

# HIPAA Compliance for IT Leaders

A practical guide to HIPAA technical safeguards for organizations handling protected health information (PHI). Covers access controls, encryption, audit logging, and breach notification.

## Technical Safeguard Requirements

HIPAA's Security Rule requires covered entities and business associates to implement technical safeguards that protect ePHI. These are the required (R) and addressable (A) specifications:

| Safeguard      | Spec                  | Status | Implementation Notes   |
|----------------|-----------------------|--------|--|
| Access Control | Unique User ID        | R      | Every user has a unique identifier — no shared accounts      |
|                | Emergency Access      | R      | Documented procedure for accessing ePHI during emergencies   |
|                | Automatic Logoff      | A      | Sessions timeout after 15 minutes of inactivity              |
|                | Encryption at Rest    | A      | AES-256 for databases, file systems, backups containing ePHI |
| Audit Controls | Audit Logging         | R      | Log all access to systems containing ePHI (who, what, when)  |
|                | Log Review            | R      | Regular review of audit logs for unauthorized access         |
| Integrity      | Data Integrity        | A      | Checksums or digital signatures to verify ePHI not altered   |
|                | Transmission Security | R      | TLS 1.2+ for all ePHI in transit; VPN for remote access      |
| Authentication | Entity Auth           | R      | MFA for all users accessing ePHI systems                     |

## Breach Notification Requirements

- Individual notification within 60 days of discovery
- HHS notification within 60 days (if 500+ individuals affected, immediate)
- Media notification required if 500+ individuals in a single state
- Business associates must notify covered entity within agreed timeframe
- Document all breach assessments — even those determined to be non-reportable

## Common Audit Findings

- Lack of complete, accurate asset inventory of systems containing ePHI
- Missing or incomplete risk assessment (required annually)
- No documented policies and procedures (or outdated versions)
- Shared user accounts or lack of MFA on ePHI systems
- Insufficient audit logging or no regular log review process
- Backup/DR plan not tested (must test at least annually)
- Business Associate Agreements missing or not current

## Quick-Start Action Items

- Conduct a risk assessment (required, and the foundation for everything else)
- Enable MFA on all systems that access ePHI

- Encrypt ePHI at rest (database TDE, disk encryption) and in transit (TLS 1.2+)
- Implement audit logging and schedule monthly log reviews
- Review and update BAAs with all vendors who touch ePHI
- Train all workforce members annually on HIPAA awareness
- Test your backup/DR plan — don't just assume it works

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