



Medicine

DOCUMENTATION POLICY

Latest Revision: May 1, 2017

Original Effective Date: April 18, 2005

**HIPAA Security
Rule Language:**

“Maintain the policies and procedures implemented to comply with this subpart in written (which may be electronic) form; and

(ii) If an action, activity or assessment is required by this subpart to be documented, maintain a written (which may be electronic) record of the action, activity, or assessment.

(2) Implementation Specifications:

(i) Time limit (Required). Retain the documentation required by paragraph (b)(1) of this section for 6 years from the date of its creation or the date when it last was in effect, whichever is later.

(ii) Availability (Required). Make documentation available to those persons responsible for implementing the procedures to which the documentation pertains.

(iii) Updates (Required). Review documentation periodically, and update as needed, in response to environmental or operational changes affecting the security of the electronic protected health information.”

Standard 45 CFR 164.316(b) (with Implementation Specifications included).

Purpose:

This policy reflects CU Medicine’s commitment to maintain written documentation of the organization’s actions and activities related to the implementation of security policies and procedures to comply with the HIPAA Security Rule.

Policy:

1. CU Medicine must maintain the security policies and procedures it implements to comply with the HIPAA Security Rule in written (paper or electronic) form.
2. If an action, activity or assessment is required by the HIPAA Security Rule to be documented, CU Medicine must maintain a written (paper or electronic) record of the action, activity, or assessment.

DOCUMENTATION

3. CU Medicine must retain such required documentation for 6 years from the date of its creation or the date when it last was in effect, whichever is later.
4. CU Medicine must make such required documentation available to all workforce members responsible for implementing the policies and procedures to which the documentation pertains.

Procedures: Documentation Standard
Documentation Tree Structure
Contingency Plan Documentation Table of Contents

Scope/Applicability: This policy is applicable to all departments that use, create or disclose electronic protected health information for any purpose.

This policy’s scope includes all electronic protected health information.

Regulatory Category: Organizational Requirements

Definitions: See glossary for key terms and acronyms used in this policy.
(On file with Security Officer)

Policy Authority/Enforcement: Enforcement of this policy will reside with the Security Officer or appropriate Management.

Related Policies: Evaluation Policy

Renewal/Review: This policy is to be reviewed periodically to determine if the policy complies with current HIPAA Security regulations. In the event that significant related regulatory changes occur, the policy will be reviewed and updated as needed.

MM/DD/YYYY	COMMENT
05/01/2017	Updated and reviewed for CU Medicine name change
9/20/13	Reviewed and updated for Omnibus Rules; Senior Security/Project Manager.
7/24/12	Reviewed; Senior Security/Project Manager.

Governance: Responsibility for adoption and/or implementation of this policy is as follows:

Approving Body		Executive Approval	
Security Officer:	05/01/17	Chief Financial Officer:	05/01/17
Signature on file.	Date	Signature on file.	Date