Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	**Administrative Safeguards – Security Management Process and Security Incident Procedures**	Policy No. **5018.00**
Category:	HIPAA Privacy & Security	Date Adopted: 02/14/2020 Date Revised:
Reference:	Washington Health Care Authority Contract with Great Rivers Behavioral Health Organization; ARRA Title XIII Section 13402 – Notification in the Case of Breach RCW 42.56.590 – Personal Information – Notice of security breaches. RCW 19.255.010 – Disclosure, notice – Definitions – Rights, remedies. 45 CFR Parts 160 and 164 – HIPAA Privacy and Security Rules; 45 CFR 164.306 and 45 CFR 164.308	

Policy:

1.1. Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) will assign responsibility for all safeguarding matters to a Privacy Officer and Security Officer. Together, these persons will be responsible for assuring that all PHI, whether in oral, written or electronic form, is reasonably secure from accidental or intentional uses and disclosures that violate the Privacy Rules, and from inadvertent disclosures to other than the intended recipient.

1.2. The Security Officer, or designee, will maintain the Policies and Procedures, for all media, around security measures to protect PHI. The Privacy Officer and Security Officer will assure that policies and procedures are implemented to prevent, detect, contain, and correct security violations. This implementation shall include:

1.2.1. Risk Analysis: The Security Officer, or designee, and Privacy Officer will accurately and thoroughly assess potential risks and vulnerabilities to confidentiality, integrity and availability of ePHI.

1.2.2. Risk Management: Security Officer will implement measures sufficient to reduce risks to acceptable and appropriate level.

1.2.3. Sanction Policy: Privacy Officer in conjunction with Human Resources assure that appropriate consequences are applied to personnel who violate known security policies and procedures.

1.2.4. Information System Activity Review: Security Officer, or designee, will regularly review IS system activity using audit logs, access reports and other security incident tracking reports. Any detected security incidents will be promptly reported to the Security Officer who will initiate and document a responsive corrective action plan. These interventions will be timely reported to the Privacy Officer, Security Officer, and Compliance Officer.

1.3. The Privacy Officer, or designee, and Security Officer will also be responsible for monitoring the appropriate and consistent implementation of the policies and procedures that control the conduct of the workforce, subcontractors, and business associates with regard to the protection of data. The corresponding obligations of business associates and other contracting parties will be evidenced by terms of written agreements. The Privacy Officer, or designee, and the Security Officer will assure that breaches of security are investigated and that members of the workforce who are responsible for those breaches will be subject to the appropriate sanctions as determined

by HR in consultation with Management and Privacy Officer. In addition, the Privacy Officer, or designee, and the Security Officer will assure that any system weakness uncovered during such investigations will be corrected.

POLICY SIGNATURE

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Edna J. Fund
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4/14/2020

Edna J. Fund, Chair
Great Rivers BH-ASO Governing Board

Date