



National University of Health Sciences General Policies

Title: **HIPAA Technical Safeguards –
Audit and Modification Controls for PHI**

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Date Adopted: **02/01/18**

Date(s) Revised: 09/29/2020

Date(s) Reviewed: 09/29/2020

President

Date

POLICY STATEMENT

The following policy addresses audit and modification controls for PHI.

SCOPE

All personnel.

DEFINITIONS

Personnel: 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.

PHI: 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.

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

REGULATORY REFERENCE

45 C.F.R. 164.312(b).

PROCEDURE

- PHI and Sensitive Information are located in the following networked electronic repositories:
 - NUHS Network
 - Athena
 - Medisoft
 - Copiers and Fax Machines
 - Full Script

- Each of these networks requires the utilization of a unique user ID assigned by the network administrator. This user ID may be utilized by personnel with administrative permission to track user action on such networks, including but not limited to access and modification of PHI. The software is also capable of generating audits and reports demonstrating the same.

- The HIPAA Security Officer or personnel under the HIPAA Security Officer's direction shall conduct audits and review network usage as needed.

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.