HIPAA Security Rule

Physical Safeguard Requirements
- Clear and specific procedures for physical access to prevent theft of ePHI from servers or devices
- Protection for workstations that may access ePHI (i.e., workstations are not available in areas where patients may see ePHI on monitors, etc.)
- Policies for mobile device access to ePHI
- Asset log of all hardware devices that house or transmit ePHI (whether in the past or currently)

Administrative Safeguard Requirements
- Conduct a yearly risk assessment
- Conduct and document regular, ongoing HIPAA training for all employees
- Have a designated HIPAA Compliance Officer to implement and enforce risk management policies
- Create policies for maintaining the integrity of ePHI within the organization
- Get Business Associate Agreements completed with all qualifying business vendors
- Restrict access for all ePHI that is not absolutely necessary, and when accessed limit ePHI to only the minimum necessary information
- Have a policy in place to report all potential security incidents as required to the HIPAA Compliance Officer

Technical Safeguard Requirements
- Control access to ePHI with unique usernames or codes for each user
- Establish specific procedures around the release or disclosure of ePHI to patients, business associates, and during an emergency
- Provide data quality measures to track changes or alterations to ePHI
- Encrypt all data, especially when sent outside the practice, and decrypt received data
- Log all access to ePHI in an access log
- Document proper login and log out procedures for staff to safeguard ePHI

HIPAA Privacy Rule Requirements
- Provide appropriate internal training to employees regarding what information can and cannot be shared
- Ensure written patient consent is received before their health information is used for marketing, fundraising or research purposes.
- Have procedures in place to comply with patient right of access to ePHI, provided within 30 days unless required sooner by local state laws
- Issue Notices of Privacy Practices (NPPs) to advise patients when their data will be used or shared

HIPAA Breach Notification Requirements
- Have policies in place to submit breach notifications promptly to OCR or HHS as required, as well as to send a press release if the breach affects more than 500 individuals
- Have policies in place to submit breach notifications for less than 500 individuals to the OCR website

Becoming HIPAA Compliant

Trying to maintain HIPAA compliance on your own, typically requiring more than 80+ hours a year, can be daunting. Using a software solution that automates your HIPAA program or a consultant can help provide an accurate and thorough review of your practice’s needs - without the stress of trying to create and manage a HIPAA program internally. Whatever your path, make sure you adhere to all the requirements of each part of the HIPAA rules and regulations to make sure your organization is ready to pass a HIPAA audit.