

LOUISIANA HEALTH CARE QUALITY FORUM

POLICY: Security Breach Response Protocol	EFFECTIVE: 10-01-2011
DEPARTMENT: LHCQF; LaHIE	REVISED:

PURPOSE

To establish a Security Breach Response Protocol (“Protocol”) for a LHCQF employee to use as a resource upon becoming aware of an actual or possible security incident. The Protocol describes a recommended process for responding to such incidents, but recognizes that an appropriate type of response will depend on the specific facts of each incident and applicable federal and state laws.

RESPONSIBILITY

All LHCQF employees involved in the access, use, release or disclosure of electronic protected health information (“e-PHI”).

DEFINITIONS

1. A security incident is defined as the attempted or successful unauthorized access, use, disclosure, modification, or destruction of e-PHI or interference with systems operations in an information system.
 - a. An *attempted or unsuccessful* security incident means that there was no actual access, use, disclosure, etc. Examples of an attempted or unsuccessful security incident include, but are not limited to:
 - i. Pings on a firewall;
 - ii. Malware;
 - iii. Denial-of-service attacks that do not result in a server taken off-line;
 - iv. Port scans; and
 - v. Attempts to log on to a system, application or database with an invalid password or user name.
 - b. A *successful* security incident means that there was actual unauthorized access, use, disclosure, etc. Examples of a successful security incident include, but are not limited to:
 - i. e-PHI sent to an unintended recipient;
 - ii. An employee using another user’s identification to access ePHI;
 - iii. Unauthorized access by an employee; and
 - iv. Failure to comply with LHCQF’s privacy and security policies and procedures.

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2. A security breach is a successful security incident that has been assessed as having a high or severe threat of harm, vulnerability or impact to LHCQF or LHCQF's customers. The Executive Director and/or the Health IT Director in concert with Legal Counsel will assess the security incident to determine the risk level.

PROCESS

1. LHCQF has developed a Security Breach Response Protocol (see attached) that may be used as a resource to guide employees that become aware of a possible or actual successful security incident involving the e-PHI of LHCQF or of a LHCQF customer.
2. Attempted or unsuccessful security incidents should be reported as soon as possible to LHCQF's Health IT Director or his/her designee.
3. Successful security incidents should be reported immediately to LHCQF's Health IT Director or his/her designee.

APPROVAL:

Cindy Munn
Executive Director
Louisiana Health Care Quality Forum