**SUBJECT (R*)**
HIPAA SECURITY: USE AND SECURITY OF WORKSTATIONS WITH ACCESS TO ELECTRONIC PROTECTED HEALTH INFORMATION

**EFFECTIVE DATE (R*)**
September 1, 2009

**POLICY NUMBER (O*)**
1670.050

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**POLICY STATEMENT (R*)**

Florida International University departments and units that create, maintain or transmit electronic protected health information must comply with the following workstation use and security measures:

1. Workforce members shall use workstations in the appropriate manner considering the sensitivity of the information contained therein, and minimizing the possibility of unauthorized access to such information.

2. Physical safeguards will be implemented for all workstations that access electronic protected health information, to restrict access to authorized users.

3. All persons who engage in use of these workstations shall be trained on the proper functions to be performed and the manner in which those functions are to be performed, in accordance with the University’s policies and procedures implementing the HIPAA Privacy and Security regulations.

Staff members are not allowed to grant access to their workstations to non-staff members, unless approved by the designated HIPAA Security Administrator for the department or unit. In the event the designated HIPAA Security Administrator is not available, authorization shall be obtained from the supervisor for that department or unit and the University Privacy Officer or the University HIPAA Security Officer.

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**REASON FOR POLICY (O*)**
The University must have in place safeguards to ensure that only authorized personnel use work stations containing electronic protected health information.

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**RELATED INFORMATION (O*)**
Physical safeguards, HIPAA Security Standards, 45 C.F.R. § 164.310(b).

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**DEFINITIONS (R*)**

“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.

“Physical safeguards” are physical measures, policies and procedures that protect electronic protected health information systems and related buildings and equipment, from natural and environmental hazards and unauthorized intrusion.

“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:

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).

RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT (R*)

Division of Information Technology
Florida International University

RESPONSIBLE ADMINISTRATIVE OVERSIGHT (R*)

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*R = Required  *O = Optional