

# HIPAA Compliance Guide

**Document ID:** COM-IR-005 **Last Updated:** March 2024 **Owner:** Legal & Compliance **Applies To:** Employees Handling Healthcare Customer Data

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## Overview

The Health Insurance Portability and Accountability Act (HIPAA) establishes requirements for protecting healthcare information. This guide covers NovaTech's HIPAA compliance program for customers in the healthcare industry.

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## HIPAA Applicability

### When HIPAA Applies

HIPAA applies when NovaTech: - Serves healthcare customers (covered entities)  
- Processes Protected Health Information (PHI) - Acts as a Business Associate

### Covered Entities

Our healthcare customers include: - Healthcare providers (hospitals, clinics, doctors) - Health plans (insurance companies) - Healthcare clearinghouses

### Business Associate Status

When we process PHI on behalf of covered entities, we are a **Business Associate** and must comply with HIPAA.

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## Protected Health Information (PHI)

### What is PHI?

Protected Health Information is individually identifiable health information, including:

| Category             | Examples                           |
|----------------------|------------------------------------|
| Demographics         | Name, address, birthdate, SSN      |
| Health conditions    | Diagnoses, symptoms, medications   |
| Healthcare provision | Treatment records, test results    |
| Payment information  | Insurance, billing records         |
| Identifiers          | Medical record numbers, device IDs |

### **Electronic PHI (ePHI)**

PHI stored or transmitted electronically has additional protections under the Security Rule.

### **PHI vs. De-identified Data**

De-identified data (per HIPAA standards) is not PHI and not subject to HIPAA.

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## **HIPAA Rules**

### **Privacy Rule**

Governs use and disclosure of PHI: - Minimum necessary standard - Patient rights - Notice requirements - Authorization requirements

### **Security Rule**

Requires safeguards for ePHI: - Administrative safeguards - Physical safeguards - Technical safeguards

### **Breach Notification Rule**

Requires notification when PHI is compromised: - Individual notification - HHS notification - Media notification (large breaches)

## Business Associate Agreement (BAA)

### When Required

BAA required before processing PHI for healthcare customers.

### NovaTech BAA

Our standard BAA is available for Enterprise customers: - Contact: legal@novatech.com - Available for: Enterprise plan customers - Includes: Required HIPAA provisions

### BAA Requirements

| Element            | Description                     |
|--------------------|---------------------------------|
| Permitted uses     | How we may use PHI              |
| Safeguards         | Security measures required      |
| Reporting          | Breach notification obligations |
| Subcontractors     | Sub-BA requirements             |
| Access             | Patient access facilitation     |
| Return/destruction | End of agreement procedures     |
| Audit              | Compliance verification         |

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## Administrative Safeguards

### Security Management

| Requirement                        | Implementation                  |
|------------------------------------|---------------------------------|
| Risk analysis                      | Annual security risk assessment |
| Risk management                    | Remediation of identified risks |
| Sanction policy                    | Employee accountability         |
| Information system activity review | Regular log review              |

### Workforce Security

| Requirement            | Implementation            |
|------------------------|---------------------------|
| Authorization          | Role-based access control |
| Clearance procedures   | Background checks         |
| Termination procedures | Access revocation process |

### Information Access Management

| Requirement          | Implementation              |
|----------------------|-----------------------------|
| Access authorization | Documented approval process |
| Access establishment | Least privilege principle   |
| Access modification  | Change management           |

### Security Awareness and Training

| Requirement         | Implementation              |
|---------------------|-----------------------------|
| Security reminders  | Regular communications      |
| Malware protection  | Endpoint security           |
| Log-in monitoring   | Failed login alerts         |
| Password management | Password policy enforcement |

### Security Incident Procedures

| Requirement         | Implementation             |
|---------------------|----------------------------|
| Response procedures | Incident response plan     |
| Reporting           | Internal reporting process |

### Contingency Plan

| Requirement              | Implementation              |
|--------------------------|-----------------------------|
| Data backup              | Regular encrypted backups   |
| Disaster recovery        | DR plan and testing         |
| Emergency mode operation | Business continuity         |
| Testing                  | Annual DR testing           |
| Criticality analysis     | Data criticality assessment |

## Evaluation

| Requirement         | Implementation           |
|---------------------|--------------------------|
| Periodic evaluation | Annual compliance review |

## Business Associate Contracts

| Requirement       | Implementation        |
|-------------------|-----------------------|
| Written contracts | BAAs with all sub-BAs |

## Physical Safeguards

### Facility Access Controls

| Requirement            | Implementation                     |
|------------------------|------------------------------------|
| Contingency operations | Facility access during emergencies |
| Facility security plan | Physical security measures         |
| Access control         | Badge access, visitor logs         |
| Maintenance records    | Documentation of repairs           |

### Workstation Use

| Requirement          | Implementation                 |
|----------------------|--------------------------------|
| Workstation use      | Acceptable use policy          |
| Workstation security | Screen locks, secure locations |

