



Oklahoma State University

Title: Mitigation	Policy #: PRV-13.06
Category: HIPAA Compliance	Authority: 45 CFR § HIPAA SECTION: 164.530(f)
Standard: Mitigation	Responsibility: Health Care Components
Effective Date: 4/14/2003	Page 1 of 2
Approved By: OSU Legal Counsel	Revised: 7/1/2013

PURPOSE:

To identify what is required by OSU to mitigate an issue either in an attempt to prevent or after an event has occurred.

POLICY:

OSU must mitigate, to the extent practicable, any harmful effect that is known to OSU of a use or disclosure of protected health information in violation of its policies and procedures or the requirements of Privacy Rule by OSU or its business associate. *§164.530(f)*

PROCEDURE:

1. In an effort to prevent any undesirable use or disclosure of protected health information, OSU shall follow its own policies and procedures, which shall include, but not limited to:
 - a. Workforce training
 - b. Risk Analysis
 - c. Risk Assessment
 - d. Periodically review policies and procedures
 - e. Sanctions as needed
 - f. Keep up to date on regulatory standards and changes
 - g. Enlist the help of the Information Technology Department to ensure network and computer security.
2. If an undesirable event occurs, whether the event is an actual breach of protected health information, or something less than the legal definition of a breach, OSU shall follow the Breach Notification Rule Policies to the extent necessary to find the root problem and take the necessary steps to fix.

REFERENCE:

Breach Notification Policies
Subpart D of §164



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