

Oklahoma State University

Policy #: SEC-02.02
Authority: 45 CFR §
HIPAA SECTION: 164.308(a)(3)(ii)(B)
Responsibility: Health Care Components
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Revised: 7/1/2013

PURPOSE:

To provide proper authorization prior to giving employees access to EPHI

POLICY:

OSU will implement procedures to determine that the access of a workforce member to electronic protected health information is appropriate. $\S164.308(a)(3)(ii)(B)$

PROCEDURE:

- 1. The HIPAA Compliance Officer or his/her designee will assign access to various fields of PHI based on minimum necessary standards. The HIPAA Compliance Office will approve new employees and communicate minimum necessary requirements to I.T. technical staff.
- 2. All OSU Staff will have signed the approved Confidentiality agreement upon hire and before work is to begin. The signed form will be put in the employee's file in Human Resources.
- 3. The Supervisor of the employee needing access to electronic PHI will submit a completed EHR Account Request Form to the HIPAA Compliance Office with the signature of the Supervisor and the employee.
- 4. Upon receipt of the signed request form the HIPAA Compliance Office will approve the request if the security requested is deemed appropriate for the type of job held by the employee, or deny the request if missing information, or is deemed not an appropriate level of access for the type of job held by the employee.
- 5. All requests to access PHI outside of the scope of the EHR Account Request Form are to be made in writing, either on paper or electronically to the HIPAA Compliance Office for review.
- 6. The only Authorized individuals to approve access to electronic PHI is the HIPAA Compliance Officer or his/her designee(s).
- 7. Employees who knowingly or unknowingly bypass the procedure described in this policy will face sanctions as defined in the Sanctions Policy (SEC-01.03).