FLORIDA INTERNATIONAL UNIVERSITY

OFFICIAL UNIVERSITY POLICY

University Community (faculty, staff and students)

SUBJECT (R*)	EFFECTIVE DATE (R*)	POLICY NUMBER (O*)
HIPAA SECURITY: INFORMATION ACCESS MANAGEMENT FOR ELECTRONIC PROTECTED HEALTH INFORMATION	September 1, 2009	1670.025

POLICY STATEMENT (R*)

Florida International University departments and units that create, maintain or transmit electronic protected health information ("EPHI") must have in place the following information access management controls:

1. All members of the workforce of the particular department or unit shall be granted access to systems storing electronic protected health information ("EPHI") only to the extent that it is necessary and appropriate for them to perform their jobs or functions.

2. The department's or unit's HIPAA Security Administrator, the HIPAA Security Officer and the HIPAA Privacy Officer shall be responsible for determining and granting the appropriate access to electronic protected health information.

3. The department's or unit's HIPAA Security Administrator, the HIPAA Security Officer and the HIPAA Privacy Officer shall ensure that access to EPHI is terminated immediately once an employee terminates his or her employment with the University or is transferred to another University department or unit.

4. All employees shall be trained regarding appropriate access to EPHI, including the awareness of information access controls.

REASON FOR POLICY (O*)

HIPAA Security Standards require that departments and units that create, store, or maintain electronic protected health information protect it from improper or unauthorized access, alteration or destruction.

RELATED INFORMATION (O*)

Administrative safeguards, HIPAA Security Standards, 45 C.F.R. § 164.308(a)(4).

DEFINITIONS (R*)

"Administrative safeguards" are administrative actions, and policies and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage workforce conduct in relation to the protection of that information.

"Individually identifiable health information" means information that is a subset of health information, including demographic information collected from an individual, and:

- Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
- Relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual; and
    1. That identifies the individual; or
    2. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

"Protected health information" or "PHI" means individually identifiable health information that is:

- Transmitted by electronic media;
- Maintained in electronic media;

- Transmitted or maintained in any other form or medium.
- Protected health information specifically excludes:
  1. Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. § 1232g ("FERPA");
  2. Records described at 20 U.S.C. § 1232g(a)(4)(B)(iv); and
  3. Employment records held by a covered entity in its role as an employer.

"Workforce" or "workforce member" means part-time, full-time or temporary faculty and staff, students, volunteers, trainees, and other persons whose conduct, in the performance of work for the University, is under the direct command of the University (regardless of whether or not they are paid by the University).

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***R = Required *O = Optional**