

HOW TO SAFEGUARD YOUR ePHI IN THE CLOUD



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Horror Story —
The \$750,000 HIPAA Mistake



Recent HIPAA Trends —
and What They Mean for Your Business



What Does HIPAA Require?



How Does My Current Protection Level
Measure Up to These Requirements?



How Do I Bridge the Gap?



The \$750,000 HIPAA Mistake

University of Washington 2013 Breach



- ✓ *School of Medicine employee accidentally downloads **malware***
- ✓ *Health rec ords of 90,000 patients are **breached***
- ✓ *OCR investigates, discovers other **HIPAA Security Rule violations***
- ✓ *UW forced to pay **\$750,000 in fines***



Recent HIPAA Trends — and What They Mean for You



The 5 Leading HIPAA Violations



5. *Third-Party Disclosure*



4. *Improper Disposal*



3. *Employee Dishonesty*



2. *Hacking*

...

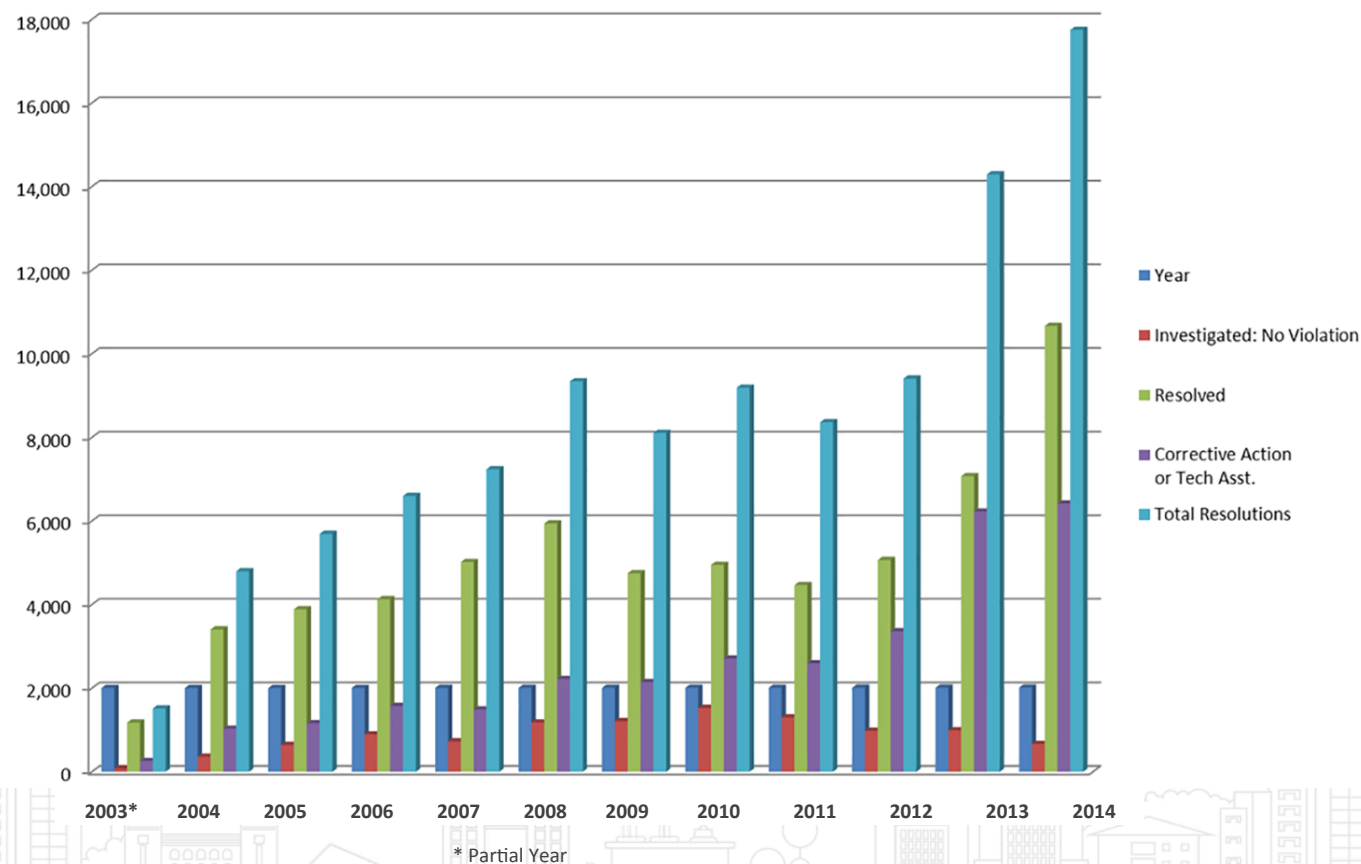


1. *Lost or Stolen Devices*



Recent HIPAA Trends — and What They Mean for You

Enforcement is on the Rise













Source: HHS.gov

Recent HIPAA Trends — and What They Mean for You

2015: Biggest Year Ever for ePHI Breaches (and “Security Rule” Violations)

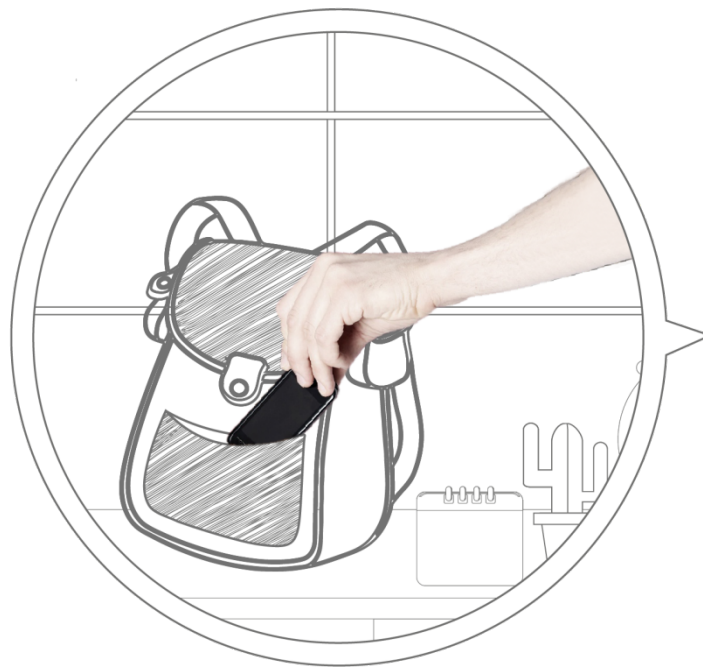
Top 10 Healthcare Data Breaches 2015

