

Policies and Procedures

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PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule's requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person's identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires the development and implementation of procedures to ensure that the ePHI access of its workforce members is appropriate when granted and continues to be appropriate on an on-going basis. Creighton requires documentation detailing each Workforce member's current role and responsibilities and the ePHI access required for such role and responsibilities.

DEFINITIONS

Protected Health Information

Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)

Individually identifiable health information transmitted or maintained in electronic form.

Workforce Member

Any Staff, Faculty, Student, or designated 3rd party resource that works with ePHI

RESPONSIBILITIES

Systems Administrators or their designee is required to develop and implement written procedures to adhere to this policy.

Information Security Officer is responsible for periodic verification that such processes or procedures have been implemented for each system that collects, maintains, uses or transmits ePHI.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

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AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES

HIPAA Final Security Rule, 45 CFR Parts 160, 162, and 164, Department of Health and Human Services, <http://www.cms.hhs.gov/hipaa/hipaa2/regulations/security/default.asp>, February 20, 2003.

EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.