

HIPAA Security Procedure #4 Information Access Management Procedures

Last Revised: 3/15/2005

Approved:12/16/05

Account Request Procedure:

Supervisors must request account access to systems that manipulate EPHI for the workforce members they supervise according to the principles in #3 Workforce Security Procedure (request in writing or by electronic copy; minimum number of accounts necessary; minimum level of access necessary; always retain a copy of your request).

Supervisors should make requests for department-level and inter-department level accounts (email, RO domain, VPN, Carenet domain, IMPAC, ClinDesk, etc.) to OCF using the support interface (http://rocweb/oissupport).

Supervisors should direct requests for account access to other systems and applications in the department to the appropriate system manager of that system or application.

Account Access Modification Procedure:

When there is a change in the EPHI access level appropriate for a workforce member, the supervisor of the workforce member must submit a request for account or access level change to the appropriate system manager (by email or in writing) or to the OCF support interface (http://rocweb/oissupport).

An annual review of the department's staff and their respective access rights to EPHI will be conducted by the department under the direction of the Security and Privacy Liaisons.

Employee Departure Procedures:

When an employee leaves the department to work for another WUSM department or to work outside the University, the following procedure must be followed. Note that an employee may become a Non-employee Workforce Member in order to complete academic projects:

- Notification: The department Manager of Administrative Services will officially notify all appropriate divisions, sections and managers of the employee's prospective departure and departure date
- Electronic Access: All accounts and access to applications must be discontinued as of the employee's departure date
- Email Access: Email access will be discontinued as of the departure date, the account will be removed from all email groups/lists and notice of the employee's departure will be posted in the departmental news of the department intranet.
- Physical Access: All keys, ID card access and other types of physical access must be returned to the department or discontinued as of the employee's departure date.
- University owned property: All university owned property must be returned to the department. All computing equipment and electronic media owned by the University must be returned to OCF or the appropriate system manager for cleaning/checkout.

- Statement of Understanding of Management of PHI/EPHI: The supervisor will provide the departing workforce member a copy of the "Statement of Understanding of Management of PHI/EPHI" (See EXHIBIT A)
- Termination Checklist (See EXHIBIT A) The immediate supervisor and Manager of Administrative Services will use the "Off Staff Checklist" to insure that all employee departure issues are completed.

Non-employee Workforce Member Departure Procedures:

Note that non–employee workforce members are typically students or visiting professors serving a specific amount of time within the department. The non-employee is supervised by an employee sponsor, not the Manager of Administrative Services. Normally, the non-employee workforce member has very few physical access keys and very little university owned equipment. However, the workforce member does use various department systems and applications.

- Notification: The supervisor (sponsor) of the non-employee workforce member is responsible for supplying a departure date for the sponsored workforce member when the supervisor requests access to systems or applications for the workforce member. System managers granting access must log the access and departure date and terminate access at the appropriate time.
- Electronic Access: All accounts and access to applications must be discontinued as of the workforce member's departure date
- Email Access: Email access will be discontinued as of the departure date, the account will be removed from all email groups/lists and notice of the workforce member's departure will be posted in the departmental news of the department intranet.
- o Physical Access: All keys, ID card access and other types of physical access must be returned to the department or discontinued as of the workforce member's departure date.
- University owned property: All university owned property must be returned to the department. All
 computing equipment and electronic media owned by the University must be returned to OIS or the
 appropriate system manager for cleaning/checkout.
- Statement of Understanding of Management of PHI/EPHI: The supervisor will provide the departing workforce member a copy of the "Statement of Understanding of Management of PHI/EPHI" (See EXHIBIT A)
- Termination Checklist (See EXHIBIT B): The supervisor/sponsor will use the "Off Staff Checklist" to insure that all departure issues are completed.

Access to EPHI may not be extended to a departing employee or workforce member beyond their termination date. If the employee needs access to EPHI past their date of departure, the employee must enter into a Business Associates Agreement with the department. Or, if the employee will be accessing EPHI as part of a research team, it must be in strict accordance with HIPAA Privacy Policy # 15 or they must be specifically named in the Informed Consent/HIPAA Authorization. (Exception: With the approval of the Department Chairman, departed Resident MDs are allowed to temporarily borrow copies of PHI to take National Board Exams (See Privacy Liaison for details)

EXHIBIT A

Washington University in St.Louis School of Medicine

Department of Radiation Oncology

STATEMENT OF UNDERSTANDING OF MANAGEMENT OF PHI/EPHI

To departing employee or workforce member:

This statement is a review of the essential policy for management of PHI/EPHI within the department. Please note the following:

- 1. Upon your departure, all forms of PHI/EPHI must be returned to the Hospital (or Department). Copies must be destroyed or de-identified according to the WU HIPAA policy.
- 2. See the Privacy Liaison to review the policy and requirements concerning a departing researcher taking copies of PHI/EPHI related to grant work that is moving to a new institution with the researcher.

Thank you for your attention to this important matter.

EXHIBIT B

Washington University in St.Louis SCHOOL OF MEDICINE

Department of Radiation Oncology

OFF-STAFF CHECKLIST

		(Employee)	Initials
ſ	1	Actual last day worked	IIIICIAIS
[Letter of resignation	
[1	Insurance ending date - employee informed (NOTE: Employee may <u>not</u> use paid vacation time to extend medical coverage)	
[]	Final performance evaluation	
[]	All time sheets/leave records	
[]	Vacation taken before leaving	
]	1	Obtain Accounting Manual/FIS Manual/Non-Academic Policies and Prodcdures/R.O. Suprvisors/Other manuals	
[]	Final check disposition obtained	
[]	Final payroll letter/form to Department	
[]	Direct deposit canceled for last checkYesNo (To be cancelled for Staff)	
[]	Barnes I.D. card enclosed	
[]	Barnes keys returned to	
[]	University I.D. card enclosed	
[]	University keys numbered enclosed Key card copy attached)	
[]	Radiation Oncology Medical Records notified - MF TO AM	
[]	Xerox code voided	
[]	Long distance code voided	
[]	OCF - computer accounts blocked/terminated - (Samsi Samoeri)	
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L]	OCF - computer equipment EPHI checkout - (Juanita Eltabar)	
[]	IDX computer code voided - (Earselene Easley)	
[]	FIS computer code voided - (Lois Smith)	·
[]	Focus cancel - (Lois Smith)	
[]	Collect University Property	
		Laboratory coats	
		Library books	
		Film badge	
		Dictating equipment	
		Pager	
[]	Parking Tag (4511 Forest Park)	