

Lab - Recommend Security Measures to Meet Compliance Requirements

Objectives

Part 1: Investigate compliance requirements

Part 2: Recommend compliance solutions

Background

Compliance with relevant security and privacy standards is a challenge for most businesses. Compliance is often complex and the stakes are high. Businesses frequently outsource much of the burden of compliance to companies that specialize in providing solutions that have proven to meet compliance requirements and satisfy compliance audits.

In this lab, you will investigate compliance requirements and recommend measures to meet HIPAA requirements. The Health Insurance Portability and Accountability Act (HIPAA) is a set of regulations created in the United States to protect the privacy and rights of healthcare patients. It controls how patient healthcare information can be shared. It specifies detailed requirements that are designed to protect patient privacy and security.

All healthcare providers in the United States, from the smallest office to the largest hospitals, must comply with HIPAA. Many service providers have entered the market to assist healthcare providers in reaching HIPAA compliance.

Scenario

Dr. Anthony Larouche, a dentist, has been working in a large dental office with other dentists. He has decided to open his own office. All of the office-related IT systems were handled by his office staff. He knows little about computer networks and network security. He has hired your company as consultants to help him comply with the HIPAA technical security requirements.

You have been asked to create a list of specific requirements that will meet the Technical Safeguards under the Security Rule of the HIPAA compliance regulations.

Required Resources

- Computer or other device with internet connection

Instructions

Part 1: Investigate compliance requirements

In this part, you will review the requirements for complying with the HIPAA security specifications. HIPAA regulations consist of two rules, the Privacy Rule and the Security Rule. We will focus on the Security Rule, which consists of safeguards, standards, and implementation specifications. There are five security standards in the technical safeguard. Some of the standards have several associated implementation specifications. Some standards have no implementation specifications.

Step 1: Become familiar with HIPAA Safeguards

Search the web to learn more about the HIPAA Security Rule Safeguards. A good search for a general overview is **site:compliance-group.com hipaa security rule**. Answer the following questions.

Questions:

What are three examples of protected health information?

- Name
- Address

- Birthday

Summarize the four general rules that all healthcare organizations must follow as regards the Security Rule.

1. Ensure confidentiality, integrity, and availability of all electronic protected healthcare information (EPHI).
2. Identify and protect against reasonably anticipated threats to the security or integrity of the information.
3. Protect against impermissible uses or disclosures of the information.
4. Ensure workforce compliance with the HIPAA rules.

What are the three types of safeguards that make up the HIPAA security rule?

1. Administrative Safeguards
2. Physical Safeguards
3. Technical Safeguards

Step 2: Review Technical Safeguard documents

- a. Please refer to this [document](#) for clarification regarding the Technical Security Standards 164.312 (a) - (e)(2)(ii) and the treatment of electronic protected health information (EPHI). Consult other internet sources for additional clarification. Quickly review the contents of the document.
- b. Complete the table below with the standard names and implementation specifications for the standards, where applicable. Two of the standards have no implementation specifications.

| Technical Safeguards | | |
|----------------------|---------------------------------|---|
| Section | Standard | Implementation Specifications |
| 164.312(a)(1) | Access control | <ul style="list-style-type: none"> - Unique User Identification - Emergency Access Procedure - Automatic Logoff - Encryption and Decryption |
| 164.312(b) | Audit controls | None |
| 164.312(c)(1) | Integrity | <ul style="list-style-type: none"> - Mechanism to Authenticate Electronic Protected Health Information |
| 164.312(d) | Person or entity authentication | None |
| 164.312(e)(1) | Transmission security | <ul style="list-style-type: none"> - Integrity Controls - Encryption |

Part 2: Recommend compliance solutions.

