Meeting the mandate for the HIPAA Security Rule: Are you ready?

Susan C. Manning, JD, RHIA, CPC

The HIPAA deadline is here, and unless you are one of just a handful of health care professionals in Wisconsin, you must comply with its requirements.

The Health Insurance Portability and Accountability Act (HIPAA) Security Rule (Rule) demands significantly more detailed compliance processes than the Privacy Rule implemented in 2002. The Security Rule’s compliance date is April 20, 2005 and includes all “covered entities” that are defined as

- Physicians and health care professionals who transmit health information in electronic form in connection with a HIPAA transaction
- Health plans that are not small health plans
- Health care clearinghouses

A health care professional required to comply is defined as a provider of medical or health services and any other person or organization that furnishes, bills, or is paid for health care in the normal course of business.1

HIPAA delineates civil and criminal penalties for noncompliance with the Privacy and/or Security Rule. While the Office of Civil Rights oversees and enforces the HIPAA Privacy Rule, the Security Rule will be enforced by the Centers for Medicare and Medicaid Services, an entity with extensive experience in the enforcement of requirements relating to physicians and other health care professionals. That’s why it is imperative that you understand the requirements of the Security Rule and become compliant.

The Rule’s intent is to provide national standards for safeguards to protect the confidentiality, integrity, and availability of patient health care information maintained electronically.

This Rule requires that health care professionals

1. Ensure the confidentiality, integrity, and availability of all electronic protected health information (E PHI) the covered entity creates, receives, maintains, or transmits.
2. Guarantee the security or integrity of such information.
3. Protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under federal law.
4. Ensure compliance by its workforce.2

Compliance requires substantial work. The Security Rule contains 18 standards with which health care professionals must comply and 42 implementation specifications. The standards are clearly outlined and should be the beginning point for the Rule’s implementation.3 Following some of the standards are implementation specifications that provide further detail for meeting the standard. These specifications may either be “required” or “addressable.” When a standard includes a required specification, you must implement that specification. When a specification is addressable, you must assess whether the implementation is reasonable in its environment and either proceed with implementation or document why implementation is not reasonable. You may use any security measures that allow reasonable and appropriate implementation of the standards and specifications.4 In deciding which security measures to use, you must take into account the following:

1. The size, complexity, and capabilities of the covered entity
2. The covered entity’s technical infrastructure, hardware, and software security capabilities
3. The costs of security measures
4. The probability and criticality of potential risks to E PHI5

All covered entities are required to develop and implement reasonable and appropriate policies and procedures to assure compliance with the Rule’s standards and implementation specifications. The Rule has three sections, including administrative safeguards, physical safeguards and technical safeguards. Security measures implemented to comply with the Rule must also be reviewed and modified as needed.


References

1. 45 CFR §160.102(a) and 45 CFR §160.103.
2. 45 CFR §164.306(a)
3. 45 CFR Appendix A to Subpart C of Part 164 – Security Standards Matrix
4. 45 CFR §164.306(b)(1)
5. 45 CFR §164.306(b)(2)
The mission of the Wisconsin Medical Journal is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The Wisconsin Medical Journal (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of Wisconsin Medical Journal. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the Wisconsin Medical Journal nor the Society take responsibility. The Wisconsin Medical Journal is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

For reprints of this article, contact the Wisconsin Medical Journal at 866.442.3800 or e-mail wmj@wismed.org.

© 2005 Wisconsin Medical Society