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Information System Activity Review Policy

Policy 5013

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

POLICY:

BCHC will clearly identify all critical systems that process ePHI. BCHC will implement security procedures to regularly review the records of information system activity on all such critical systems that process ePHI.

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.



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RESPONSIBILITIES:

BCHC Management Team is responsible for clearly identifying the systems that must be reviewed, the information on these systems that must be reviewed, the types of access reports that should be generated, the security incident tracking reports that are to be generated to analyze security violations, and they are the individual(s) responsible for reviewing all audit trails, logs and reports. They are also responsible for sending inappropriate ePHI access information to the Compliance Officer and CEO.

BCHC's CEO is responsible for verifying that a logging and monitoring of ePHI access review process has been implemented in an effective manner.

BCHC Management Team is responsible to ensure that system activity reports are run on a routine basis, and that inappropriate access to ePHI is addressed in accordance with the BCHC sanctions policy.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by the Management Team.

- Questions regarding running system activity reports should be directed to the Management Team.
- Questions regarding compliance with this policy should be directed to the Compliancy Officers.
- Questions regarding employee sanctions for inappropriate access to ePHI should be directed to the CEO.

Lyndia Hall Date 4/13/2020
CHIEF EXECUTIVE OFFICER

Debi Rhuris Date 4/13/2020
CHAIR, BOARD OF DIRECTORS

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