ADAMHS BOARD FOR MONTGOMERY COUNTY	BP# 518	
TITLE: Device and Media Controls	SUBJECT HIPAA	SECURITY
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PURPOSE: To guide the receipt and removal of hardware and electronic media that hold electronic protected health information (EPHI). The policies on Device and Media Controls address the movement of these protected assets within as well as into and out of the facility. They pertain to the use of hard drives, storage systems, removable disks, floppy drives, CD ROMs, PCMCIA cards, memory sticks, USB storage devices, laptops and all other forms of removable media and storage devices.

POLICY:

1. Accountability

- 1.1. All electronic devices that are used for data storage for PHI shall be inventoried with notations as to location, assigned user(s) and assignment dates. Inventories shall be retained for a minimum of six years. (hard drives, CD's, laptop computers) {Exclusion: blank media}
- 1.2. The user who transfers protected health information to removable media or to a portable device is responsible for the protection of that data as long as it resides on the portable media or device or until it is transferred to another user. The obligation to protect includes, but is not limited to a) appropriate storage, b) physical security during transport and use away from Board facilities and c) appropriate final disposition.
- 1.3. Board Disposal Procedure determines when an exact retrievable copy of EPHI is required prior to the movement of equipment storing such EPHI. The Manager of Information Systems is responsible for the maintenance of that procedure.

2. Device and Media Re-Use

- 2.1. The Board will have Device and Media Re-Use Procedures that describe proper security measures in place to protect EPHI in the event of:
 - 2.1.1. Media Re-Use with EPHI that should be stored
 - 2.1.2. Media Re-use with EPHI that should be destroyed.
- 2.2. Data back up media that is re-used will be stored and transported in a secured manner.

3. Disposal

3.1. The Board Disposal Procedures ensure that devices and media holding EPHI are properly disposed of when they are no longer needed by the current user and are

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ready to be transferred securely to a subsequent user, organization, or recycling company, including

- 3.1.1. When the device or media does not contain EPHI.
- 3.1.2. When the device or media contains EPHI.

REFERENCES:

HIPAA Final Security Rule, 45 CFR Parts 160, 162, and 164, Department of Health and Human Services, http://www.cms.hhs.gov/hipaa/hipaa2/regulations/security/default.asp, February 20, 2003. § 164.310(b) & (c).

"Information Security: An Introductory Resource Guide for Implementing the HIPAA Security Rule", National Institute for Standards and Technology (NIST), http://csrc.nist.gov/publications/drafts/DRAFT-sp800-66.pdf, May 2004.