

## **Oklahoma State University**

Title: Information System Activity Review (R)	Policy #: SEC-01.04
Category: HIPAA Compliance	Authority: 45 CFR §
	HIPAA SECTION: 164.308(a)(1)(ii)(D)
Standard: Security Management Process	Responsibility: Health Care Components
Effective Date: 4/20/2005	Pages: Page 1 of 2
Approved By: OSU Legal Counsel	Revised: 7/1/2013

#### **PURPOSE:**

To define how OSU will conduct System Activity Tracking.

### **POLICY:**

OSU will implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports.  $\S164.308(a)(1)(ii)(D)$ 

### **PROCEDURE:**

OSU will review records of information system activity on at least on a monthly basis. Additional reviews will be done as needed where incidents are reported or suspected. The following areas will be reviewed.

- Electronic Medical Records Software
- Practice Management / Financial Software
- Windows / Network Access / Application Access Programs
- Internet Usage
- Terminated Employees access to various systems has been appropriately revoked.
- The OSU HIPAA Compliance Office shall be responsible for the review of system activity, such as logins, file access, access, level modifications and security incidents. OSU IT and Campus Security staff will make themselves available to offer assistance as needed.
- 2. The audit standards shall be reviewed periodically and modified if indicated.
- 3. The review logs will be kept by the HIPAA Compliance Office.
- 4. OSU shall implement processes to monitor and log access to the various OSU Medical and Business Office software systems and other systems deemed necessary.
- 5. OSU may utilize third party software to assist in the auditing and tracking as required of this policy.
- 6. OSU shall have in place policies and procedures regarding audit procedures necessary for review of security breaches.
- 7. OSU shall have in place, consistent with OSU personnel policies and procedures, defined security infractions and the associated penalties or disciplinary actions associated with such infractions.



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8. All staff with access to ePHI shall be made aware of the audit standards and possible sanctions for failure to follow such policies.

## **REFERENCE**:

**Audit Controls**