SAN BERNARDINO COUNTY
Behavioral Health
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Device and Media Controls Policy

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Policy

It is the policy of the Department of Behavioral Health (DBH) to protect all hardware and media that contain electronic protected health information (ePHI) or departmental confidential data to ensure content availability, confidentiality, and integrity in compliance with the Health Insurance Portability and Accountability Act (HIPAA 45 CFR part 160 and 164).

Purpose

To provide the requirements for controlling, managing, and monitoring the receipt, re-use, transportation, removal and disposal of all hardware, software, media, and electronic devices containing DBH ePHI.

Definition(s)

Electronic Media Devices: Electronic computing devices including laptop or desktop computers or any other devices that may be used to store ePHI; and, Diskettes, compact disks (CDs), DVDs, tapes, memory sticks and all related types of removable and external storage devices.

Device and Media Controls

Receipt:

- DBH-IT must maintain a secure record documenting all hardware and software received into DBH.
- DBH-IT must scan the components (e.g., software, storage devices) for malicious software.
- DBH-IT must provide written approval prior to removal of hardware and software from a facility. All requests and decisions concerning removal of any hardware and software must be documented.

Disposal:

- All ePHI on decommissioned devices and storage media must be irretrievably destroyed in order to protect the confidentiality of the data contained. If the device or media contains ePHI that is not required or needed, and is not a unique copy, a data destruction tool must be used to destroy the data on the device or media prior to disposal that meets the National Institute of Standards and Technology (NIST) Special Publication 800-88r1.

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Device and Media Controls, continued

- Destruction of all electronic media and information systems containing ePHI must be tracked and logged, recording the following information:
  - Date and time of destruction,
  - Who performed the destruction,
  - Brief description of media or information systems that was destroyed.

Device Reuse:

- DBH removes ePHI on its electronic media before media is re-used for any purpose. ePHI is removed completely and irreversibly in order to prevent unauthorized access to ePHI and to protect the confidentiality of ePHI.
- DBH **Data Sanitation Policy** (IT5016) provides instruction for devices identified for reuse.

Record of Movements:

- When using storage devices and removable media to transport ePHI movement must be tracked and records maintained to document the movement of those devices and media and the parties responsible for the device and media during its movement (see ePHI on removable storage media below).

***Note*:** DBH-IT will maintain documentation of device and media receipts, disposal, reuse and movements for a minimum of seven (7) years, unless otherwise instructed by the **Retention of Medical Records Policy** (COM0906).

System Backups

The use of a data destruction tool before reuse is not required if the media is used for system or data backup as long as the media is stored and transported in a secured environment.

- DBH-IT must make an exact retrievable copy of the ePHI before relocation of a storage device or media containing ePHI, if the device or media contains the last remaining copy of ePHI.

DBH Information Technology

DBH-IT will review the procedures for the destruction, reuse, and the creation of back-up media and/or storage of media devices that is completed by a third party or DBH-IT, document the reviews, and make any necessary changes on a semi-annual basis.

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ePHI on Removable Storage Media

In some cases, outside reporting mandates may dictate transferring ePHI on removable storage media and will require the following:

- Written approval by the DBH-IT Manager or designee.
- Media device to be new (not previously used) or documented to be sanitized.
- Media device to be password protected.
- Media distribution shall be completed by DBH-IT
  - DBH-IT will maintain a Storage Media Release Log.
  - The Media Release Log will be available for review by the DBH Compliance Office or external audit upon request.

Consequences of Violations

Violating the use of DBH systems as described in this or any related County policy will result in disciplinary action consistent with the County Personnel Rules.

Related Policy or Procedure

San Bernardino County Policy Manual:

- Protection of Individually Identifiable Health Information (14-02)
- Protections of Individually Identifiable Health Information (14-02SP1)

DBH Standard Practice Manual and Departmental Forms:

- Confidentiality of Protected Health Information (PHI) (COM0905)
- Retention of Medical Records Policy (COM0906)
- Security of Protected Electronic Health Information Policy (COM0923)
- Transportation of Protected Health Information (PHI) Policy (COM0948)
- Data Sanitation Policy (IT5016)

Reference(s)

- Code of Federal Regulations, Title 45, Part 160 and 164
- Code of Federal Regulations, Title 42 Part 2, Final Rule
- National Institute of Standards and Technology (NIST) Special Publication 800-88r1