

# UConn HEALTH

POLICY NUMBER 2005-06

January 28, 2005

## **POLICY: UCONN HEALTH HIPAA SECURITY INFORMATION SYSTEMS BUSINESS CONTINUITY AND DISASTER RECOVERY**

### **PURPOSE:**

The purpose of the policy is to comply with the HIPAA Security Rule's requirements pertaining to responding to an emergency or other occurrence that damages systems that contain electronic protected health information (ePHI).

### **SCOPE:**

- This policy applies to all UConn Health workforce:
- Employees (including faculty and staff)
- Volunteers
- Students and residents
- Temporary staff
- Agency and contracted staff
- Credentialed staff
- Members of the Board of Directors

### **POLICY STATEMENT:**

1. A contingency plan shall be developed, and maintained as needed, for responding to an emergency or other occurrence (for example, fire, vandalism, system failure, and natural disaster) that damages IT resources that contain ePHI.
  - a. An application and data criticality analysis shall be developed and maintained to assess the relative criticality of specific applications and data in support of the contingency plan components.
  - b. Facility access procedures shall be developed and maintained for access to support recovery efforts.
  - c. Contingency plan testing and revision procedures shall be developed and executed for verifying recovery capabilities.
2. A data backup plan shall be established and maintained to create and maintain retrievable exact copies of ePHI.
3. Emergency access procedures shall be established and maintained for the retrieval of ePHI during an emergency.

4. A disaster recovery plan shall be established and maintained to restore any loss of data in the event of a disaster. Disaster recovery plan testing and revision procedures shall be developed and executed for verifying recovery capabilities.
5. Departmental downtime procedures shall be developed and maintained to protect ePHI during emergency operations of business processes.

References: State of Connecticut HIPAA Security Policy  
§45 CFR 164.308 (a) (7) (ii) (A)  
§45 CFR 164.308 (a) (7) (ii) (B)  
§45 CFR 164.308(a) (7) (ii) (C)  
§45 CFR 164.308 (a) (7) (ii) (D)  
§45 CFR 164.308 (a) (7) (ii) (E)

Jonathan Carroll (signed)

2/16/05

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**Information Security Officer**

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**Date**

Peter Deckers, MD (signed)

2/23/05

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**Executive Vice President for Health Affairs**

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**Date**

**REPLACES: New Policy**