HIPAA Security Rule

Tulane University Mechanism to Authenticate E-PHI Policy

<table>
<thead>
<tr>
<th>Department:</th>
<th>Technology Services</th>
<th>Policy Description: Mechanism to Authenticate E-PHI (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard:</td>
<td>Integrity</td>
<td>Section: 164.312(c)(1)</td>
</tr>
<tr>
<td>Approved:</td>
<td>April 19, 2005</td>
<td>Revised:</td>
</tr>
<tr>
<td>Effective Date:</td>
<td>April 20, 2005</td>
<td>Policy Number: TS-39</td>
</tr>
</tbody>
</table>

PURPOSE

The purpose of this policy is to implement electronic mechanisms to corroborate that e-PHI has not been altered or destroyed in any unauthorized manner.

SCOPE

This policy applies to Tulane University Medical Group, its participating physicians and clinicians, and all University employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of Tulane University Medical Group and have been designated as part of the Tulane University HIPAA Health Care Component.

POLICIES AND PROCEDURES

Tulane University takes steps to protect the integrity of e-PHI from unauthorized modification or destruction. Protection measures are outlined in FPP-13. IDX Policy for Unauthorized Audit Process

RESPONSIBILITIES:

The Security Officer is ultimately responsible for ensuring the implementation of the requirements of the Mechanism to Authenticate E-PHI policy.

Employees who violate this policy will be subject to disciplinary action up to and including termination of employment. Anyone who knows or has reason to believe that another person has violated this policy should report the matter promptly to his or her supervisor or the Security Officer. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. Where possible, every effort will be made to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this policy will itself be considered a violation of this policy that may result in disciplinary action up to and including termination of employment.

IMPLEMENTATION SPECIFICATION:

§ 164.312 Technical safeguards.

(a) A covered entity must, in accordance with § 164.306:
(c)(1) Standard: Integrity. Implement policies and procedures to protect electronic protected health
information from improper alteration or destruction.
(2) Implementation specification: **Mechanism to authenticate electronic protected health information**
(Addressable). Implement electronic mechanisms to corroborate that electronic protected health information
has not been altered or destroyed in an unauthorized manner.