



HIPAA Security Rule

Tulane University Media Re-use Policy

Department: Technology Services	Policy Description: Media Re-use (R)
Standard: Device and Media Controls	Section: 164.310(d)(1)
Approved: April 19, 2005	Revised:
Effective Date: April 20, 2005	Policy Number: TS-31

PURPOSE

The purpose of this policy is to implement procedures for removal of e-PHI from electronic media before the media are made available for re-use.

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 removes e-PHI on its electronic media before the media are re-used for any purpose. Tulane University ensures that, prior to re-use, the media is reformatted, any labels on the media are removed and destroyed and all actions are verified and documented.

The process applies to the following types of electronic media on which e-PHI is stored:

- Floppy disks
- Backup tapes
- CD-ROMs
- Zip drives
- Hard drives
- Flash memory
- Other portable storage devices

E-PHI is removed in a complete and irreversible manner in order to prevent unauthorized access to the e-PHI. Given that ownership and control of e-PHI is dispersed among many individuals, departments, and divisions of Tulane University, the specific sanitization procedures and type of software used to sanitize the media of the e-PHI may differ by location. Workforce members must contact the Security Officer if they have not sanitized electronic media in the past using a sanitation method approved by the Security Officer, as well as if they have any questions concerning the appropriate procedures or applications for removing e-PHI prior to reusing electronic media.

RESPONSIBILITIES:

The Security Officer is ultimately responsible for ensuring the implementation of the requirements of the **Media Re-use** 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:

§ 164.310 Physical safeguards.

(a) A covered entity must, in accordance with § 164.306:

(d)(1) Standard: **Device and media controls**. Implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic protected health information into and out of a facility, and the movement of these items within the facility.

(2) Implementation specifications:

(ii) **Media re-use** (Required). Implement procedures for removal of electronic protected health information from electronic media before the media are made available for re-use.