



May 21, 2010

## HIPAA Security FAQ's

Ok, here we go, a four part series on HIPAA Security. Please let me know if you have any questions. My goal is to help each of you become legally compliant, HIPAA and Medicare. I make it simple and easy for you and you take care of the folks. There is nothing more important in your practice than taking care of the patients and spreading the word of chiropractic.

For those of you that have my HIPAA Security Policies and Procedures manual will be familiar with these FAQ's.

Security is part of the HIPAA Standards that is much less known than HIPAA Privacy, but not less important. The most important thing in HIPAA Security is assessing your risk of a breach and doing everything you can to stop it before it happens.

## What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was signed into law by President Bill Clinton on August 21, 1996. HIPAA's main goal was to ensure the portability of health insurance benefits particularly as individuals moved from job to job. However, within this law a subtitle was created entitled the Administrative Simplification Act, with three additional goals:

Simplify the administration and processing of health data by implementing industry-wide standards for transmitting certain health and related financial information;

Create standards to ensure the privacy and security of health information that is transmitted or stored electronically; and

Reduce the costs and administrative overhead of processing health and related financial information.

## What is HIPAA Security?



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HIPAA Security is that part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that governs electronic protected health information or EPHI.

### **What was the HIPAA Security compliance date?**

April 20, 2005

### **Who must comply?**

All covered entities must comply with the Security Rule if they store or transmit any protected health information in electronic form.

### **Why HIPAA Security?**

Prior to HIPAA, no generally accepted set of security standards of general requirements for protecting health information existed in the health care industry. In this fast access technology driven society, providers are quickly moving away from paper. So protecting the data and still permitting appropriate access became an important priority.

### **What is the difference between the HIPAA Privacy and the HIPAA Security Rules?**

The Privacy Rule sets the standards for how protected patient health information should be controlled. The Security Rule defines the standards which require covered entities to implement basic safeguards to protect the confidentiality, integrity, and availability of Electronic Protected Health Information (EPHI). Privacy depends upon security measures: no security, no privacy.

### **What is a covered entity?**

A covered entity is any healthcare provider and their business associate who stores, maintains or transmits any health information in electronic form. All covered entities must comply with the Security Rule.

### **What is the difference between “required” and “addressable”?**

Required is pretty simple. You are required by the HIPAA Security rule to comply.

Addresses means that you must do one of the following:

1. Implement the specification if reasonable and appropriate; or
2. Determine that implementing the specification is not reasonable and appropriate then you must:
  - Document the rationale supporting your decision and
  - Implement an equivalent measure that is reasonable and appropriate and that would accomplish the same purpose or
  - Not implement the addressable implementation specification or an equivalent measure, if the standard could still be met and implementing the specification or alternative would not be reasonable or appropriate.

### **How is it determined that the specification is reasonable and appropriate?**

It will depend on a variety of factors including:

The risk analysis – What current circumstances leave the entity open to unauthorized access and disclosure of EPHI

The security analysis – What security measures are already in place or could reasonably be put into place?

The financial analysis – How much will each implementation cost?

### **What does “Implementation Specifications” mean?**

These are additional detailed instructions for implementing a particular standard. Each set of safeguards is comprised of a number of standards, which, in turn, are generally comprised of a number of implementation specifications that are either required or addressable.

### **What is the minimum process that is required of covered entities?**

The covered entity is required to conduct an evaluation of what security measures are currently in place, an accurate and thorough risk analysis, and a series of documented solutions you have determined are needed within the time frame in which you plan to have them completed.

### **What does “flexible and scalable standards” mean?**

Each covered entity is unique and varies in size and resources. There is no totally secure system. Therefore, the security standards were designed to provide guidelines to all types of covered entities while

allowing them flexibility regarding how to implement the standards. Smaller and less sophisticated practices may not be able to implement security in the same manner and at the same cost as larger covered entities. Remember, cost alone is not an acceptable reason to not implement a procedure or measure.

**What does “technology neutral standards” mean?**

The rule does not prescribe the use of specific technologies, so that the health care community will not be bound by specific systems and/or software that may become obsolete. There is flexibility within the rule for each entity to choose the technologies that best meet its needs to comply with the standard.

To be continued.....

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**Have you looked at the checklist yet? Are you compliant? Find out for yourself.**

[HIPAA Privacy Checklist](#)

[HIPAA Security Checklist](#)

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**Please visit my website that further explains the HIPAA Privacy and HIPAA Security rules and more.**

[http://www.iccom.org/index\\_files/ICCOMProducts.html](http://www.iccom.org/index_files/ICCOMProducts.html)

**email me with any questions you may have: [\(click here to email me\)](#)**