

URI HIPAA SECURITY POLICY – IMPLEMENTATION SPECIFICATION #1D

Title:	INFORMATION SYSTEM ACTIVITY REVIEW	Purpose & Background	See Memo Entitled “HIPAA at URI: Introduction to HIPAA and an Overview of HIPAA Implementation at URI” available online at the URI HIPAA website
Originator (Responsible Department/ Unit):	URI HIPAA Compliance Oversight Committee	Effective Date:	05/22/2018
Applies to:	All URI Departments and Units Designated as HIPAA “Covered Components” and “Business Associate Components”	Revised Date(s):	

Purpose:

This implementation specification reflects URI’s commitment to regularly review records of activity on information systems that contain EPHI.

Specification:

URI Covered Entities must regularly review records of activity on information systems containing EPHI. Appropriate hardware, software, or procedural auditing mechanisms must be implemented on information systems that contain or use EPHI. Records of activity created by audit mechanisms implemented on information systems must be reviewed regularly.

Procedure:

1. URI Covered Entities must regularly review records of activity on information systems containing EPHI. Records of activity may include but are not limited to:
 - a. Audit logs
 - b. Access reports
 - c. Security incident tracking reports
2. Appropriate hardware, software, or procedural auditing mechanisms must be implemented on URI information systems that contain or use EPHI. At a minimum, such mechanisms must provide the following information if feasible:
 - a. Date and time of activity
 - b. Origin of activity
 - c. Identification of user performing activity
 - d. Description of attempted or completed activity
3. Such review must be via a formal documented process. At a minimum, the process must include:
 - a. Definition of which workforce members will review records of activity
 - b. Definition of what activity is significant

- c. Procedures defining how significant activity will be identified and reported
 - d. Procedures for preserving records of significant activity
- 4. URI Covered Entities must maintain the documentation of the review of such systems for a minimum of six years.
- 5. Whenever possible, URI workforce members should not monitor or review activity related to their own user account.

HIPAA REGULATORY REFERENCE: 45 CFR 164.308(a)(1)(ii)(D) – **Required Specification**

HIPAA SECURITY REGULATION IMPLEMENTATION SPECIFICATION LANGUAGE: *“Implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports.”*