**POLICY & PROCEDURES**

***Defining the Overall Approach toward Meeting a Requirement***

### **Policy and Procedures §164.316(a)**

**Time Limit §164.316(b)(2)(i)**

**Availability §164.316(b)(2)(ii)**

**Updates §164.316(b)(2)(iii)**

### **Effective Date:** <Month Day, Year>

### **Policy Number:** <If applicable> **Rev.** 0

**Policy:** Our Security Official is responsible for maintaining the HIPAA Security policies and procedures that we implement in our office. This documentation is maintained for 6 years in either paper or electronic format and made available to workforce members. Our HIPAA Security Official will review the documentation annually and update it as needed.

**Procedures:** We must develop and maintain the security policies and procedures we implement to comply with the HIPAA Security Rule in a written (paper or electronic) form. If an action, activity, or assessment is required by the HIPAA Security Rule to be documented, we must maintain a written (paper or electronic) record of the action, activity, or assessment. We retain such documentation for 6 years from the date of its creation or the date when it last was in effect, whichever is later. We make such required documentation available to all workforce members responsible for implementing the policies and procedures to which the documentation pertains. Our Security Official must review the required documentation annually and update it as needed and in response to environmental and/or operational changes affecting the confidentiality, integrity, and availability of our ePHI.

**Details:** The policies, procedures and documentation procedures include but are not limited to:

* The Security Official will implement reasonable and appropriate policies and procedures to demonstrate its efforts to comply with the standards, implementation specifications or other requirements of the HIPAA Security Rule regulations in written (paper or electronic) form.
* Policies and procedures may be changed at any time, provided that the changes are documented and are implemented in accordance with the HIPAA regulation.
* Workforce members will be trained on all policies and procedures that apply to them based on their individual roles.
* Policies and procedures will be retained along with any other action, activity, or assessment that must be documented and maintained under this regulation for at least six years from the date of the creation of the documentation, or the date when the document was last in effect, whichever is later.
* Policies and procedures documentation will be made available (via paper or electronically) to all workforce members responsible for implementing the policies and procedures to which the documentation pertains.
* The Security Official will oversee the review all policies and procedures on an annual basis and updated as necessary. Policies and procedures may also be reviewed outside of the cycle, in response to environmental or operational changes (e.g. to comply with a change in law) affecting the security of the ePHI.
* Documentation (e.g. policies and procedures, training) of the practices in place will be retained as evidence of compliance.

**Location of supporting documentation:** If so, identify the document and location it is stored here.

## REVISION HISTORY

| Revision | Date | Initiator | Nature of Change |
| --- | --- | --- | --- |
| 0 |  |  | Initial draft |
| 1 |  |  |  |