BULLHOOK
Community Health Center
521 4th Street Havre Montana 59501 • Phone: 406-395-4305 • Fax: 406-395-5643 • www.bullhook.com

Password Management Policy — Policy 5017

Purpose:

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule's requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

Scope:

This policy covers all electronic protected health information (ePHI), which is a patient's identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, or used in the future. This policy applies to all workforce members, students, contractors, and sub-contractors, who collect, maintain, use, or transmit ePHI in connection with activities at Bullhook Community Health Center (BCHC).

Policy:

BCHC requires that passwords created and used to access, transmit, receive, or store PHI are properly safeguarded. Proper safeguards include:

• Passwords used to access, transmit, receive, or store PHI must be of sufficient complexity to ensure that it is not easily guessable.

• All passwords must be changed at least every 90 days.

• User accounts that have system-level privileges should not be the same account used by administrators for everyday activities.

• Systems that authenticate must require passwords of users and must block access to accounts if more than three unsuccessful attempts are made.

• Passwords must never be revealed over the phone to ANYONE.

• Passwords must never be revealed in an e-mail message.

• Passwords must never be revealed on questionnaires or security forms.

• User accounts that have system-level privileges must have a unique password from all other accounts held by that user.

• Passwords must not be disclosed to other workforce members or individuals.

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• Workforce members must not allow other workforce members or individuals to use their password.

• Passwords must not be written down, posted, or exposed in an insecure manner such as on a notepad or posted on the workstation.

DEFINITIONS

Protected Health Information (PHI)

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.

System-Level Privileges

A user that has the ability to make computer system changes and that cannot be made by the majority of users. Such accounts will include, for example, the system administrator(s) and Network Administrator(s) who are responsible for keeping the system available and may need powers to create new user profiles as well as add to or amend the powers and access rights of existing users.

RESPONSIBILITIES

Administrators of systems that maintain PHI are responsible for ensuring that passwords set by workforce members meet a minimum level of complexity.

Individuals who access PHI are responsible for choosing passwords that adhere to the password strength that is defined by the system administrator.

BCHC's Management Team is responsible for validating that all systems that collect, maintain, use or transmit ePHI adhere to this policy.

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Date: 1-8-2018

CHIEF EXECUTIVE OFFICER

Date: 1/8/2018

CHAIR, BOARD OF DIRECTORS

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