

Policies and Procedures

SECTION: Administration	NO. 2.4.7.		
CHAPTER: Information Technology	ISSUED: 4/7/06	REV. A	REV. B
POLICY: Termination Policy	PAGE 1 OF 2		

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

If a workforce member's employment is terminated or a workforce member leaves the University, the workforce member's supervisor or manager must immediately notify Human Resources and ensure that all system or application accounts with access to EPHI are terminated.

DEFINITIONS

Workforce Member

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

Supervisor / Manager

Person responsible for directing the work assignments of a workforce member.

RESPONSIBILITIES

Workforce Supervisors / Managers are responsible for ensuring that Human Resources and System/Application Administrators are notified when a workforce member is terminated or leaves the University.

Systems Administrator is responsible for removing, in a timely manner, access for any person who no longer has a need to access such information.

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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SECTION: Administration	NO. 2.4.7.		
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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.