Organization	Records Breached	Type of Breach
 Anthem	78,800,000	Hacking / IT Incident
 PREMIER BLUE CROSS	11,000,000	Hacking / IT Incident
 Excelsior	10,000,000	Hacking / IT Incident
 UCLA Health	4,500,000	Hacking / IT Incident
 mie	3,900,000	Hacking / IT Incident
 CareFirst	1,100,000	Hacking / IT Incident
 DMAS	697,586	Hacking / IT Incident
 GEORGIA DEPARTMENT OF COMMUNITY HEALTH	557,779	Hacking / IT Incident
 BEACON HEALTH SYSTEM	306,789	Hacking / IT Incident
 DJO GLOBAL	160,000	Laptop Theft
2015 Total	111,022,154	(almost 35% U.S. population)

*All potential violations of
the HIPAA Security Rule*

Is Your ePHI in Violation... Here?

What if your physician accesses PHI on a device outside your firewall — and the data is hacked?



81%

of medical doctors use mobile devices to access ePHI such as patient records.

40%

of HIPAA violations involve lost or stolen mobile devices.



What Does HIPAA Actually Require?

Technical Safeguards

- ✓ *Have I established and implemented procedures to create and maintain retrievable exact copies of ePHI?*
- ✓ *Have I established procedures to restore ANY loss of ePHI stored electronically?*
- ✓ *Have I implemented a mechanism to encrypt ePHI?*

What Does HIPAA Actually Require?

