**Policy Title:** HIPAA Periodic Evaluation of Security Policies and Procedures

**Number:** TD-QMP-7016

**Subject:** Ensuring that each Security Policy adopted by TennDent and each Security Procedure developed and implemented by a TennDent Department is periodically evaluated for technical and non-technical viability.

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<th>Primary Department:</th>
<th>Secondary Department:</th>
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<tr>
<td>TennDent/Quality Monitoring/Improvement</td>
<td>TennDent/Administration</td>
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<tr>
<th>Effective Date of Policy:</th>
<th>Prior Policy or Cross Reference(s):</th>
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<td>9/23/2011</td>
<td>10/1/2010</td>
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<tr>
<th>Last Reviewed by TennDent Quality Monitoring/Improvement Committee:</th>
<th>Date Policy Last Revised:</th>
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<tr>
<th>Review Frequency:</th>
<th>Next Scheduled Review:</th>
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<tr>
<td>Annually</td>
<td>7/1/2012</td>
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<th>TennDent Quality Monitoring/Improvement Committee Approval:</th>
<th>Approval Date:</th>
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<td>On File</td>
<td>9/23/2011</td>
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**Scope:**

TennDent staff, employees of Delta Dental of Tennessee

**Purpose:**

TennDent is committed to conducting business in compliance with all applicable laws, regulations and TennDent policies. TennDent has adopted this policy to ensure that its Security Policies are up to date and effective in ensuring the confidentiality, integrity and availability of Electronic Protected Health Information (EPHI) created, received, maintained and transmitted by TennDent.

**Authoritative Reference:**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L.104-191) HIPAA Security Rule [HIPAA Administrative Safeguards] [see §164.308(a)(8)]

**Policy:**

1. Periodic Evaluation
TennDent Security Policies and Department Security Procedures initially will be evaluated to
determine their compliance with the Security Regulations. Once compliance with the Security
Regulations is established, the TennDent Security Policies and Department Security Procedures will
be evaluated on a periodic basis to assure continued viability in light of technological, environmental
or operational changes that could affect the security of EPHI.

1. Periodic Evaluation by TennDent Information Security Officer
   a. The Information Security Officer will review on an on-going basis the viability of TennDent
      Security Policies and general approaches taken by TennDent Departments in their Security
      Procedures.
   b. The Information Security Officer will develop and recommend to TennDent any necessary
      Security Policy or Security Procedure changes.

2. Periodic Evaluation by TennDent HIPAA Assessment Group (HAG)
   a. The HAG will reconvene on an annual basis to evaluate the technical and nontechnical
      viability of TennDent Security Policies. It is the responsibility of the TennDent Security
      Officer to reconvene the HAG in accordance with this Policy.
   b. Any member of the HAG, the Information Security Officer, or any other person may suggest
      changes to the Security Policies or Procedures by submitting such suggestion to the HAG for
      consideration.
   c. The HAG will review any suggested Security Policy or Security Procedure change and make a
      preliminary recommendation.
   d. If the HAG preliminarily recommends a new security standard or a change in TennDent's
      Security Policies or Procedures, such new standard or change will be communicated to
      TennDent Departments by the HAG, who will elicit feedback for a specific period of time and
      provide such feedback to the Information Security Officer.
   e. The HAG will consider the feedback received and make a final recommendation on the
      suggested change to the Information Security Officer.
   f. If the Information Security Officer approves the change, such change will be propagated to
      TennDent Departments through policy updates and reminders. TennDent will be required to
      update their Security Procedure in a timely manner to incorporate the change.
   g. The Information Security Officer will update the document, TennDent’s HIPAA Compliance,
      with Security Rule.doc incorporating the updated policies and sign with the appropriate
      effective date.

3. Evaluation Upon Occurrence of Certain Events
   a. In the event that one or more of the following events occur, the policy evaluation process
      described in Paragraph 2 will be immediately triggered:
      i. Changes in the HIPAA Security Regulations or Privacy Regulations
      ii. New federal, state, or local laws or regulations affecting the privacy or security of
          EPHI
      iii. Changes in technology, environmental processes or business processes that may
          affect HIPAA Security Policies or Security Procedures
      iv. A serious security violation, breach, or other security incident occurs
b. The Information Security Officer may reconvene the HAG if deemed necessary based on information received from, but not limited to, the HIPAA Privacy Officer or an Internal Audit.

4. Evaluation of TennDent Procedures
   a. TennDent must periodically (at least annually) evaluate its HIPAA Security Procedures to ensure that departments follow such Procedures and that these procedures maintain their technical and non-technical viability and continue to comply with the HIPAA Security Policies.

5. Internal Audit of Security Policies and Procedures
   a. All HIPAA Security Policies and TennDent Department procedures are subject to periodic audits by TennDent’s management and/or the Information Security Officer.

Violations
Any individual, found to have violated this policy, may be subject to disciplinary action up to and including termination of employment.

Related Policies and Procedures:

HIPAA Audit Controls Policy
HIPAA Incident Response and Reporting Policy
HIPAA Incident Response and Reporting Procedure
HIPAA Personal Health Information Policy
HIPAA Security Awareness and Training Policy
HIPAA Security Compliance Policy
HIPAA Workforce Security Policy

Related Documents: