

University of California Policy



HIPAA Information Security

Responsible Officer: Senior Vice President/Chief Compliance and Audit Officer

Responsible Office: Ethics, Compliance and Audit Services

Effective Date: September 13, 2010

Next Review Date: September 1, 2013

Who is Covered: All UC HIPAA workforce members

Contents

- Policy Summary
- Policy Definitions
- Policy Text
- Approval Authority
- Compliance and Reporting
- Implementation Procedures
- Related Documents
- Frequently Asked Questions
- Revision History

Policy Summary

Each covered component of the University's Single Health Care Component (SHCC) and the University's Single Health Plan Component (SHPC) shall comply with the following requirements to ensure the confidentiality, integrity, and availability of all electronic Protected Health Information (EPHI) that the component creates, receives, maintains, or transmits, as required by the HIPAA Security Rule.

Policy Definitions

Refer to the document entitled "UC HIPAA Glossary".

Policy Text

Each covered component that comprises the SHCC and SHPC is required to:

1. Designate, in writing, a HIPAA Security Official, and inform the UC HIPAA Privacy and Security Official(s) of that designation and any subsequent changes; and
2. Adapt existing information security policies or develop and implement new ones that collectively meet or exceed the requirements of the HIPAA Security Rule.

The designated HIPAA Security Official is required to:

1. Submit to the UC HIPAA Privacy and Security Official(s) once annually by calendar year-end, a list of the titles and last revision date of the above-mentioned policies, and provide copies upon request; and
2. Inform the UC HIPAA Privacy and Security Official(s) of the completion of all documented risk assessments within thirty (30) days of their completion, and provide a copy upon request.

Approval Authority

Implementation of the Policy: Senior Vice President/Chief Compliance and Audit Officer

Revisions to the Policy: Senior Vice President/Chief Compliance and Audit Officer

Approval of Actions: not applicable

Compliance and Reporting

N/A

Implementation Procedures

UC Organizational Units subject to HIPAA are responsible for implementation.

Related Documents

45 CFR part 160 and part 164, subparts A and C

[UC *Electronic Communications Policy*](#)

UC HIPAA Breach Response Policy

[Business & Finance Bulletin IS-2](#), *Inventory, Classification, and Release of University Electronic Information*

[Business & Finance Bulletin IS-3](#), *Electronic Information Security*

Frequently Asked Questions

FAQs may be found on the UC HIPAA website.

Revision History

HIPAA Privacy Rule: University of California Systemwide Standards and Implementation Policies (System Standards), April 2003.