITY INFORMATION SYSTEMS BUSINESS CONTINUITY AND DISASTER RECOVERY

POLICY NUMBER 2005-06

The purpose of the policy is to comply with the HIPAA Security Rule's requirements pertaining to responding to an emergency or other occurrence that damages systems that contain electronic protected health information (ePHI).

UCHC HIPAA SECURITY INFORMATION SYSTEM ACTIVITY REVIEW

POLICY NUMBER 2005-07

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 (ePHI). 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.

UCHC HIPAA SECURITY RISK MANAGEMENT, EVALUATION, AND AUDIT

POLICY NUMBER 2005-08

University of Connecticut Health Center (UCHC) is committed to taking effective steps to minimize or eliminate any potential risks and vulnerabilities to the electronic protected health information. UCHC shall continually assess potential risks and vulnerabilities to protected health information (PHI), including electronic protected health information, in its possession, and develop, implement, and maintain appropriate security.

**UCHC HIPAA SECURITY TRACKING AND DISPOSAL OF EQUIPMENT AND
ELECTRONIC MEDIA CONTAINING ELECTRONIC PROTECTED HEALTH
INFORMATION (ePHI)
*POLICY NUMBER 2005-09***

The purpose of the policy is to comply with the HIPAA Security Rule's requirements pertaining to the receipt and removal of hardware and electronic media that contain ePHI into and out of a facility.

**UCHC HIPAA SECURITY VIRUS PROTECTION POLICY
*POLICY NUMBER 2005-10***

The University of Connecticut Health Center (UCHC) is committed to implementing formal procedures for guarding against, detecting, and reporting malicious software. Malicious software, means software, for example, a virus, designed to damage or disrupt a system.