

# POLICY & PROCEDURE



<b>TITLE:</b> Overview of Covered Entities Security Responsibilities				
<b>Scope/Purpose:</b> Organizational Requirements				
<b>Division/Department:</b> All HealthPOiNT Clinics and Departments			<b>Policy/Procedure #:</b> 1.5	
<b>Original Date:</b> 01/03/2012			<input type="checkbox"/> <b>New</b> <input checked="" type="checkbox"/> <b>Replacement for: Same</b>	
<b>Date Reviewed:</b>	<b>Date Revised:</b>	<b>Implementation:</b>	<b>CPIC Approved:</b>	<b>Board Approved:</b>
	07/28/2015	January 27, 2016	January 27, 2016	
<b>Responsible Party:</b> Director of Compliance/QA; HIPAA Security Officer; Director of IT				

**DEFINITIONS:**

Protected Health Information (PHI) – individually identifiable health information held or transmitted by a covered entity, or its business associates, in any form or media, whether electronic, paper or oral.

**POLICY:**

HealthPoint is a covered entity under the Health Insurance Portability and Accountability Act (HIPAA), and is responsible for complying with the HIPAA Security Standards for the Protection of PHI (Security Standards).

**PROCEDURE:**

- I. HealthPoint is responsible for the following actions under the Security Standards:
  - A. Ensuring the confidentiality, integrity, and availability of all PHI that it creates, receives, maintains, or transmits;
  - B. Protecting against any reasonably anticipated threats or hazards to the security or integrity of PHI;
  - C. Protecting against any reasonably anticipated uses or disclosures of PHI which would violate the HIPAA Privacy Standards; and
  - D. Ensuring that its workforce complies with the Security Standards.
  
- II. HealthPoint is responsible for selecting security measures that allow it to reasonably and appropriately implement the Security Standards. HealthPoint must take the following factors into account in selecting security measures:
  - A. The size, complexity, and capabilities of the organization
  - B. Its technical infrastructure, hardware and software security capabilities;
  - C. The cost of security measures; and
  - D. The probability and criticality of potential risks to PHI.

- III. HealthPoint must comply with each standard included in the Security Standards. The Security Standards also include two types of implementation specifications: “Required” specifications and “Addressable”. A covered entity must implement all specifications that are designated as “Required” under the Security Standards. For implementation specifications that are designated as Addressable” HealthPoint should do the following:
- A. If the addressable specification is reasonable and appropriate for HealthPoint, then the organization should implement that specification.
  - B. If the addressable specification is not a reasonable and appropriate safeguard in HealthPoint’s environment, HealthPoint must:
    - 1. Document why it is not reasonable and appropriate to implement the addressable specification; and (ii) implement an equivalent security measure, if that security measure is reasonable and appropriate to achieve the goals for that implementation specification.
    - 2. If there are no measures which are reasonable and appropriate in HealthPoint’s environment, to achieve the goals for a particular addressable specification, then HealthPoint must document the rationale for not implementing a security measure in this area
- IV. HealthPoint must review and modify its security measures on an on-going basis, as needed, to continue provision of reasonable and appropriate protection of PHI.

RELATED POLICY:

HIPAA Risk Analysis

REFERENCES:

45 CFR §164.306(b)  
45 CFR §164.308  
45 CFR §164.310  
45 CFR §164.312

REQUIRED BY:

HIPAA Security Standards

ATTACHMENTS/ENCLOSURES:

**POLICY/PROCEDURE TRACKING FORM**

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	07/28/2015	January 27, 2016	January 27, 2016	
<b>Date of Revision</b>		<b>Description of Changes</b>		
07/28/2015		Update to new format/ Change from BVCAA to HealthPoint; clarification of security requirements		