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

All incidents, threats, or violations that affect or may affect the confidentiality, integrity, or availability of ePHI must be reported in accordance to the procedures defined in Creighton’s Security Incidents Response Procedures.

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

Administrators of systems that maintain PHI are responsible for reporting all known or suspected security incidents in accordance to the Security Incident Response Procedures.

Individuals who access PHI are responsible for reporting all known or suspected security incidents in accordance to the Security Incident Response Procedures.

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 Policies

SECTION:  
Adminstrative Safeguards

CHAPTER:  
Security Incident Procedures

POLICY:  
Security Incident Reporting Policy


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](mailto: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.