



**PIONEER MEDICAL CENTER**

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| POLICY and PROCEDURE |   |          |
|----------------------|---|----------|
| <b>Title</b>         | Access Control  |          |
| <b>Manuals</b>       | ADC - IM  | LTC - IM |
|                      | ALF - IM  | RHC - IM |
|                      | CAH - IM  | PH - IM  |
|                      | HOS - IM  |          |
| <b>Approved By</b>   | Date: <u>05/07/2013</u> By: <u>Erik Wood</u> Title <u>CEO</u> |          |

|                    |   |
|--------------------|---|
| <b>Highlights</b>  | <b>Policy Statement</b>   |
|                    | <p>Pioneer Medical Center is committed to conducting business in compliance with all applicable laws, regulations and PMC policies. To maintain an appropriate level of access control commensurate with the sensitivity and criticality of networks, systems, and applications that contain ePHI, the following sub-policies will be established and implemented</p>   |
| <b>Definitions</b> | <b>Definitions</b>  |
|                    | <ul style="list-style-type: none"> <li>• Electronic Protected Health Information (ePHI) – Is protected health information transmitted or maintained by electronic media.</li> <li>• Protected Health Information (PHI) – Individually identifiable health information that is created or received by a Covered Entity, including PMC, (and some other health related entities) that relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.</li> </ul>  |
| <b>Policies</b>    | <b>Procedure</b>  |
|                    | <ol style="list-style-type: none"> <li>1. <u>Unique User Identification Policy</u> – Addresses the use of a unique identification name or number for identifying and tracking each user of networks, systems, and applications that contain ePHI.</li> <li>2. <u>Password Structure Policy</u> – Addresses the minimum required structure of passwords to ensure that they are not easily guessed.</li> <li>3. <u>Emergency Access Policy</u> – Establishes procedures for obtaining necessary ePHI during an emergency.</li> <li>4. <u>Automatic Logoff Policy</u> – Addresses the use of automatic logoff mechanisms for networks, systems, and applications that contain ePHI.</li> </ol> <p>This policy includes, but is not limited to, the aforementioned sub-policies. This policy and its sub-policies must be reviewed and evaluated on a periodic basis to ensure that they maintain their technical viability and effectiveness.</p> |
|                    | <b>REFERENCES</b>   |
|                    | HIPAA 164.312 Technical Safeguards  |

| Regulatory Reference Sources             |  |
|--|--|
| <b>OBRA Regulatory Reference Numbers</b> |  |
| Survey Tag Numbers (optional)            |  |