HIPAA POLICIES AND PROCEDURES

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| **Policy Title:**  Workstation Use Policy **ID: WorkstationUsePolicy07032015**  **rev: 0.8** | | **Approval Date:**  00/00/0000  **Effective Date:** 00/00/0000  **Revisited date:** 00/00/0000 |
| **Subject:** Policy for the use of workstations that store, transmit, access or otherwise interact with Personal Health Information (PHI) and electronic personal health information (EPHI). | | |
| **Primary Responsible Departments and/or BAA:**   Security / Compliance | | **Review Frequency:**  **Last Review:** 00/00/0000  **Next Review:** 00/00/0000 |
| **Secondary Responsible Departments and/or BAA:**  Administration / IT | |

**Scope:**

Workforce

**Purpose:**   
To comply with all applicable laws, regulations and our own policies for security, availability, confidentiality and privacy of PHI and EPHI. This policy covers workstation use.

**Authoritative Reference:**

45 CFR §164.310(b)

**Policy Definitions:**

**1. Standard Workstation Use -** Workstations and other computer systems that may be used to transmit, access, store or otherwise interact with EPHI must be used in a secure and legitimate manner and systems that are used to, send, receive, store and access EPHI must comply with all applicable laws and regulations.

1. **Monitoring of Workstation Use -** Workforce members using workstations that send, receive, store, access or otherwise interact with EPHI will have all access and activities on these workstations logged and recorded to appropriately monitor workstation, user, EPHI and all other activities as required by the Audit Controls Policy.
2. **Removal of Workforce Members Privileges -** We must remove or deactivate any workforce member’s credentials, including but not limited to, user access accounts and access to secured areas, when necessary to preserve the integrity, confidentiality and availability of EPHI or other sensitive materials.

**Violations**

Any individual, found in violation of this policy may be subject to disciplinary action up to and including termination of employment.

**Violations:**

Any individual, found to have violated this policy, may be subject to disciplinary action up to and including termination of employment.

**Related Policies and Procedures:**

**Administrative:**

HIPAA Security Management Root Process

HIPAA Assigned Security Responsibility  
HIPAA Workforce Security

HIPAA Information Access Management

HIPAA Security Awareness and Training

HIPAA Security Incident Procedures

HIPAA Contingency Plan

HIPAA Evaluation

**Physical:**

HIPAA Device and Media Control Policy

HIPAA Facility Access Control Policy

**Technical:**

HIPAA Access Control Policy

HIPAA Audit Policy

HIPAA Authentication Policy

HIPAA Workstation Use Policy

HIPAA Workstation Security Policy

HIPAA Information Integrity Policy

HIPAA Transmission Security Policy

**BAA’s and Other Agreements:**

HIPAA Business Associate and Other Agreement Policy  
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