## **1. DEFINITIONS**

BU Workstatation: any BU owned endpoint capable of computation (e.g., desktop, laptop, mobile phone, tablet) and used to access, process, or store electronic protected health information (ePHI)

Personal Workstation: any personal endpoint capable of computation and used to access, process, or store ePHI

BU and Personal Devices (not permitted): removable media (e.g., hard drive, CD, USB thumb drive) is not permitted for storage of ePHI outside of documented exceptions - see HIPAA Contact

Out of Scope: servers, printers, and network appliances are not covered by this procedure

IT Support: IS&T (ithelp[@bu.edu](mailto:ithelp@bu.edu))

HIPAA Contact: James Camarinos (jcam@bu.edu) for PT and Terry Ellis ([tellis@bu.edu](mailto:tellis@bu.edu)) for Neuro

**2. BU WORKSTATION REQUIREMENTS**

* Operating system and applications are supported and updated (KACE/auto or < 30 days)
* Anti-Malware installed and set to auto update and scan
  + Apple phone (not required), Android phone (Play Protect on)
* Disk encryption
* Auto screen lock (15 minute max) to password/code
* Listed on System and Application Inventory (HIPAA Policy Section 8.1.1) on HIPAA SharePoint site, maintained by HIPAA Contact

**2. PERSONAL WORKSTATION REQUIREMENTS**

* Operating system and applications are supported and updated (auto or < 30 days)
* Anti-Malware installed and set to auto update and scan
  + Apple phone (not required), Android phone (Play Protect on)
* Disk encryption
  + IT Support does not maintain encryption keys - keep paper and electronic copies in safe places
* Auto screen lock (15 minute max) to password/code
* Identified in signed copy of Workstation and Device Use Procedure, maintained on HIPAA SharePoint site by HIPAA Contact

**3. WORKING REQUIREMENTS**

* Follow the HIPAA Individual Responsibilities (<http://www.bu.edu/policies/information-security-home/hipaa_toc/hipaa-indiv-responsibilities-safeguarding-phi/>) and Conditions of Use and Policy on Computing Ethics (<http://www.bu.edu/policies/information-security-home/conditions-of-use-policy-computing-ethics/>)
* No Microsoft Office 365 email forwarding (for example, Gmail, Yahoo, Comcast, etc. can never be used to store or share ePHI)
* No unauthorized cloud synching (e.g., Apple, Google)
* Screen lock workstations when not actively using them
* Keep workstations in compliance with this policy (don’t disable or bypass safeguards)
* Do not install software on BU workstations – only IT Support is permitted to install software
* Do not install software on personal workstations that could impact ePHI (e.g., file sharing)

**4. STORAGE OF EPHI**

* Approved electronic medical record application (Clinicient) or database (ROMS)
* Approved BU Restricted Use network storage
* BU Microsoft SharePoint or OneDrive

**5. TRANSMISSION OF EPHI**

* Data Motion email
* Emailing with patients outside of Data Motion requires documented patient acceptance of risk (See HIPAA Policy Section 6.6 Non-Secure Email/Text Requests)

**6. REMOTE ACCESS (OFF CAMPUS)**

* Always connect to the BU network using the two-factor virtual private network (vpn.bu.edu/2fa) before accessing ePHI

**7. WORKSTATION AND DEVICE DISPOSAL**

* All disposals (destruction or re-use) must be documented by IT Support, in coordination with the HIPAA Contact
* When workstations and devices are intended for re-use, all e-PHI must be securely removed in accordance with our BU Data Protection Standards and Media Destruction One-Sheets (<http://www.bu.edu/tech/files/2013/05/1-2-D-1-Media-Destruction-One-Sheets-050213.pdf>)
* When workstations and devices have reached the end of their service life, the hardware and electronic media containing ePHI must be destroyed in accordance our BU Data Protection Standards and Media Destruction One-Sheets

**8. WORKFORCE MEMBER DOCUMENTATION OF COMPLIANCE**

* Prior to use:

IT Support has cleared the following workstations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Now INC # workstation description

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Now INC # workstation description

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Now INC # workstation description

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (name) will follow this procedure and only use workstations cleared by IT Support.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (BU email) \_\_\_\_\_\_\_\_\_\_\_ (date)

* At end of employment/school at a covered component:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (name) have returned or destroyed all PHI and ePHI, including on personal workstations, at home, or stored by non-BU data storage providers.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (other email) \_\_\_\_\_\_\_\_\_ (date)