INFORMATION TECHNOLOGY
RESOURCE MANAGEMENT

Policy: The University shall ensure that requirements regarding the receipt and movement of hardware and electronic media that contain protected health information (ePHI) in/out and within of a facility are met.

<u>Rationale:</u> To comply with 45 CFR 160.103, an effective IT resource management process allows the organization to track physical and virtual assets and provide management with a picture of what, where and how assets are being used.

POLICY STATEMENT:

Each HIPAA-Covered Component shall establish procedures to ensure that it tracks and documents the movement of hardware and electronic media that has access to or may contain ePHI.

1. There shall be a record of the movements of IT resources and the designated individual(s) responsible.

2. The movement of IT resources shall be authorized and logged by the HIPAA-Covered Component prior to the IT resources entering or leaving a facility.

3. The HIPAA-Covered Component shall be accountable for IT resources while in transit between facilities.

4. IT resources shall be authorized for use and access within a facility by the HIPAA-Covered Component's Director.

5. IT resources shall be properly disposed of when no longer used.

6. ePHI shall be removed from IT resources and electronic media before the resources are made available for reuse.

Reference: 45 CFR 160.103

Additional Resource: http://itpolicy.uconn.edu/policydocs/datawipe.html