

POLICY & PROCEDURE



TITLE: Use of Removable Electronic Storage Devices				
Scope/Purpose: To restrict utilization of non-encrypted data storage devices and provide guidance to the distribution, monitoring and control of such devices.				
Division/Department: All clinics and departments			Policy/Procedure #:	
Original Date: January 7, 2015			__X__ New __ Replacement for:	
Date Reviewed:	Date Revised:	Implementation:	CPIC Approved:	Board Approved:
		January 27, 2016	January 27, 2016	
Responsible Party: Director of IT; CIO				

DEFINITIONS:

POLICY:

Removable devices used for electronic data storage are issued and monitored through the HealthPoint Information Technology Department. Encrypted devices will be used to the extent possible. Non-HealthPoint removable storage devices are not allowed for transfer of data.

PROCEDURE:

1. All devices used for electronic data storage with HealthPoint information systems must be issued by the HealthPoint Information Technology department.
2. All removable devices used for electronic data storage with HealthPoint information systems must be encrypted unless an exception is pre-approved.
 - a. Exceptions are allowed for devices whose only purpose is to record non-PHI reportable data from medical devices which present no workable alternatives.
 - b. These exceptions must be documented and approved by the Director of Information Technology. These devices will be audited on a periodic basis to ensure PHI is not maintained on the device.
3. A non-HealthPoint removable device whose primary purpose is data storage cannot be used in any fashion with HealthPoint information systems without approval from the HealthPoint CIO or IT director. Data may not be transferred from a HealthPoint information system computer to any non-HealthPoint removable storage device.
4. Removable storage devices issued by the HealthPoint IT department will be inventoried and tracked by the department.
5. Users issued a removable storage device must show an approved business related need for such device.
 - a. Users may not transfer ownership to any other person or staff.

- b. User must return the device to the IT department when no longer needed or upon demand.
- c. If an issued removable storage device is lost or misplaced the IT department must notified of the loss as soon as possible.

RELATED POLICY:

Employee PHI Confidentiality
Data Backup and Storage
Media Re-use
Storage of PHI

REFERENCES:

HIPAA Privacy and Security Regulations
HITECH Regulations

REQUIRED BY:

Security Rule §164.308(a)(1)(i)
Security Rule §164.312 (a)(2)(iv)

ATTACHMENTS/ENCLOSURES:

POLICY/PROCEDURE TRACKING FORM

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