Introduction Policy [HIPAA Privacy]

General information about HIPAA Privacy policies.

Reference: 45 CFR 164.308 | Document Type: SIM | Effective Date: Jan 1, 2016

As an Organization, we have adopted this Health Information Physical Security Policy to comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Department of Health and Human Services (“DHHS”) privacy regulations’ requirement to protect the security of health information, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements.

ASSUMPTIONS

This Health Information Physical Security Policy is based on the following assumptions:

- Business associates may need access to our premises as necessary to complete their responsibilities.
- The public does not need absolute access to all areas within our buildings.
- Limiting physical access to health information and the system that such information resides in shall be the first step to denying unauthorized access to PHI.
- Limiting physical access to health information and the system such information resides in is often a cost-effective way to protect such information.
- Physical security measures shall not be so onerous as to hamper the provision of health services.
- For some information devices is the only effective way of protecting the device and the information that resides in it.

POLICY

This policy and those covered under the HIPAA Security and Privacy titles supplement the Organization’s overall physical security policy that is intended to prevent crimes, such as assault, theft, and vandalism, and covers the physical security of health information.

All personnel (employees, contract workers, and so forth) who have access to health information must read, understand and comply with these policies.

Access to computer/fax rooms will be limited to personnel who require access for the normal performance of their duties. The Privacy Officer is responsible for determining who has physical access to computer rooms.

Computer rooms will be securely locked when unattended, and intrusion alarms may be activated. Security cameras may be implemented to monitor the entrances to deter/detect unauthorized entry.

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Equipment housed in open areas must be attached to an immovable object by a security cable.

Computer monitors should, when possible, be situated so that unauthorized people cannot view the information on the screen. Screen savers should be used in accordance with the Policy on Workstation Use.

The Area Supervisors and Managers are responsible for installing electrical power protection devices to suppress surges, reduce static, and provide backup power in the event of a power failure.

Equipment removed from the premises must be removed only in accordance with the relevant policy, such as for media control or for laptops, or with the permission of the appropriate delegated individual. The Privacy Officer and Security manager will keep records of the removal/receipt of such equipment.

All personnel who detect or suspect a security problem relating to health information should immediately report the problem to the Privacy Officer. The Privacy Officer shall follow the proper procedures (covered under Breaches and unauthorized disclosures) and when completed follow up actions with a written memorandum that includes the following information:

- Narrative of the physical security problem.
- Estimate of how long the problem may have existed.
- Suggested solutions.

ENFORCEMENT

All supervisors are responsible for enforcing this policy. Employees who violate this policy are subject to discipline up to and including termination from employment in accordance with our Sanction Policy.

ADDITIONAL INFORMATION

Details on the scope of this policy and forms to facilitate implementation are covered in the subsequent pages.

