

URI HIPAA SECURITY POLICY #13

Title:	DEVICE AND MEDIA CONTROLS	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):	

POLICY:

URI Covered Components must ensure EPHI located on URI's electronic information and computing systems and their associated electronic media must be protected against damage, theft, and unauthorized access. EPHI must be consistently protected and managed through its entire life cycle, from origination to destruction.

URI Covered Components must regularly conduct a formal, documented process that ensures consistent control of all electronic information and computing systems and their associated electronic media containing EPHI that is created, sent, received or destroyed. The destruction of any EPHI should be governed by the university's Data Retention Policy or the applicable Covered Components' Data Retention Policy. Questions concerning the destruction of EPHI should be directed to the URI HIPAA Privacy Officer.

Procedure:

1. All URI electronic information and computing systems and their associated electronic media containing EPHI must be located and stored in secure environments that are protected by appropriate security barriers and entry controls.
2. As defined in URI's **Disposal Implementation Specification (13A)**, all electronic information and computing systems and their associated electronic media containing EPHI must be disposed of securely and safely when no longer required. The destruction of any EPHI should be governed by the university's Data Retention Policy or the applicable Covered Components' Data Retention Policy. Questions concerning the destruction of EPHI should be directed to the URI HIPAA Privacy Officer.
3. As defined in URI's **Media Re-use Implementation Specification (13B)**, all EPHI on URI electronic information and computing systems and their associated electronic media must be carefully removed before the media or electronic information and computing systems are made available for re-use.
4. As defined in URI's **Accountability Implementation Specification (13C)**, all electronic information and computing systems and their associated electronic media containing EPHI that is received by or removed from a sensitive area must be appropriately tracked and logged.
5. As defined in URI's **Data Backup and Storage Implementation Specification (13D)**, backup copies of all EPHI located on URI electronic information and computing systems or their associated electronic media must be regularly made and stored securely.

HIPAA REGULATORY INFORMATION

CATEGORY: Physical Safeguards

TYPE: Standard

HIPAA HEADING: Device and Media Controls

REFERENCE: 45 CFR 164.310(d)(1)

SECURITY REGULATION STANDARDS LANGUAGE: *"Implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic protected health information into and out of a facility, and the movement of these items within the facility."*