



## Oklahoma State University

<b>Title: Risk Management (R)</b>	<b>Policy #: SEC-01.02</b>
<b>Category: HIPAA Compliance</b>	<b>Authority: 45 CFR § HIPAA SECTION: 164.308(1)(ii)(B)</b>
<b>Standard: Security Management Process</b>	<b>Responsibility: Health Care Components</b>
<b>Effective Date: 4/20/2005</b>	<b>Page 1 of 2</b>
<b>Approved By: OSU Legal Counsel</b>	<b>Revised: 7/1/2013</b>

### **PURPOSE:**

To provide security measures sufficient to reduce risks and vulnerabilities to electronic protected health information.

### **POLICY:**

OSU will implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with policy SEC-00.03 & SEC-00.04. *§164.308(a)(ii)(B)*

OSU will take the necessary steps to maintain the confidentiality, integrity, and availability of electronic protected health information held by OSU.

### **PROCEDURE:**

OSU has an ongoing HIPAA Steering Committee which meets periodically to provide proper oversight regarding HIPAA Privacy and Security compliance. The HIPAA Compliance Office will provide guidance and direction to assure all HIPAA security requirements are met. This office will be responsible for coordinating meetings of the Steering Committee and the agenda thereof.

The HIPAA Compliance Office will require the assistance of the OSU IT department, OSU Security Officer and the OSU-CHS/OSU-Tulsa IT staff in order to address and implement Security Rule standards regarding IT-related projects and security of the network.

All OSU-CHS employees will receive initial HIPAA Security compliance training, coordinated by the HIPAA Compliance Officer. After initial training is complete, HIPAA training will be modified to include the security policies as well. In addition, the HIPAA Compliance Officer will work with the IT staff to provide regular security training information and updates as appropriate. A departmental website, email alerts, newsletters, and other means will be used to communicate information to employees, either from the HIPAA Compliance Office or from IT Directly.

Once the compliance plan is implemented, the HIPAA Compliance Office will direct ongoing evaluation and review of existing policies and procedures to maintain appropriate levels of security. This will include



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electronic auditing methods, internal audit review, site walk-throughs and other methods to monitor and maintain compliance.

OSU used the CMS web material, NIST Standard's, the Federal Register containing the Final Rule, and the American Osteopathic Association's guide as its reference for implementation.