

University of Colorado at Denver and Health Sciences Center  
HIPAA Policy

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Policy:	9.10 Device and Media Controls	Latest Revision: 04/01/05 Page: 1 of 3
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I. Purpose, Reference, and Responsibility

A. Purpose

The purpose of this policy is to outline the receipt, movement, and removal of hardware and electronic media that contain electronic protected health information (ePHI) into and out of a facility and movement within a facility.

B. Reference

45 C.F.R. § 164.310(d)(1).  
45 C.F.R. § 164.310(d)(2)(i) – (iii).

C. Responsibility

It is the responsibility of any person who uses or is required to maintain hardware or electronic media that contains ePHI to comply with this policy. This includes all UCDHSC employees, including faculty and staff, and all students, trainees, volunteers, and contractors.

II. Applicability and Definitions

A. Applicability

All hardware and electronic media that are used for storing ePHI are subject to this policy.

B. Definitions

Electronic Media  
Electronic Protected Health Information (ePHI)  
Degaussing  
Disk Wiping  
Hardware  
Low Level Formatting  
Personal Digital Assistant (PDA)  
Storage Device

University of Colorado at Denver and Health Sciences Center  
HIPAA Policy

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Policy:	9.10	Latest Revision: 04/01/05
	Device and Media Controls	Page: 2 of 3

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III. Policy

A. General

These policies and procedures govern the receipt, removal, and disposal of hardware and electronic media used for storage of ePHI at UCDHSC, and the movement of these items within or out of a UCDHSC facility.

Electronic media includes, but is not limited to:

Any electronic computing devices including laptop or desktop computers, PDAs, or any other devices that may be used to store ePHI; and,

Diskettes, compact disks (CDs), DVDs, tapes, memory sticks and all related types of removable storage devices.

B. Disposal of Hardware and Electronic Media

1. To ensure the protection of ePHI, all ePHI stored on hardware or electronic media must be destroyed prior to the decommissioning of the hardware or media itself. If the ePHI needs to be retained for future use, a retrievable copy can be made, however this copy must have access authorizations in place (such as password protection, etc.) to prevent unauthorized access to the ePHI.
2. Methods for irreversibly destroying ePHI include hard drive low level formatting, disk wiping, or degaussing. Physical methods of destroying electronic media include shredding, grinding down, puncturing, shattering, or incineration.
3. Prior to disposal, the UCDHSC Disposal of Computers Policy should be consulted. The policy requires that certain computer items be listed on a Capital Equipment Disposal Request form, found at [www.uchsc.edu/admin/policies/fp1-02e.doc](http://www.uchsc.edu/admin/policies/fp1-02e.doc) for the Health Sciences Campus or at [www.cudenver.edu/Resources/CINS/forms](http://www.cudenver.edu/Resources/CINS/forms) for the Downtown Denver Campus.

University of Colorado at Denver and Health Sciences Center  
HIPAA Policy

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Policy:	9.10 Device and Media Controls	Latest Revision: 04/01/05 Page: 3 of 3
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C. Media Re-Use

1. Prior to device or media re-use, all ePHI stored on the device or media must be securely removed. Removal may be accomplished by disk wiping or by utilizing a reliable data destruction utility to ensure the data is non-recoverable. Caution: A typical disk reformat is not sufficient to comply with this requirement.
2. If required, a backup copy of the stored ePHI can be made prior to re-use of the media or storage device if the ePHI is needed for future use. If a backup copy is created it must have access authorizations in place (such as password protection, etc.) to prevent unauthorized access to the ePHI.
3. A written record of any reused or redistributed storage device or media must be created. (See Inventory and Accountability section below.)

D. Inventory and Accountability

1. Each unit within UCDHSC must maintain a tracking record of the movements of hardware and electronic media used to store ePHI, including the receipt of any new hardware or electronic media storing ePHI. This record should contain, at a minimum, the name of the person responsible for the item, the location of the item, and any movement of the item.
2. All records created pursuant to the section above must be kept by the unit for a period of six (6) years from the date the record was created.