

(was Administrative Policy 9-10-080)

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Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**  
Title: **DEVICE MEDIA CONTROL**

Prior Approval Date: N/A  
Current Approval Date: 12/6/07

Approved by: Donald J. Babcock / 12/6/07  
Executive Director Date

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**I. ABSTRACT**

This policy establishes the standards and procedures of the Macomb County Community Mental Health Board (MCCMH) for compliance with the Security Rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) by governing the receipt and removal of hardware and electronic media that contain electronic protected health information (EPHI) into and out of a facility, and the movement of these items within a facility.

**II. APPLICATION**

This policy shall apply to the MCCMH administrative offices and to all directly-operated network providers of the MCCMH Board.

**III. POLICY**

It is the policy of the MCCMH Board that unauthorized access to or modification of EPHI that is being transmitted or transported using electronic removable media is prohibited.

**IV. DEFINITIONS**

- A. Electronic Removable Media – any transportable digital memory medium, such as magnetic tape or disk, optical disk, digital memory card, or jump or travel disk.

## **V. STANDARDS**

- A. Electronic Protected Health Information (EPHI) on any electronic media shall be protected from unauthorized discovery, use, or dissemination through restriction, removal and disposal mechanisms as contained in this policy.
- B. MCCMH Administration and Management shall ensure that all MCCMH staff and independent contractors comply with and abide by the Procedures provided below.
- C. Management shall ensure that staff adhere to the above standards and the Procedures below.

## **VI. PROCEDURES**

- A. The MCCMH Information Technology staff (IT) shall ensure that:
  - 1. Integrated portable hard drives are removed from workstations at MCCMH clinical sites.
  - 2. Floppy disks are phased out of the clinical sites.
  - 3. Access to file drives is restricted.
- B. At the administrative sites, portable media shall not be used with the exception of supplying EPHI to outside parties or when deemed appropriate by management for legitimate data reporting (e.g., to DCH) or for authorized disclosures (e.g., Care Coordination). MCCMH Management Staff will log all outgoing media, including data sent and intended recipient.
- C. MCCMH will not reuse Electronic Removable Media. Electronic removable media will be disposed of via approved methodology by the MCCMH IT staff.
- D. The MCCMH IT staff shall maintain password controls to log on to laptops and shall maintain a log to track staff members who have laptops.
- E. Laptops and other portable media shall be secured by MCCMH workforce at all times. All such devices containing EPHI shall not be left unattended (e.g., stored in cars

overnight, left unsecured in an office or public area).

F. The MCCMH IT staff shall:

1. Destroy all hard drives at the time of disposal. Care shall be taken to ensure that the disposed disks do not contain EPHI;
2. Maintain a record of the movements of hardware and electronic media and any person responsible for movement; and
3. Create a retrievable, exact copy of EPHI, when needed, before movement of equipment.
4. Arrange for floppy disks to be destroyed.

**VII. REFERENCES / LEGAL AUTHORITY**

- A. Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191
- B. 45 CFR § 164.310(d)

**VIII. EXHIBITS**

- A. None.