PURPOSE

The purpose of this policy is to comply with the 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 clearly identify all critical systems that process ePHI. Creighton University will implement security procedures to regularly review the records of information system activity on all such critical systems that process ePHI.

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.

RESPONSIBILITIES

Systems Administrators are responsible for clearly identifying the systems that must be reviewed, the information on these systems that must be reviewed, the types of access reports that are to be generated, the security incident tracking reports that are to be generated to analyze security violations, and the individual(s) responsible for reviewing all logs and reports.

Information Security Officer is responsible for verifying that a review process has been implemented in an effective manner.

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


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.