

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter:	9	Information Management		
Section:	4	Physical Safeguards		
Topic:	7	Electronic Devices and Media Controls – Movement, Re-use, Data Back-up and Disposal		
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to have processes in place for safeguarding the movement, reuse, storage, data backup, or disposal of computer hardware, electronic devices, or other technologically sophisticated equipment.

Purpose

This policy and procedure is established to ensure that all electronic devices, and other technologically sophisticated equipment, that stores or has the potential to store confidential information, or protected health information (PHI), are governed by media controls that safeguard such information from unauthorized use and/or disclosure.

Education Applies to:

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- Other:

Definitions

Electronic Equipment: Includes desktops, laptops, tablets, smartphones, facsimile machines, copiers, and any other electronic devices that could potentially store or has stored PHI data.

Electronic Media: (1) Electronic storage media includes memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; video tapes; audio tapes; and removable storage devices

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such as USB drives; or (2) transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission.

Health Information: Any information, whether oral or recorded in any form, that is created or received by BABHA and relates to an individual’s past, present, or future physical or mental health, or to the payment for such health care.

Individually Identifiable Health Information: Health information, including demographic information that identifies an individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Magnetic Media: Fixed hard disks, zip drives, or similar media normally read by a compatible drive and connected to a Personal Computer (PC), either internally or externally.

Mobile Devices: A generic term used to refer to a variety of hand-held or plug-in devices that allow people to access and/or download data and information just as if they were using a conventional computer. This includes such devices as cell phones, smart phones, tablets, USB drives, flash drives, etc.

Protected Health Information (PHI): Individually identifiable health information transmitted by or maintained in an electronic media format (E PHI), or transmitted or maintained in any other form or medium, including oral and/or paper.

Workforce Member: Employees, volunteers, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates,

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associates, students, volunteers, and staff from third party entities who provide service to the covered entity.

Procedure

I. Computer Hardware and Electronic Media

1. BABHA’s Information Systems (IS) department maintains an inventory of computer hardware and electronic media. The inventory of computer hardware or electronic media is updated upon receipt of any new hardware and/or electronic media, and whenever hardware or electronic media is identified for repair or disposal.
2. The inventory record includes who the computer hardware or electronic media is assigned to, what equipment/media has been identified for repair or disposal and whether or not any equipment/media has been sanitized for re-use or disposal. The dates of such actions are also documented.
3. If computer hardware or electronic media is identified for repair or disposal, backups of PHI will be performed and PHI completely and irreversibly erased from the equipment or media i.e., sanitized. See Sections II and IV of this policy and procedure for further details.
4. In regard to electronic media, workforce members are not allowed to use mobile, remote or other memory devices that can store PHI unless an exception has been authorized by their Strategic Leadership Director (see BABHA Policy and Procedure, C09-S04-T05 – Workstation Use and Security).
5. When transporting computers, laptops, mobile devices, other portable electronic media devices, or paper containing PHI, encryption or a secure device must be used to protect the PHI from unintended disclosure.

II. Re-use of Electronic Equipment and/or Media

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1. Workforce members may not provide electronic equipment and/or media containing PHI for re-use without appropriate sanitization of the media and/or equipment. The individual in possession of the equipment and/or media is responsible for determining if any PHI is present, or if the possibility exists. The media should be inspected by opening files and displaying directory contents to determine if PHI data is present. If PHI is present, workforce members must contact the IS Help Desk as IS staff must remove the information prior to its re-use. Staff are not to attempt to wipe clean/sanitize the media and/or equipment on their own but are to always go through the Help Desk for this process. The media and/or equipment may retain data that is not evident or accessible to the user or may require administrator level permissions.
2. It is prohibited to re-use equipment or media for an external organization unless the equipment or media is certified as fully erased with the use of a data destruction tool. For data sharing to an external organization, it is recommended that new equipment or media be utilized.
3. Re-use will be suspended for electronic equipment and/or media involved in any open investigation, audit, or litigation until the outcome of such action has been achieved.
4. IS is responsible for sanitizing electronic equipment and/or media. Sanitization includes the following:
 - a) Electronic equipment and/or media containing PHI and scheduled for re-use will be secured against unauthorized or inappropriate access until the removal or sanitization of PHI is complete.
 - b) Removal or sanitization will be by a method that ensures that the PHI cannot be recovered or reconstructed.
5. If sanitation services are contracted out to a third party, then a Business Associate Agreement will be attached to the contract to address the re-use of electronic equipment and/or media containing PHI.

