

HIPAA-29: Evaluating the Effectiveness of Security Policies and Procedures

Effective Date:	12-01-2015	Last Revised:	7-17-2017
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Scope of Policy

This policy governs periodic Evaluations of the Effectiveness of Security Policies and Procedures for **TCS**. All personnel of **TCS** must comply with this policy. Demonstrated competence in the requirements of this policy is an important part of the responsibilities of every member of the workforce.

Assumptions

- TCS** must comply with HIPAA and the HIPAA implementing regulations pertaining to the periodic evaluation of the effectiveness of security policies and procedures, in accordance with the requirements at § 164.308(a)(8).
- Security policies and procedures must be evaluated periodically to determine their effectiveness in appropriately safeguarding PHI.

Policy Statement

- It is the Policy of **TCS** to periodically evaluate security policies and procedures, in order to improve their effectiveness.

Procedures

- It shall be the responsibility of the Executive Director in collaboration with the HIPAA Security Officer to periodically conduct such evaluations of existing HIPAA security policies to determine need for any modifications to address new risks as well as the effectiveness of existing Administrative, Physical and Technical safeguard measures.
- Executive Director shall work in coordination with legal counsel, information technology, senior management, and any other persons, departments or parties necessary in order to conduct such evaluations.
- Such I evaluations shall be conducted at least annually.
- Any updated security policies and procedures resulting from such evaluations shall be internally published and shall be available to senior management and to all parties with responsibility for safeguarding PHI.
- The purpose of such evaluations is to improve the effectiveness of our security policies and procedures, including emergency and contingency plans and procedures, so that they best protect our business, our assets, our personnel, and the individually identifiable health information, including Protected Health Information ("PHI", as defined by HIPAA) that we possess or use.
- Executive Director or designee shall fully document all policy and procedure changes in accordance with our Documentation Policy and the requirements of HIPAA.