

DOs and DON'Ts:

HIPAA

The HIPAA Security Rule requires covered entities to ensure that their disposal method for protected health information (PHI) protects against impermissible uses and disclosure. HIPAA does not require a specific disposal method; rather, covered entities must review their own circumstances to determine what steps are reasonable to safeguard PHI.

ALL RECORDS CONTAINING PHI

- DO** Implement policies and procedures to address the final disposition of PHI and/or the hardware on which it is stored
- DO** Retain records of said policies for 6 years after the creation of the policy or the date the policy was last in effect, whichever is later (required by law)

PAPER RECORDS CONTAINING PHI

- DO** Shred, burn, pulp or pulverize the records so that PHI is rendered indecipherable
- DO** Use a disposal vendor to destroy records containing PHI
- DO** Deposit destroyed PHI in locked dumpsters that are accessible only by authorized persons
- DON'T** Place paper records in a public dumpster or other trash receptacle

See other side please.

ELECTRONIC RECORDS CONTAINING PHI

- DO** Clear, purge or otherwise destroy PHI
- “Clear” – Use software or hardware products to overwrite PHI with non-sensitive data
 - “Purge” – Expose the hardware to a strong magnetic field in order to disrupt the recorded magnetic domains
 - Disintegrate, pulverize, melt or incinerate the hardware
- DO** Use a disposal vendor to perform these services
- DON'T** Reuse or dispose of computers or other electronic media that store PHI unless the PHI has been destroyed

IN GENERAL

- DO** Provide training on disposal for any workforce member involved in disposing of PHI

For more information on these topics, visit Hill Wallack LLP's Employment Law blog - <http://www.pa-nj-employmentlaw.com>

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