

Policies and Procedures

SECTION: Administration	NO. 2.4.19.		
CHAPTER: Information Technology	ISSUED: 4/7/06	REV. A	REV. B
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PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule's requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person's identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University will evaluate the technical and non-technical implementations of its Security Policies and procedures. This evaluation will be completed on an "as needed" basis, but not less than once a year. The purpose of this evaluation will be to determine the effectiveness of the Policies as well as to ensure compliance with state and federal regulations such as HIPAA.

This evaluation will occur annually, as well as when any of the following events occur:

- There is a change to any state or federal regulation that may affect the Security Policies
- There is a new state or federal regulation that may affect the Security Policies
- There has been a signification breach of security or other security incident within Creighton
- Any other time the Security Officer feels there is a need to evaluate the Security Policies

DEFINITIONS

Protected Health Information

Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)

Individually identifiable health information transmitted or maintained in electronic form.

Evaluation

An audit of the effectiveness and adherence to Creighton University policies and procedures.

RESPONSIBILITIES

Information Security Office is responsible for determining when an evaluation needs to be conducted and is responsible for overseeing the execution of the evaluation.

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ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES

HIPAA Final Security Rule, 45 CFR Parts 160, 162, and 164, Department of Health and Human Services, <http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/>, February 20, 2003.

EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.