

NEW YORK UNIVERSITY

HIPAA Information Security Policies, Specifications, and Definitions

Policy 14. Device and Media Controls

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 and each *covered component* strives to protect the *confidentiality, integrity, and availability* of *EPHI* by taking reasonable and appropriate steps to control its hardware and *electronic media* through the entire lifecycle, from initial receipt to final removal. Such control includes reasonably and appropriately protecting, accounting for, properly storing, backing up, and disposing of its hardware and *electronic media* in accordance with specific control procedures and tracking all incoming hardware and *electronic media* and transfers of hardware and *electronic media* as they are moved into, out of, and within its facilities. Who is affected by this policy is documented in HIPAA Policy 1 – Overview: Policies, Procedures, and Documentation.

REASON FOR POLICY

It is important to have media control in the form of documented policies and procedures that govern the receipt and removal of hardware and/or software, 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* shall take reasonable steps to identify periodically hardware and *electronic media* that contain or provide *access* to *EPHI* and to document and store the inventory appropriately in a secure manner. These steps include:
1. disposal
 2. media re-use
 3. accountability
 4. data backup and storage

B. HIPAA REGULATORY INFORMATION

CATEGORY: Physical Safeguards

TYPE: Standard

HIPAA HEADING: Device and Media Controls

REFERENCE: 45 CFR 164.310(d)(1)

SECURITY REGULATION STANDARDS LANGUAGE:

“Implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic protected health information into and out of a facility, and the movement of these items within the facility.”

OPERATIONAL SPECIFICATIONS

14.A Disposal

1. Each *covered component* of New York University will take reasonable and appropriate steps to dispose of *EPHI* when it is no longer needed, in a manner so as to permanently, completely, and irreversibly delete *EPHI* and to prevent future *access* by *unauthorized* individuals. Each *covered component* also shall follow the New York University Asset Management requirements regarding computer disposal/surplus.
2. Each *covered component* shall take reasonable and appropriate steps to remove *EPHI* from hardware and media, prior to final disposal or *re-use*. The *covered component's* *EPHI* security officer shall be responsible for approval of the erasing tool to be used and shall take reasonable steps to ensure that it is used properly as set forth in New York University's *Media Re-use operational specification* (see 14.B).
3. **HIPAA REGULATORY INFORMATION**

CATEGORY: Physical Safeguards

TYPE: REQUIRED Implementation Specification for Device and Media Controls Standard

HIPAA HEADING: Disposal

REFERENCE: 45 CFR 64.310(d)(2)(i)

SECURITY REGULATION IMPLEMENTATION SPECIFICATION LANGUAGE:

“Implement policies and procedures to address the final disposition of electronic protected health information, and/or the hardware or electronic media on which it is stored.”

14.B Media Re-use

1. Each *covered component* of New York University will take reasonable and appropriate steps to remove or overwrite *EPHI* on its *electronic media* before the media are *re-used* for any purpose in order to prevent *unauthorized access* to the *EPHI*.
2. **HIPAA REGULATORY INFORMATION**

CATEGORY: Physical Safeguards

TYPE: REQUIRED Implementation Specification for Device and Media Controls Standard

HIPAA HEADING: Media Re-use

REFERENCE: 45 CFR 164.310(d)(2)(ii)

SECURITY REGULATION IMPLEMENTATION SPECIFICATION LANGUAGE:

“Implement procedures for removal of electronic protected health information from electronic media before the media are made available for re-use.”

14.C Accountability

1. Each *covered component* of New York University will take reasonable and appropriate steps to establish and maintain records of movements of hardware and *electronic media* on which *EPHI* is or was stored.
2. **HIPAA REGULATORY INFORMATION**

CATEGORY: Physical Safeguards

TYPE: ADDRESSABLE Implementation Specification for Device and Media Controls Standard

HIPAA HEADING: Accountability

REFERENCE: 45 CFR 164.310(d)(2)(iii)

SECURITY REGULATION IMPLEMENTATION SPECIFICATION LANGUAGE:

“Maintain a record of the movements of hardware and electronic media and any person responsible therefore.”

14.D Data Backup and Storage

1. Each *covered component* of New York University will take reasonable and appropriate steps to ensure that exact, retrievable *backup* copies of *EPHI* are made before movement of equipment when needed. Each *covered component* will define and document an appropriate retention period for the *backup* copies of *EPHI*.

2. HIPAA REGULATORY INFORMATION

CATEGORY: Physical Safeguards

TYPE: ADDRESSABLE Implementation Specification for Device and Media Controls Standard

HIPAA HEADING: Data Backup and Storage

REFERENCE: 45 CFR 164.310(d)(2)(iv)

SECURITY REGULATION IMPLEMENTATION SPECIFICATION LANGUAGE:

“Create a retrievable, exact copy of electronic protected health information, when needed, before movement of equipment.”

DEFINITIONS

Access

Availability

Authorize

Backup

Confidentiality

Covered component

Electronic media

Electronic Protected Health Information (or EPHI)

HIPAA Security Regulations

Integrity

Re-use

Workforce member

RELATED HIPAA DOCUMENTS

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

HIPAA Operational Specification 8.A - Data Backup Plan

HIPAA Privacy Regulations covered component’s Minimum Necessary Policy

Asset Management Policy – Computer Disposal/Surplus, <<http://www.nyu.edu/asset/>>

Public Law 104-191, August 21, 1996, Health Insurance Portability and *Accountability* Act of 1996,

<<http://aspe.os.dhhs.gov/admsimp/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/admsimp/FINAL/FR03-8334.pdf>>.