Physical Safeguards

- ✓ *Is my data securely stored in an offsite location?*
- ✓ *Have I implemented policies and procedures to restrict access to ePHI*
- ✓ *Have I limited physical access to electronic information systems at the facilities my ePHI is being housed?*
- ✓ *Have I implemented procedures to securely terminate ePHI – both electronic and physical*

What Does HIPAA Actually Require?

Administrative Safeguards

- ✓ *Have I conducted a risk analysis to expose potential security violations*
- ✓ *Have I established procedures to enable business continuity in the event of an emergency?*
- ✓ *Have I implemented procedures for periodic testing and revision of my continuity plan?*



How Does My Current Protection Level Measure Up?

Define the Scope of Your Audit

What are security parameters?

- *Where is my ePHI data located?*
- *Who has access to it?*
- *Can I track potential IT incidents?*
- *Are my employees trained?*
- *Have I undertaken a risk analysis?*
-
-

How Does My Current Protection Level Measure Up?

Define the Scope of Your Audit

What assets store or access ePHI?

- *Desktops and laptops*
- *Servers*
- *External hard drives*
- *Cloud applications (like Office 365)*
- *Company phones*
- *Emails*
- *Business associates*

How Does My Current Protection Level Measure Up?

Identify Threats to These Assets

Common Physical threats

- Can they be picked up and removed?
- Secure Access
- Data backups? Where? Who can access?
- Employees
- Natural disasters
- Hardware
- Passwords

How Does My Current Protection Level Measure Up?

Identify Threats to These Assets

Common Virtual Threats

● Virus

● Phishing

● Spyware

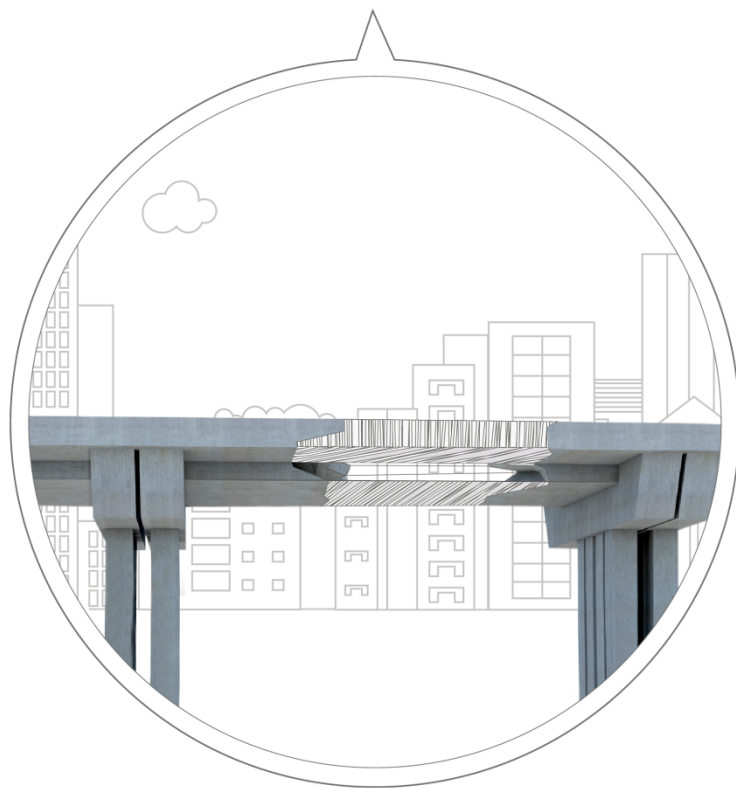
● Cyber Crime

● Trojans

●

●

Bridging the Gap



*From your current
protection level...*

to HIPAA compliance.