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6. IS will periodically reassess, at least annually, the removal and sanitization methods used based on current technology, accepted practices, and the availability of timely and cost-effective removal or sanitization services.

III. Data Backup

1. An exact retrievable copy of PHI is required prior to the movement, re-use, or disposal of computer hardware, electronic equipment, and/or media so that no PHI will be lost or made irretrievable. IS will ensure that data back up and storage of PHI is maintained on a consistent basis according to procedures outlined in this section.
2. A backup schedule and backup media rotation and retention is established as follows:
 - a) Data backup jobs are run Monday through Friday by IS at their network operations center.
 - b) Backup media is identified with an inventory number and the media used for each backup is recorded in a backup log.
3. Data backup job types and backup media created are classified as follows:
 - a) Daily Data:
 - The daily data backup jobs are run Monday through Thursday.
 - Depending upon the systems being backed up, the daily data backups can contain both incremental data changes and full copies of the data systems.
 - After the data backup jobs have completed, the daily backup sets are copied from the primary data center to a secure secondary data center.
 - The daily media sets are kept for a minimum of three weeks and then overwritten with a fresh cycle of backups.
 - b) Weekly Data:
 - The weekly data backup jobs are run on Fridays and Saturdays.
 - The weekly data backups contain full copies of the data systems.
 - After the data backup jobs have completed, the weekly backup sets are copied from the primary data center to a secure secondary data center.

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- The weekly media sets are kept for a minimum of 12 weeks and then overwritten with a fresh cycle of backups.
 - Weekly media sets are kept for a minimum of 3 months, thus also satisfying a monthly retention schedule.
- c) Fiscal Year and Calendar Year End Data:
- The fiscal year end data backup jobs are run on the last Friday of the fiscal year end (September).
 - The calendar year end data backup jobs are run on the last Friday of the calendar year end (December).
 - Both types of year end data backups contain full copies of the data systems.
 - After the year end and fiscal year end data backup jobs have completed, the year end media sets are copied from the primary data center to a secure storage repository owned and maintained by BABH IS staff.
 - The year-end backups sets are not reused or overwritten.
4. In the event that any of the media vaults are not available or properly functioning, IS will remove the backup media to a secured, offsite location until the media vault becomes available.
 5. IS will use the backup system’s reporting utilities at the start of each business day to validate the accuracy, completeness, and integrity of the backup performed the previous night.
 6. IS staff validating the backup will generate daily reports and log them in a network log. The log will be maintained for as long as the data remains on the backup media. Back-up media is identified with an inventory number and legible, unique labels.
 7. The back-up software should capture a list of all files and directories encountered and saved. Records should contain the following:
 - Information about successful back-ups;
 - Information about unsuccessful back-ups;

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- When and where media was sent off-site;
 - Success or failure of restore tests;
 - Bad media encountered which may affect the ability to obtain files from a previous back-up.
8. Any errors will be acted upon immediately. Responsible personnel will use IS staff and/or contract technical support as needed to resolve problems and ensure the validity of backup data.
 9. IS will ensure replacement of the backup media according to the manufacturer's recommended guidelines.
 10. IS staff are responsible for testing the validity of backup data and the ability to restore data in the event of a computer system problem, failure, or other disaster at least quarterly and more often if necessary to ensure data integrity, availability, and confidentiality.
 11. Successful restore functions must be logged in the network log. Any problems identified during the restore function must be acted on immediately and no later than the same business day that they occur. Responsible personnel will use the appropriate IS staff and/or contract technical support as needed to resolve problems and ensure the validity of backup data.
 12. All workforce members and IS personnel who detect or suspect a data backup problem should immediately report the same to the IS manager. IS personnel should follow up with immediate written notification that includes the following information:
 - Narrative of the data backup problem;
 - How long the problem has existed;
 - Suggested solutions.
 13. Data back-up processes will be tested, and results documented, on a quarterly basis by IS staff.

