



National University of Health Sciences General Policies

Title: **HIPAA Physical Safeguards –
Disposition and Reuse of Media**

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Date Adopted: **02/01/18**

Date(s) Revised: 02/04/2025

Date(s) Reviewed: 09/29/2020

President

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Date

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POLICY STATEMENT

The following policy addresses disposition and reuse of media containing PHI or Sensitive Information.

SCOPE

All facilities.

DEFINITIONS

Personnel: Includes, but is not limited to, all employees, medical and clinical staff, business associates, allied health professional staff or students, vendors, volunteers, excluding patients and visitors.

PHI: Individually identifiable health information, including patient demographics, that is created or received by a provider and identifies the person and relates to his or her past, present, or future physical or mental health, treatment, and/or payment, except for information relating to persons who have been deceased for more than fifty (50) years.

Sensitive Information: Data that is proprietary to NUHS and is not intended to be disclosed to the general public.

REGULATORY REFERENCE

45 C.F.R. § 164.310(d).

PROCEDURE

- Final disposal or reuse of media containing PHI and electronic PHI shall not occur unless and until such disposition is permitted under applicable law.
- The disposal of hardware and electronic media shall be performed by a third-party vendor (Elevity IT or suitable certified vendor). Vendor shall certify and attest that such media has been destroyed or wiped using commercially reasonable best practices. NUHS shall retain such documentation for a period of 2 years, and Vendor shall be subject to a Business Associate Agreement.

POLICY RESPONSIBILITY

HIPAA Security Officer

REVISION

NUHS reserves the right to unilaterally revise, modify, review or alter the terms and conditions of the policy within the constraints of law, with or without reasonable notice.