



Oklahoma State University

Title: Electronic Portable Media	Policy #: SEC-11.04
Category: HIPAA Compliance	Authority: 45 CFR § HIPAA SECTION: 164.310(d)(1)
Standard: Device & Media Controls	Responsibility: Health Care Components
Effective Date: 6/1/2012	Page 1 of 2
Approved By: OSU Legal Counsel	Revised: 7/1/2013

PURPOSE:

Define procedures of all electronic media use within OSU and to comply with Federal and state statutes regarding the privacy and confidentiality of medical, financial, research, and personnel information.

DEFINITION:

1. Electronic Portable Media in this instance includes but not limited to Smartphones (iPhone, Android, Blackberry, etc.) PDA, MP3 players, tablets, cell phones, e-Readers, etc.

POLICY:

All OSU employees who use an Electronic Portable Media Device for work purposes, whether the device is the employees personal device, or an OSU owned device, and also stores OSU's medical, financial, demographic, research, personnel information and/or OSU email on the device, are to ensure it has a security locking mechanism in place, No Exceptions.

PROCEDURE:

1. Users must protect their data and files by preventing unauthorized access.
2. Users must protect their portable media by not leaving their Electronic Media Device lying around and locking up their portable media device.
3. Users must not make copies of data files with identifiable data or data that would allow individual identities to be deduced unless specifically authorized to do so.
4. Transmission of ePHI must follow OSU Policy SEC-16.01 & 16.02 and PRV-01.18 *Use-Disclosure in Social Media*
5. Usage of Electronic Portable Media for uses stated in the policy section above are to be used only as a means of last resort, and if the employee can avoid such usage the employee is highly encouraged to do so.
6. All users/employees are solely responsible for the protection of their device and the content thereof.
7. If a user/employee loses their device or is a victim of theft of their Electronic Portable Media device and it contains OSU data or is suspected it may contain OSU data, the user/employee is to notify the HIPAA Compliance Officer immediately upon realization of the loss.
8. Refer to SEC-01.03 Sanctions Policy for next steps.



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REFERENCE:

Encryption & Email, Texting
Use/Disclosure In Social Media
Fixed Asset Transfer Request
Fixed Asset Disposal Request
Contingency Planning Backup