

**Weber Family Chiropractic PC**  
**Technical & Physical Safeguards**

Policy No.: 18

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Revision Date:     /    /    

Approval: Dr. Scott Weber  
            Title: Office Manager

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Title:

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**I. POLICY**

It is the policy of Weber Family Chiropractic PC to develop and have in place reasonable technical and physical safeguards to protect against uses and disclosures of protected health information ("PHI") not permitted by the HIPAA Privacy Rule or the policies and procedures of Weber Family Chiropractic PC. This Policy supersedes any previous policy on this subject.

**II. PURPOSE**

The purpose of this Policy is to provide some examples of reasonable technical and physical safeguards implemented by Weber Family Chiropractic PC in order to protect PHI.

**III. SCOPE**

This Policy provides examples of technical and physical safeguards implemented by Weber Family Chiropractic PC to protect PHI. The examples listed in this policy are not all-inclusive. Weber Family Chiropractic PC may have taken other measures to protect PHI which are not listed here but are currently in use.

**IV. PROCEDURE**

- 1.. Dr. Scott Weber shall ensure that Weber Family Chiropractic PC implements and maintains reasonable technical safeguards, including but not limited to:
  - a. *Passwords.* Each staff member who is authorized to access the computer system, will be issued a user identification number and a password. Staff members may not share their identification numbers or passwords with any other individuals. Staff members shall refrain from posting identification numbers or passwords on their computers or any other area readily visible to other individuals.
  - b. *Logging out.* All staff members must log off of their computer workstations any time the staff member intends to leave the workstation unsupervised for more than 5 minutes.
  - c. *Screensaver.* All computer workstations must be equipped with locking screensavers. The screensavers must be set to engage within 5 minutes of inactivity at the computer workstation.
  - d. *Firewalls.* Weber Family Chiropractic PC's computer system must include firewalls to prevent unauthorized access by outside parties.
  - e. *Verification of Address, Fax Number & Email Address.* Once every three (3) months, the Dr.

Scott Weber or his/her designee will review the address, fax number, and email address of all entities to which Weber Family Chiropractic PC regularly sends documentation or other correspondence containing PHI (e.g., physician offices, insurance companies) to ensure that such information is correct.

2. Dr. Scott Weber will ensure that Weber Family Chiropractic PC implements and maintains reasonable physical safeguards, including but not limited to:
  - a. *Computer Screens.* Whenever feasible, computer screens will be angled so that patients or other unauthorized individuals cannot read the screen.
  - b. *Fax Machine.* The fax machine(s) will be located in area that is not easily accessible by patients or other unauthorized individuals. At the end of each business day, Dr. Scott Weber will ensure that all faxes are removed from the machine and placed in a secure location .
  - c. *File Cabinets.* All file cabinets containing PHI must have the ability to be closed. All file cabinets located in areas accessible to and in view of patients or other unauthorized individuals must remain closed during regular business hours, except as needed for access. If front desk personnel will be gone from the front desk for more than 5 minutes, the files cabinets in areas accessible and in view of patients or others will be locked. All other file cabinets must be closed for the night or weekend and all office doors locked and secured.
  - d. *Phone Conversations.* To the extent feasible, all staff members will attempt to hold conversations regarding patient treatment, care or insurance payment in an area that cannot be overhead by patients or other unauthorized individuals. If it is not feasible to hold discussions involving PHI in an area removed from patients, staff members should, at minimum, turn away from other patients or otherwise attempt to speak as quietly and discreetly as possible.
  - e. *Lab Specimens.* All laboratory specimens must be removed from examination rooms and placed in the designated specimen holding area. The laboratory specimen holding area will be located in an area that is not readily accessible to or in view of patients or other unauthorized individuals.
  - f. *Medical Charts.* Each time a medical chart should be placed in the tray on the front door of an examination room with the front cover facing towards the door. After the examination is complete, the medical chart must be removed from the examination room and placed in the designated tray at the front desk.
  - g. *Sign-in Sheet.* The patient sign-in sheet may only ask for the patient's name, appointment time and physician. The sign-in sheet may not request that the patient explain symptoms or the reason for his/her visit.
4. If Dr. Scott Weber deems it necessary, he will develop more detailed written protocols regarding the technical and physical safeguards developed pursuant to this policy and distribute such written protocols to all relevant staff members.
5. Dr. Scott Weber will ensure that all staff members are aware of this policy regarding technical and physical safeguards to protect the confidentiality of PHI.