Title: HIPAA Physical Safeguards -

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Transportation of Physical Documents or Media

Date Adopted:

02/01/18

Date(s) Revised:

Date(s) Reviewed: 09/29/2020

09/28/2020

President

Date

### **POLICY STATEMENT**

The following policy addresses the transportation of media or physical documents containing PHI or Sensitive Information.

## **SCOPE**

All personnel and facilities.

#### **DEFINITIONS**

<u>Personnel</u>: Includes, but is not limited to, all employees, medical and clinical staff, business associates, allied health professional staff or students, vendors, volunteers, excluding patients and visitors.

<u>PHI</u>: Individually identifiable health information, including patient demographics, that is created or received by a provider and identifies the person and relates to his or her past, present, or future physical or mental health, treatment, and/or payment, except for information relating to persons who have been deceased for more than fifty (50) years.

<u>Sensitive Information</u>: Data that is proprietary to NUHS and is not intended to be disclosed to the general public.

### **PROCEDURE**

 All documents or media shall be shielded from view using reasonable methods while being transported in non-secure areas or non-clinical areas. Title: HIPAA Physical Safeguards - Page 2 of 2
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- All media or documents shall be secured in a locked device or encrypted when transported outside of NUHS's premises.
- Certain media may only be accessed and transported by business associates pursuant to a valid business associate agreement. This media includes Digital X-Ray, X-Ray film, ultrasound recordings, and magnetic resonance imaging equipment. The HIPAA Security Officer will designated additional media that is to be transported only by qualified Business Associates.

# POLICY RESPONSIBILITY

**HIPAA Security Officer** 

# **REVISION**

NUHS reserves the right to unilaterally revise, modify, review or alter the terms and conditions of the policy within the constraints of law, with or without reasonable notice.