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POLICY AND PROCEDURE

Subject: Data Backup Policy

Policy 5001

PURPOSE

The purpose of this policy is to comply with the HIPAA Security Rule's requirements pertaining to response to an emergency or other occurrence that damages systems that contain electronic protected health information (ePHI). Specifically HIPAA Security Rule section 164.308(a)(7)(ii)(A).

SCOPE

The scope of this Policy is the Bullhook Community Health Center's (BCHC) information systems, including the electronic protected health information (ePHI) that is housed on those systems. This policy applies to all workforce members, students, contractors, and subcontractors, who collect, maintain, use, or transmit ePHI in connection with activities at BCHC.

POLICY

Bullhook Community Health Center (BCHC) will create regularly scheduled backups. This may include off-site back up, on-site backups, and backups that are made on-site, and stored off-site. Backups are sent to a 256 bit AKES encrypted drive managed by PGP.

Each information system that collects, maintains, uses or transmits ePHI should have a documented data backup plan to create, maintain, and recover exact copies of all ePHI.

The Data Backup Plan must require that all media used for backing up ePHI be stored physically in a secure environment, such as a protected, off-site storage facility. If an off-site storage facility or backup service is used, a written Business Associate Agreement must be used to ensure that the vendor will safeguard the ePHI in an appropriate manner, and that they will inform < > of any breaches of PHI in a timely manner. If backup media remains on-site, it must be stored physically in a secure location other than in the same the location that the computer systems reside.

Data backup procedures and the backup systems must be tested on a periodic basis to ensure that exact copies of ePHI are being made, and that they can be recovered and made available.

DEFINITIONS

Protected Health Information

Individually identifiable health information transmitted or maintained in any form. PHI excludes individually identifiable health information (a) in records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g, (b) in records described at 20 U.S.C. 1232g(a)(4)(B)(iv), (c) in employment records

held by a covered entity in its role as employer, and (d) regarding a person who has been deceased for more than 50 years.

Electronic Protected Health Information (ePHI)

Individually identifiable health information transmitted or maintained in electronic form. ePHI excludes the four exceptions above.

RESPONSIBILITIES

Bullhook Community Health Center employees are responsible for adhering to the standards outlined in this policy when administering BCHC's computers or network.

ADMINISTRATION AND INTERPRETATIONS

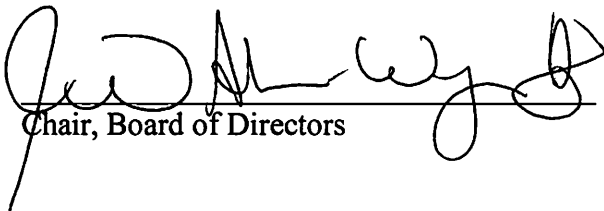
This policy shall be administered by the Bullhook Community Health Center's Management Team. Questions regarding this policy should be directed to the HR Department or CEO.

REFERENCES: HIPAA Final Security Rule, 45 CFR Parts 160, 162, and 164



Chief Executive Officer

Date: 8-21-15



Chair, Board of Directors

Date: 8-10-15

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