

# HIPAA Security Regulations: Audit Trails

## One Look at What The Rule Expects

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# Climate of Confidentiality

- ◆ Unwritten cornerstone of the proposed Security rule
  - And its “companion” Privacy final rule
- ◆ Audit trails have a technology and a human component
- ◆ Technology may prove easier to implement
- ◆ But people make it all work

# Guidance from the Security NPRM

- ◆ Proposed rule does not provide an exact definition for either ‘audit trail’ or ‘audit control’
- ◆ Focus is on the expected outcome, the “what”
  - “How” is the covered entity’s responsibility
- ◆ Covered entities must put in place whatever mechanisms are deemed necessary

# Expected outcomes

- ◆ Enable the organization to record and examine system activity
- ◆ So that an organization can identify suspect data activity
- ◆ See if high-risk patterns are present
- ◆ Assess its security program
- ◆ Respond to potential weaknesses

# Implementation considerations and issues

- ◆ Each health care entity is required to establish its own process to ensure compliance with the HIPAA Security standard
- ◆ Individual circumstances (e.g., “size”) will influence each process, of which the BIA (Business Impact Analysis) is an integral part and early step

# Security and Privacy work together

- ◆ Both rules anticipate audit trails as one of the safeguards to be HIPAA compliant
- ◆ Security addresses the '**how**'; Privacy also wants to know the '**why**'
  - Audit logs will have to go beyond the simple capture of login name, date/timestamp, and action taken associated with the data that was accessed

# What an audit trail should do

- ◆ Provide the ability to determine
  - Who accessed what information
  - When the information was accessed
  - What was changed
- ◆ A manual capture of audit trails would be necessary for non-electronic environments

# When considering the technology component --

- ◆ Does the vendor know what HIPAA is and can it demonstrate an understanding of the rules?
- ◆ Will the vendor provide enhanced security features to meet HIPAA?
- ◆ How do the enhanced features impact the existing security foundations and applications?



# Question the technology

- ◆ What types of access controls are enabled -- user, role or context-based access?
- ◆ If the Internet is used, does it have encryption and does it meet at minimum HCFA's Internet Policy?
- ◆ Can the application or system support digital certificates?

# Consider the human side --

- ◆ Each covered entity is required to establish its own process to ensure compliance
  - Are the right people on the decision-making team?
- ◆ How well does management make use of audit trail information, and always act when necessary?
  - Staff must be trained, monitored and retrained as necessary

# Surveillance

- ◆ Part of the “culture of confidentiality”
- ◆ Staff will be under physical and software “watch”
- ◆ Software provides the information for the auditors
- ◆ The old banking model is gone
  - No need to take 2-week vacation at one time, to give auditors time to find out if you’ve done something wrong

# Closing thought

- ◆ Every organization should conduct an initial risk and exposure evaluation and baseline planning
- ◆ Focus on determining how much of the two year HIPAA implementation timeframe will be needed

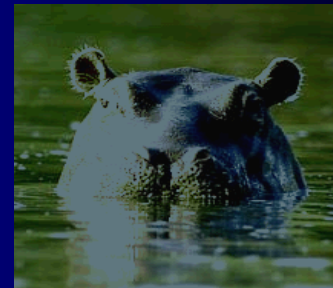
# Information Resources

- ◆ WEDI SNIP Security and Privacy White Paper, Version 2.0
  - [www.wedi.org/snip](http://www.wedi.org/snip)
- ◆ Listserves
  - e.g., [www.hipaalive.com](http://www.hipaalive.com)
- ◆ HIPAA Summit
  - [www.hipaasummit.com](http://www.hipaasummit.com)
- ◆ AFEHCT security self-evaluation
  - [www.afehct.org/securityeval.html](http://www.afehct.org/securityeval.html)
- ◆ CPRI Security Guidelines (“Toolkit”)
  - [www.cpri.org](http://www.cpri.org)
- ◆ NCHICA Security Questionnaire
  - [www.nchica.org](http://www.nchica.org)

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concepts involved and as an aid in  
beginning to understand the material.*

# Enquiries?



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