

URI HIPAA SECURITY POLICY – IMPLEMENTATION SPECIFICATION #6A

Title:	RESPONSE AND REPORTING	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 effectively detect and respond to security incidents in order to protect the confidentiality, integrity, and availability of its information systems.

Specification:

URI Covered Entities must be able to effectively detect, respond to, and mitigate the effects of security incidents in order to protect the confidentiality, integrity, and availability of its EPHI stored on healthcare computing systems.

Procedure:

The following safeguards must be implemented to satisfy the requirements of this implementation specification:

1. URI Covered Entities must have process for detecting security incidents. This may include, but is not limited to: regular review of data access logs, system alert messages, and other application anomalies.
2. URI Covered Entities must report suspected security incidents to the URI Service Desk.
3. URI Covered Entities must document the security incident, which includes at a minimum the following:
 - Name of person(s) conducting the incident response investigation
 - Description of the data and the computing system affected by the incident
 - Time and date of the incident
 - Damage to data and the computing system(s)
 - Suspected cause of the incident
 - Actions taken to mitigate the damage and restore the data and/or computing system
 - Recommendations for further actions to enhance the security of EPHI
4. URI Covered Entities must submit incident documentation to the URI HIPAA Security Officer.

HIPAA REGULATORY REFERENCE: 45 CFR 164.308(a)(6)(ii)

HIPAA SECURITY REGULATION IMPLEMENTATION SPECIFICATION LANGUAGE: *"Identify and respond to suspected or known security incidents; mitigate, to the extent practicable, harmful effects of security incidents that are known to the covered entity; and document security incidents and their outcomes."*