HIPAA Assigned Security Responsibility

Authority: Chancellor

History:

Contact for Info: Office of Institutional Integrity, 252-744-5200

1. Purpose

1.1. This policy reflects East Carolina University’s commitment to assign a single employee overall final responsibility for the confidentiality, integrity, and availability of its ePHI. Compliance of this policy is in accordance with the Security Rule of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). All University units that have been designated as “Health Care Components” must comply with the requirements set forth in this policy as outlined by the final HIPAA Security Rule.

2. Definitions

2.1. HIPAA Security Rule - establishes national standards to protect individuals’ electronic Protected Health Information (ePHI) that is created, received, transmitted, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and availability of ePHI.

2.2. electronic Protected Health Information (ePHI) – individually identifiable health information which is created, received, transmitted, or maintained in electronic form.

2.3. Health Care Component – a component of a covered entity designated by the entity that functions as a health care provider, as defined by HIPAA.

2.4. HIPAA System – defines any hardware, software, server, workstation, or mobile device that a Health Care Component uses in the course of its daily functions to create, receive, transmit, or maintain ePHI.

2.5. Workforce – employees, volunteers, trainees, learners, faculty, students, and other persons whose conduct in the performance of work for an ECU Health Care Component, is under the
direct control of such ECU Health Care Component, whether or not they are paid by the ECU Health Care Component.

3. Regulations

3.1. Assigned Security Responsibility (164.308(a)(2)) – identifies the security official responsible for the development and implementation of the policies and procedures required by this subpart to protect the confidentiality, integrity, and availability of ePHI. There are no separate regulatory specifications for this standard.

4. Procedure

4.1. The University will assign a single employee overall final responsibility for the confidentiality, integrity, and availability of its ePHI. These responsibilities include, but are not limited to, developing and implementing the following: risk management program, audit controls, inventory, security awareness and training, and security policies, procedures, and controls that support compliance with the HIPAA Security Rule.

4.2. Each Health Care Component will identify an employee (s) responsible for the adherence to this policy and to the implementation of procedures required to protect the confidentiality, integrity, and availability of ePHI. This individual (s) will work in conjunction with staff from the ECU HIPAA Security Office to ensure that information systems within their department that are deemed a HIPAA System adhere to all applicable federal, state, and local laws and regulations.