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IV. Disposal of Electronic Equipment and/or Media

1. In the course of its routine operations, IS staff will identify/select electronic equipment and media that requires disposal. If a piece of electronic equipment or media has become obsolete, IS will notify BABHA’s Security Officer to verify approval for disposal.
2. Once approval is verified, IS will contact the manager of the program or department utilizing the equipment to coordinate disposal.
3. Any electronic equipment or media deemed obsolete or at lease end, and owned or leased by BABHA, will be completely wiped of all data before appropriate disposition.
4. Supervisors will ensure workforce members send electronic equipment and media to IS for disposal and not dispose of such items directly. This applies to all equipment with data storage capabilities, including copy and facsimile machines.
5. BABHA Finance staff responsible for purchasing or managing contracts with vendors for electronic equipment will ensure trade-in and disposal of equipment is coordinated with IS to ensure proper procedures are followed.
6. For leased equipment, including copiers, BABHA will make sure that the following language exists in any equipment lease: that the drive will be given to BABHA, or that the equipment vendor will coordinate with BABHA, and assist IS with wiping the drive upon the lease termination before the equipment leaves the premises. An inventory of leased equipment will be maintained by Finance staff.
7. All workforce members who use computer systems within the BABHA organization, including those contractors and vendors who may have access to BABHA systems, are responsible for ensuring that all electronic equipment and media are handed off to IS for proper sanitization before disposal.

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8. IS will verify that electronic equipment or media is ready for disposal and will execute the disposal process. IS will determine the proper method of disposal as outlined in this section.
9. Media containing PHI must be completely erased, properly encrypted, or totally destroyed in its final disposition. Preparation for disposal includes the removal of all software and data from the hard drives/memory of electronic equipment or media, and if removal is not feasible, the total destruction of the piece of electronic equipment or media.
10. IS will wipe contents of magnetic media from hardware, ensuring that contents cannot be recovered. Drives will be wiped using a sanitation program that replaces all data with 0s and 1s for solid state media and by degaussing for magnetic media (a method whereby a strong magnetic field is applied to magnetic media) to ensure all data is removed. This applies to all equipment with data storage capabilities, including copy and facsimile machines.
11. IS will physically destroy electronic equipment and media which cannot be wiped.
12. Any BABHA inventory tags will be removed and notification of the disposal sent to BABHA's Finance Department.
13. If the type of equipment is a PC, laptop, monitor, or printer that is still operational but no longer meets BABHA standards, IS will notify BABHA Finance staff. Either IS or Finance staff will contact local person served supported programs to see if they are interested in a donation of the equipment. Finance Department staff will make arrangements for the pickup or drop off of the equipment being donated.
14. If the person served supported program is not interested in receiving the donation, if the equipment is no longer operational, or if the equipment is of a type other than what is listed above, either IS or Finance staff will drop off the equipment at the nearest Goodwill store (or similar organization) for inclusion in their electronic equipment recycling program.

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Attachments

N/A



Related Forms

N/A

Related Materials

NIST SP 800-34 (<http://csrc.nist.gov/publications>) This is related material only. It cannot be inferred that all or any items detailed in NIST document are included in this policy. It is for reference purposes only.

BABHA Policy and Procedure, C09-S04-T05 – Workstation Use and Security

References/Legal Authority

Physical Safeguards - HIPAA Section 164.310(d)

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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
T. Piorkowski M. Wolber	J. Pinter, CCO	01/21/14	Revision & Replacement	1/21/14 - Revised to reflect HIPAA compliance and updated to current practices. Replaces P/Ps - C09-S04-T08, 09, 10 and 11.
B. Kish	J. Pinter, CCO	02/10/17	Revision	Triennial Review-Updated to reflect current backup technologies and practices
B. Kish	J. Pinter, CCO	9/13/19	Revision	Updated to include using encryption or secure device to transport computers, mobile devices, media, or paper containing PHI
B. Kish	J. Pinter, CCO	2/21/20	No Changes	Triennial Review
J. Bellinger	Karen Amon, CCO	03/10/2023	No Changes	Triennial Review