HIPAA/IT SECURITY (HEALTH INFORMATION) POLICY INSTRUCTIONS:

- What are the facility's policies regarding HIPAA violations AND IT security breaches (i.e. safeguarding of resident PHI and managing access to appropriate staff members)?
- What are the protocol(s) that are enacted in the event that a HIPAA/IT security violation/breach occurs?
    - **Internal process** (i.e. warnings/disciplinary/staff education/reporting to appropriate internal management)
    - Please visit: http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/securityruleguidance.html for information on creating a Health Information Policy.
    - **External process** (i.e. reporting violations to the DHHS Security Officer when appropriate)
        - Report may be made to DHHS Privacy Officer in the event that an unauthorized user inappropriately accesses or misuses information in a DHHS application (i.e. NCIS)
        - For further information regarding external violation reporting, please visit http://dhhs.ne.gov/Pages/hipaa_3b-7-complaint.aspx