

NEW YORK UNIVERSITY

HIPAA Information Security Policies, Specifications, and Definitions

Policy 13. Workstation Security

Responsible Officer: Associate Provost and Chief Information Technology Officer
Effective Date: January 1, 2005
Compliance Deadline: April 21, 2005
Date of Latest Revision: December 23, 2004

POLICY STATEMENT

New York University strives to protect the *confidentiality, integrity, and availability* of *EPHI* by taking reasonable and appropriate steps to implement physical safeguards for all *workstations* that can access *EPHI*, to restrict access to authorized *workforce members*. Who is affected by this policy is documented in HIPAA Policy 1 – Overview: Policies, Procedures, and Documentation.

REASON FOR POLICY

Security of *workstations* with *EPHI* is an essential ingredient of general security both internal and external to New York University, including the implementation of physical safeguards for *workstations* that access *EPHI*, as required by the *HIPAA Security Regulations*. This policy reflects New York University's commitment to comply with such Regulations.

OPERATIONAL REQUIREMENTS

- A. Each *covered component* will strive to place *workstations accessing EPHI* in physically secure locations that minimize the *risk of physical access* by unauthorized persons.
- B. Each *covered component* will take reasonable and appropriate steps to prevent unauthorized persons from viewing *EPHI* on *workstations*.
- C. Each *covered component* will take reasonable and appropriate steps to require *workforce members* to protect the physical security of portable *workstations* that store *EPHI*.

D. HIPAA REGULATORY INFORMATION

CATEGORY: Physical Safeguards

TYPE: Standard

HIPAA HEADING: Workstation Security

REFERENCE: 45 CFR 164.310(c)

SECURITY REGULATION STANDARDS LANGUAGE: “*Implement physical safeguards for all workstations that access electronic protected health information, to restrict access to authorized users.*”

DEFINITIONS

Access

Availability

Confidentiality

Covered component
Electronic Protected Health Information (or EPHI)
HIPAA Security Regulations
Integrity
Risk
Workforce member
Workstation

RELATED HIPAA DOCUMENTS

HIPAA Policy 1 – Overview: Policies, Procedures, and Documentation

HIPAA Operational Specification 2.A - Risk Analysis

HIPAA Policy 11 – Facility Access Controls

HIPAA Operational Specification 11.B - Facility Security Plan

HIPAA Policy 12 - Workstation Use

HIPAA Privacy Regulations covered component's Minimum Necessary Policy

Responsible Use of NYU Computers and Data Policy

Public Law 104-191, August 21, 1996, Health Insurance Portability and Accountability Act of 1996,
<<http://aspe.os.dhhs.gov/admnsimp/pl104191.htm>>.

Part II, Department of Health and Human Services, 45 CFR Parts 160, 162, and 164 Health Insurance Reform: Security Standards; Final Rule, February 20, 2003, <<http://aspe.hhs.gov/admnsimp/FINAL/FR03-8334.pdf>>.