Security Risk Analysis

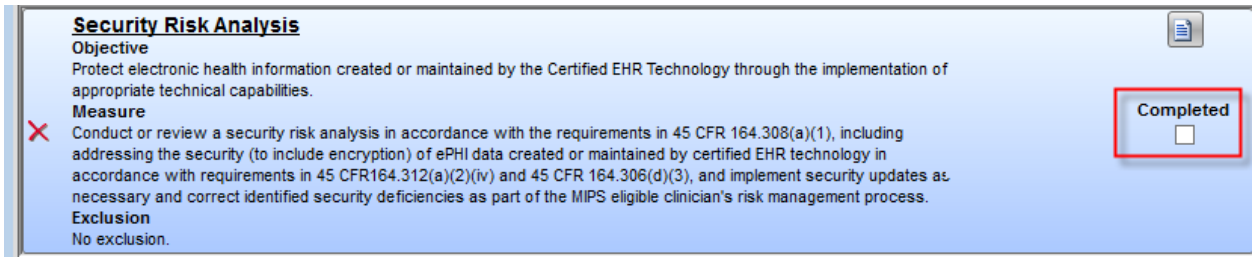
ONCOCHART protects health information using the following methods: audit trailing user activity, enforcing an inactivity timeout, limiting the number of login attempts, enforcing a minimum password length and restricting password reuse, etc.

How to meet this measure -

Have your IT/security department conduct a security audit based on the requirements under 45 CFR 164.308(a)(1), , including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

This HealthIT.gov Security Risk Assessment website link should prove to be a very useful resource for you regarding this measure.

Once you've completed the requirements of this measure, you'll need to manually check the *Completed* checkbox in the MU calculator. Retain all documentation of this assessment. If there is an audit, you will likely be required to provide evidence of an actual assessment.



Myth vs Fact

Myth - My EHR vendor took care of everything I need to do about privacy and security.

Fact - False. Your EHR vendor may be able to provide information, assistance, and training on the privacy and security aspects of the EHR product. However, EHR vendors are not responsible for making their products compliant with HIPAA Privacy and Security Rules. It is solely your responsibility to have a complete risk analysis conducted.

Myth - My security risk analysis only needs to look at my EHR.

Fact - False. Review all electronic devices that store, capture, or modify electronic protected health information. Include your EHR hardware and software and devices that can access your EHR data (e.g., your tablet computer, your practice manager's mobile phone). Remember that copiers also store data.