

Loma Linda University
Employee/Physician/Student/Volunteer Computer/Workstation Rules of Conduct

NAME OF EMPLOYEE/PHYSICIAN/STUDENT/VOLUNTEER: _____, _____, _____
(Please Print) Last name First name MI

Emails

I understand that:

1. Personal email accounts (e.g., Yahoo, AOL, Hotmail) must not be used to conduct LLU (or other LLU affiliated entity) business transactions that include protected health information (PHI).
2. Emails (and attached files in emails such as Word, Excel documents) to individuals/parties outside of Outlook (i.e., LLUMC/LLU's Outlook system) must not contain protected health information (PHI). I understand that if there is an approved business purpose (as established by department/group management) to send PHI via email outside Outlook e.g., for third party billing, the email message must be encrypted with IS approved encryption methodology.

Workstation security

I understand that:

1. Only organization owned/approved equipment and devices must be used to access PHI contained within information systems/networks unless remote access from a personal computer has been granted through IS.
2. Unless approved in writing (i.e., by completion of form *Authorization to Capture/Use PHI on Portable Devices or Removable Media*), PHI must not be captured or stored on any portable device or removable media. Portable devices or removable media include, but are not limited to: Blackberry devices, Camcorders, Cellular Telephones, Treo Phones, Compact Discs (CDs), Digital Versatile Disc or Digital Video Disc (DVDs), Data Enabled Cell phones, Digital Cameras, Flash Memory Cards, Floppy Diskettes, Jaz or Zip Drives, Laptop Computers, Magnetic Tape, Novelty Storage Devices (e.g., Watch or pen), Optical Drives, Personal Digital Assistants (PDAs), Personal Electronic Devices (PEDs), Portable Media Players (MP3), Storage Elements (SAN Disk), USB Drives (Stick, Thumb, Flash, Pen), Recording devices and/or similar devices of any kind. NOTE: Student access to computers/PHI is limited, so use of the above devices is prohibited.
3. The accessing or downloading of PHI through USB ports or via any other mechanism or unauthorized manner and the storage on any medium of PHI obtained in such a manner is strictly prohibited.
4. PHI must not be stored on a computer's hard drive (i.e., c: drive) unless files are encrypted via an IS approved methodology. Files with PHI must be saved to a secure server i.e., network drive, secure network storage device. I understand that I must contact IS if I am unsure as to whether a specific storage location is secure.
5. *For employees/physicians approved to work at home or to use personal equipment.* Individually owned computers or electronic devices must be equipped with standard security protections software, as specified by the IS department. Confidential data residing on individually owned computers and electronic devices must have the same data integrity, privacy and security standards as organization owned machines. The *Information Security Minimum Standards* is available on the VIP page at the Information Systems/Information Security website or the IS Help Desk can be contacted for assistance.

Reporting

I understand that I must:

1. Report any potential or actual violations or risks to the confidentiality, integrity and security of PHI **immediately** to the IS Department (for computer incidents), the Security Department (for loss or theft) or to the Compliance Department (for policy violations or potential breaches due to process or safeguard concerns). I must also notify my Manager/Administrator.

Related Policies

I understand that I must:

1. Adhere to all policies governing Computer Systems Security (to include password usage) and Use of Computer Internet Services as well as related policies governing the privacy and security of PHI. Additionally, I understand and agree that any breach of confidentiality or security due to failure to abide by the terms herein or as stated in organization policy or applicable law shall be grounds for disciplinary action, which may include immediate termination.

Employee/MD/Student/Volunteer Signature: _____ Date: ____/____/____

Title: _____ Department/School: _____

Employee/Student/Volunteer # (Dictation # for physicians): _____