The HIPAA technical security specifications should suggest security measures that will enhance or fulfill compliance with each requirement. Complete the table below with your recommendations. Use the knowledge that you have gained in the course so far and perform additional internet searches. You will find that there are many solutions available from companies that address each HIPAA standard.

| Standard | Name | Control |
|----------------------|---------------------------------|--|
| 164.312(a)(1) | Access Control | |
| 164.312(a)(2)(i) | Unique User Identification | Ensure each user has a unique ID to access systems containing EPHI. |
| 164.312(a)(2)(ii) | Emergency Access Procedure | Implement mirrored HDD storage and secure cloud backup to enable emergency access. |
| 164.312(a)(2)(iii) | Automatic Logoff | Configure security policies for automatic logoff on systems after inactivity. |
| 164.312(a)(2)(iv) | Encryption and Decryption | Encrypt hard drives, use secure encryption methods for EPHI both in storage and during transmission. |
| 164.312(b) | Audit Controls | Use AAA (Authentication, Authorization, Accounting) and document tracking to audit access and modifications. |
| 164.312(c)(1) | Integrity | |
| 164.312(c)(2) | Mechanism to Authenticate EPHI | Use File Integrity Monitoring (FIM) to detect unauthorized changes in data. |
| 164.312(d) | Person or Entity Authentication | Implement multi-factor authentication (MFA) and consider biometric authentication for secure access. |
| 164.312(e)(1) | Transmission Security | |
| 164.312(e)(2)(i) | Integrity Controls | Use hashing for document transmission and secure deletion of sensitive emails containing EPHI. |
| 164.312(e)(2)(ii) | Encryption | Encrypt communications via WPA2 or higher, VPN, HTTPS, and secure email channels for EPHI transmission. |

Health Literacy: No additional information

| Standard | Name | Control |
|----------------------|--|--|
| 164.312(c)(1) | Integrity | |
| 164.312(c)(2) | Mechanism to authenticate electronic protected health information (EPHI) | Implement file integrity monitoring (FIM) |
| 164.312(d) | Person or Entity Authentication | Multi-factor authentication (MFA), questions for password reset, biometric authentication |
| 164.312(e)(1) | Transmission Security | |
| 164.312(e)(2)(i) | Integrity controls | communications security hashing on transmitted documents, secure deletion of emails and other EPHI documents |
| 164.312(e)(2)(ii) | Encryption | Secure transmission WPA2 or better wireless, VPN for remote access, encrypted email, HTTPS, removing EPHI from unencrypted email such as forwards and responses. |

Blank Line. No additional information

Reflection Questions

1. There are many compliance frameworks that impose requirements on network security. The relevance of these frameworks depends on the type of business and the business activities that are conducted. PCI-DSS is a compliance framework for businesses that accept credit cards for payment. Search the web for **PCI-DSS control objectives**. Each objective has one or more requirements. From your searches, complete that table below:

| PCI-DSS Objectives | PCI-DSS Requirements |
|--------------------------------------|---|
| Build and maintain a secure network. | <ul style="list-style-type: none"> • Install and maintain a firewall configuration to protect card holder data. • Do not use vendor-supplied defaults for system passwords and other security parameters. |
| Protect cardholder data. | <ul style="list-style-type: none"> • Protect stored cardholder data. • Encrypt transmission of cardholder data across open, public networks. |

| PCI-DSS Objectives | PCI-DSS Requirements |
|--|---|
| Maintain a vulnerability management program. | <ul style="list-style-type: none"> • Use and regularly update anti-virus software. • Develop and maintain secure systems and applications. |
| Implement strong access control measures. | <ul style="list-style-type: none"> • Restrict access to cardholder data by business need-to-know. • Assign a unique ID to each person with computer access. • Restrict physical access to cardholder data. |
| Regularly monitor and test networks. | <ul style="list-style-type: none"> • Track and monitor all access to network resources and cardholder data. • Regularly test security systems and processes. |
| Maintain an information security policy. | <ul style="list-style-type: none"> • Maintain a policy that addresses information security for all personnel. |

2. How do these compliance requirements compare to the HIPAA requirements that you supplied above?
 - have similar security goals. They emphasize securing sensitive data through encryption, unique user identification, strong access control, and regular monitoring. However, HIPAA focuses on protecting healthcare data (EPHI), while PCI-DSS focuses on cardholder data.

3. Compliance frameworks such as HIPAA and PCI-DSS pertain to not only large organizations, but also small ones. For example, all medical professionals must comply with HIPAA. All businesses that take credit cards must comply with PCI-DSS. In fact, medical practices that accept credit cards must comply with both. From your experience researching in this lab, what do you see as the some of the major challenges for compliance of smaller organizations?
 - challenges in assessing their compliance status. They often lack the resources or expertise to conduct security audits, vulnerability assessments, and document compliance. Furthermore, they may struggle to afford advanced technical controls like encryption, secure backups, and monitoring systems.