

Good afternoon, HCCs – Please read and share with those in your area who use smart phones or other portable devices for any University business, including checking their University email accounts.

This settlement is a good reminder for all HCCs to:

- (1) ensure smart phones and other electronic devices are encrypted (contact your Tier 1 or IT rep for assistance);
- (2) ensure there is a Business Associate agreement in place with all service providers who access your PHI. In this case, if the BAA had not been in place, the nursing home would have been responsible for the breach as well as for penalties for failing to have the BAA in place (contact Purchasing for assistance);
- (3) ensure your HCC's policy on checking out devices, such as phones and laptops, is documented and that the form used to check out devices to employees has been completed, as required by the University policy applicable to your HCC. See for example, <http://ouhsc.edu/hipaa/secured/forms-clinics.asp> - HSC; http://www.ou.edu/property_control/pdf/forms/Temporary%20Equipment%20Use%20Agreement.pdf –Norman.

Check your phones; check your vendors; check your policies and then call me if you have any questions. Have a nice holiday weekend!

Business Associate's Failure to Safeguard Nursing Home Residents' PHI Leads to \$650,000 HIPAA Settlement

Catholic Health Care Services of the Archdiocese of Philadelphia (CHCS) has agreed to settle potential violations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule after the theft of a CHCS mobile device compromised the protected health information (PHI) of hundreds of nursing home residents. **CHCS provided management and information technology services as a business associate to six skilled nursing facilities. The total number of individuals affected by the combined breaches was 412.** The settlement includes a monetary payment of \$650,000 and a corrective action plan.

“Business associates must implement the protections of the HIPAA Security Rule for the electronic protected health information they create, receive, maintain, or transmit from covered entities,” said U.S. Department of Health and Human Services Office for Civil Rights (OCR) Director Jocelyn Samuels. “This includes an enterprise-wide risk analysis and corresponding risk management plan, which are the cornerstones of the HIPAA Security Rule.” OCR initiated its investigation on April 17, 2014, after receiving notification that CHCS had experienced a breach of PHI involving the **theft of a CHCS-issued employee iPhone.** The iPhone was **unencrypted** and was not password protected. The information on the iPhone was extensive, and included social security numbers, information regarding diagnosis and treatment, medical procedures, names of family members and legal guardians, and medication information. At the time of the incident, **CHCS had no policies addressing the removal of mobile devices containing PHI from its facility or what to do in the event of a security incident; OCR also determined that CHCS had no risk analysis or risk management plan.**

In determining the resolution amount, OCR considered that CHCS provides unique and much-needed services in the Philadelphia region to the elderly, developmentally disabled individuals, young adults aging out of foster care, and individuals living with HIV/AIDS.

OCR will monitor CHCS for two years as part of this settlement agreement, helping ensure that CHCS will remain compliant with its HIPAA obligations while it continues to act as a Business Associate. The Resolution Agreement and Corrective Action Plan can be found on the OCR website at: https://urldefense.proofpoint.com/v2/url?u=http-3A__www.hhs.gov-hipaa-for-2Dprofessionals-compliance-2Denforcement-agreements-catholic-2Dhealth-2Dcare-2Dservices-index.html&d=CwIFaQ&c=qRnEBYzajCb3ogDwk-HidsbrxD-31vT5TBEIa6TCCFk&r=Uwzi5OR07KvIAWE2DA3HmxgYBLC3wV3nwXD68IY8jsU&m=TXPft2xxFEtrUn3InU9RM4civXFqeVkgOev7NUM&s=NfGSaf7Hf9O_HPRRofCxCKnCCZBL0U54nY_qxj3PdAQ&e=

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