1. Develop Contingency Operations

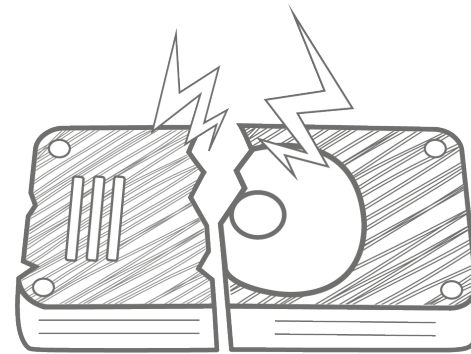


Develop Contingency Operations

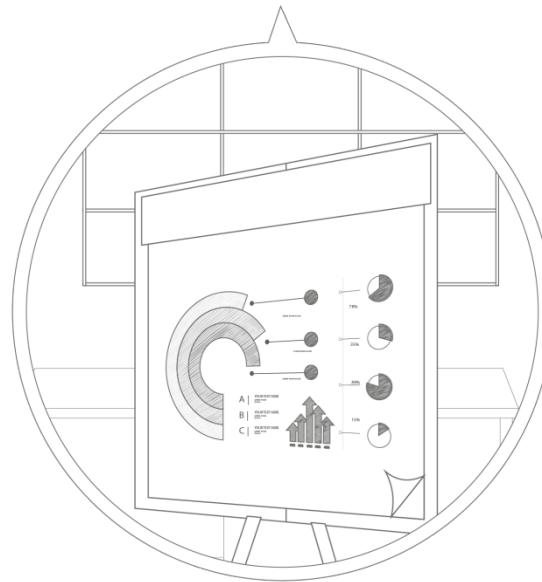
Cloud Backup



Tapes & Disks



2. *Develop a Business Continuity Plan*



3. Encrypt Your Data





Both in flight and at rest.



