

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 9	Information Management		
Section: 5	Technology Safeguards		
Topic: 7	Integrity Controls to Authenticate Electronic Protected Health Information		
Page: 1 of 6	Supersedes Date: Pol: Proc:	Approval Date: Pol: 3-20-14 Proc: 3-20-14	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <i>Board Chairperson Signature</i> </div> <div style="border-bottom: 1px solid black;"> <i>Chief Executive Officer Signature</i> </div>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to have effective data integrity controls in place to ensure that electronic protected health information (EPHI) is neither altered nor destroyed in an unauthorized manner.

Purpose

This policy and procedure is established to guard against unauthorized access to EPHI transmitted over an electronic network and ensure EPHI is not improperly modified without detection until disposed of.

Education Applies to:

- All BABH Staff
- Selected BABH Staff, as follows: Information Systems, Management, Security Officer
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- Other: Business Associates Policy and Procedure

Definitions

Electronic Equipment: Electronic devices, such as desktops, laptops, tablets, smartphones, facsimile machines, copiers, and any other electronic device, that can potentially store 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 such as USB drives; or (2) transmission media used to exchange information already in

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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.

Information System: An interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.

Integrity: Refers to the property that data or information has not been altered or destroyed in an unauthorized manner.

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

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Procedures

1. A primary method for protecting the integrity of e-PHI will be through the use of network communication protocols containing integrity checks and approved by the National Institute of Standards and Technology (NIST) standards which ensure that the data sent is the same as the data received. Information Systems (IS) staff will maintain a list of the network communication protocols currently used.
2. Any data relating to e-PHI and sent outside the BABHA technology network will be encrypted before being sent as described in BABHA Policy and Procedure, C09-S05-05 – Encryption and Decryption.
3. BABHA workforce members will take reasonable steps to ensure that e-PHI is not accidentally entered, modified, or destroyed improperly.
4. BABHA supervisors will ensure that workforce members have received training on correct methods for entering, modifying, and deleting e-PHI relevant to their job duties.
5. BABHA supervisors will ensure that workforce members send electronic equipment and media to the IS department for disposal and not dispose of such items directly. This applies to all equipment with data storage capabilities, including copy and facsimile machines.
6. BABHA will conduct periodic record and transaction audits to ensure that e-PHI has not been tampered with.
7. BABHA will implement and maintain an electronic medical record (EMR) that utilizes role-based access control systems to limit e-PHI access to authorized persons only.
8. BABHA will perform person served data validation, such as duplication checking; valid values against data code tables; using unique data keys (indices) for selecting person

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served records; software application controls on database records; and checking for blank values (nulls).

9. IS will maintain the following integrity controls:
 - a. Implement and maintain virus detection and elimination software on BABHA servers and workstations.
 - b. Deploy software patches across the BABHA network.
 - c. Use unique identifiers for person served data in all BABHA information systems.
 - d. Create back-ups of EPHI in accordance with BABHA's backup and recovery policies and procedures:
 - C09-S03-T06 – Contingency Plan- Testing and Revision Procedure
 - C09-S04-T07 - Electronic Devices and Media Controls – Movement, Re-use, Data Back-up and Disposal
 - e. Routinely validate records and identify inconsistencies or other indications of questionable data.

Attachments

N/A

Related Forms

N/A

Related Materials

1. Data in Transit
2. NIST SP 800-30 (<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.
3. BABHA Policies and Procedures:

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- C09-S03-T06 – Contingency Plan – Testing and Revision Procedure
- C09-S04-T07 - Electronic Devices and Media Controls – Movement, Re-use, Data Back-up and Disposal
- C09-S05-05 – Encryption and Decryption.

References/Legal Authority

Technical Safeguards - HIPAA Security Rule, Standard 45 CFR 164.312(c)(1-2) and § 164.312(e)(1-2).



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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
M. Wolber T. Piorkowski	J. Pinter	01/21/14	New	New P/P to reflect HIPAA compliance and agency practices.
B. Kish	J. Pinter, CCO	02/10/17	Revision	Updated referenced P/P topic names
B. Kish	J. Pinter, CCO	02/24/20	Revision	Triennial Review-minor grammatical correction
J. Bellinger	Karen Amon, CCO	03/13/2023	No Changes	Triennial Review