### Device and Media Controls

| Requirement             | Implementation           |
|-------------------------|--------------------------|
| Disposal                | Secure media destruction |
| Media re-use            | Data wiping procedures   |
| Accountability          | Asset tracking           |
| Data backup and storage | Encrypted storage        |

## Technical Safeguards

### Access Control

| Requirement                | Implementation           |
|----------------------------|--------------------------|
| Unique user identification | Individual user accounts |
| Emergency access           | Break-glass procedures   |
| Automatic logoff           | Session timeouts         |
| Encryption                 | ePHI encryption          |

### Audit Controls

| Requirement   | Implementation           |
|---------------|--------------------------|
| Audit logging | Comprehensive logging    |
| Log review    | Regular audit log review |
| Log retention | 6+ year retention        |

### Integrity

| Requirement    | Implementation           |
|----------------|--------------------------|
| Data integrity | Checksums, validation    |
| Authentication | Data origin verification |

### Transmission Security

| Requirement        | Implementation                 |
|--------------------|--------------------------------|
| Integrity controls | TLS, integrity checking        |
| Encryption         | TLS 1.2+ for all transmissions |

## Breach Notification

### Definition of Breach

Unauthorized acquisition, access, use, or disclosure of PHI that compromises security or privacy.

## Notification Requirements

| Breach Size      | Notification Timeline              |
|------------------|------------------------------------|
| <500 individuals | Annual report to HHS               |
| 500+ individuals | 60 days to HHS, media, individuals |

## Notification Content

Required elements: - Description of breach - Types of information involved - Steps individuals should take - Steps we're taking - Contact information

## NovaTech Process

1. Discover potential breach
  2. Assess if PHI involved
  3. Notify affected customer immediately
  4. Support customer's notification obligations
  5. Document all actions
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## HIPAA-Compliant Features

### Available in Enterprise Plan

| Feature               | Description                  |
|-----------------------|------------------------------|
| Encryption at rest    | AES-256 encryption           |
| Encryption in transit | TLS 1.2+                     |
| Access controls       | RBAC, MFA required           |
| Audit logging         | Comprehensive activity logs  |
| Backup encryption     | Encrypted backups            |
| Data residency        | US data centers              |
| BAA                   | Business Associate Agreement |
| Dedicated support     | HIPAA-trained support        |

## Configuration Requirements

For HIPAA compliance: 1. Enable all security features 2. Configure audit logging 3. Implement access controls 4. Enable encryption 5. Sign BAA

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## **Employee Requirements**

### **Who Must Comply**

Employees with access to healthcare customer data: - Customer Success team members - Support engineers - Engineering (with PHI access) - Sales (contract handling)

### **Training**

Required training: - HIPAA fundamentals - Handling PHI appropriately - Breach reporting

### **Access Limitations**

- Minimum necessary access
  - No PHI in emails or Slack
  - Use only approved systems
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## **Vendor Management**

### **Sub-Business Associates**

Our HIPAA-compliant sub-processors: - AWS (infrastructure) - Google Cloud (backup) - Datadog (monitoring - no PHI)

### **Vendor Requirements**

Before engaging vendors for PHI processing: 1. Security assessment 2. BAA execution 3. Compliance verification 4. Ongoing monitoring

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## **Audit and Compliance**

### **Internal Audits**



| Activity        | Frequency |
|-----------------|-----------|
| Access review   | Quarterly |
| Log review      | Monthly   |
| Policy review   | Annual    |
| Risk assessment | Annual    |

### External Audits

- SOC 2 Type II (includes HIPAA controls)
- Customer audits (with notice)

### Documentation

Maintain for 6 years: - Policies and procedures - Training records - Audit logs  
- Incident reports - BAAs

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## Incident Response

### PHI Incident Process

1. **Identify** - Suspect PHI exposure
2. **Contain** - Stop unauthorized access
3. **Report internally** - Security + Legal immediately
4. **Assess** - Determine if breach occurred
5. **Notify customer** - Within 24 hours
6. **Support notification** - Help customer meet obligations
7. **Remediate** - Fix root cause
8. **Document** - Complete incident record

### Contact Points

- Security incidents: security-urgent@novatech.com
  - HIPAA questions: compliance@novatech.com
  - Legal review: legal@novatech.com
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## Resources

- **HIPAA Training:** [learn.novatech.com/hipaa](http://learn.novatech.com/hipaa)
  - **BAA Requests:** [legal@novatech.com](mailto:legal@novatech.com)
  - **Compliance Questions:** [compliance@novatech.com](mailto:compliance@novatech.com)
  - **HHS Guidance:** [hhs.gov/hipaa](http://hhs.gov/hipaa)
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## Related Documents

- Information Security Policy (IT-SEC-001)
  - Incident Response Plan (IT-SEC-020)
  - Data Classification Policy (IT-SEC-015)
  - Vendor Assessment Process (COM-INT-015)
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*Review Cycle: Annual Next Review: March 2025*