HIPAA Security Rule:
45 CFR § 164.304

***NIST encryption standards
for ePHI in motion...***

***NIST encryption standards
for ePHI at rest...***

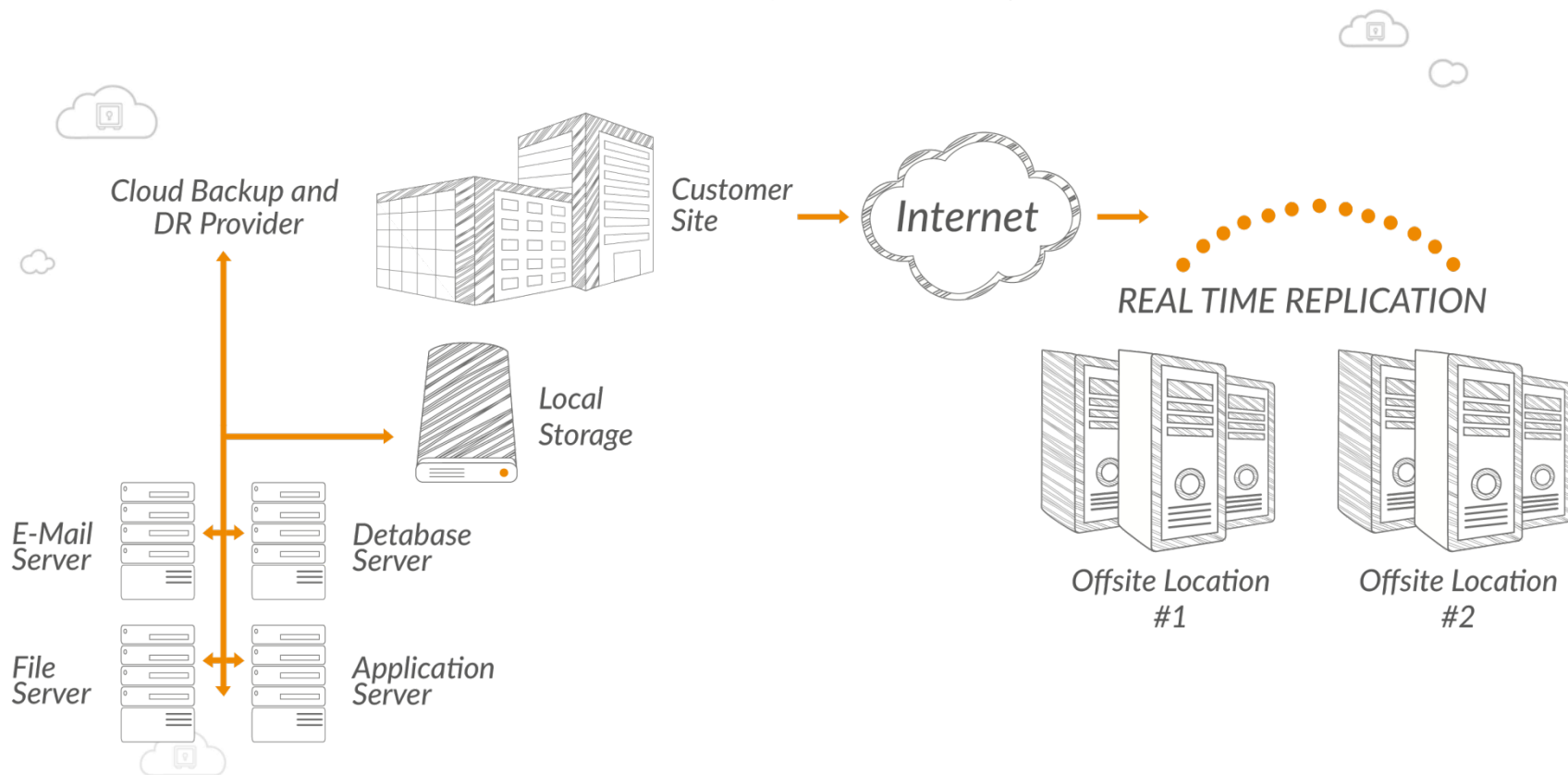


***“... requires appropriate administrative,
physical and technical safeguards to ensure
the confidentiality, integrity, and security of
electronic protected health information.”***

TLS encryption

AES 256-bit encryption

4. Use Vendors With Dependable Infrastructure



✓ Facility Security Plan

✓ Secure Data Centers

✓ Access Control

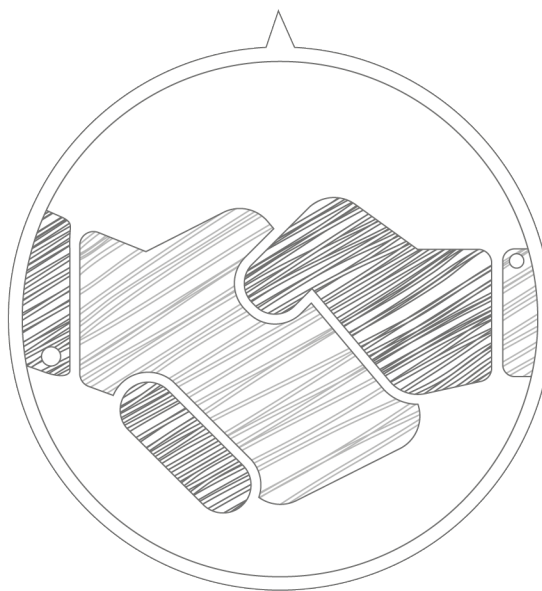
5. *Ensure You're Properly Disposing of ePHI*



Security implications & HIPAA-compliance implications

6. Identify the Right Business Associates

*Not just any BA —
but the right one.*



30%

*of ePHI breaches are the fault
of a Business Associate.*

Don't Take on the ePHI Risk Alone...

Trust the Experts



Technical Safeguards

ISO-27001 Certification

256-AES Encryption

Endpoint Encryption



Physical Safeguards

Redundant tier-4 data centers

Secured in the cloud

24/7 live support



Administrative Safeguards

Business Associate Agreements

Fully Managed and Monitored

Policies and Procedures Dedicated to ePHI



Compliance Questions?

For more information, contact:

Securing Your ePHI in the cloud



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Achieve HIPAA Compliance Today!



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