



Oklahoma State University

Title: Risk Analysis (R)	Policy #: SEC-01.01
Category: HIPAA Compliance	Authority: 45 CFR § HIPAA SECTION: 164.308(a)(1)(ii)(A)
Standard: Security Management Process	Responsibility: Health Care Components
Effective Date: 4/20/2005	Page 1 of 1
Approved By: OSU Legal Counsel	Revised: 7/1/2013

PURPOSE:

Implement policies and procedures to prevent, detect, contain, and correct security violations.

POLICY:

OSU will regularly conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic PHI held by OSU. §164.308(a)(ii)(A)

PROCEDURE:

OSU will complete a Risk Analysis in accordance with the HIPAA Security Rule, and will keep thorough documentation. The Risk Analysis will include, but not limited to the following:

1. Physical Audit of all clinic locations, and other areas where PHI may be stored on or in OSU facilities.
2. Information Security questionnaire from all departments, including Information Technology (IT).
3. In cooperation with IT, the HIPAA Compliance Office will maintain an electronic document of all known locations (Servers/computers, etc.) that house PHI.
4. Items of concern that need addressing by the respective departments.
5. Follow-up notes on how the respective department(s) addressed the items of concern.

REFERENCE:

Appropriate Contingency Plan