



National University of Health Sciences General Policies

Title: **HIPAA Physical Safeguards –
Transportation of Physical Documents or Media**

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

Date(s) Revised: 02/04/2025

Date(s) Reviewed: 09/29/2020, 09/24/2024

President

Date

02/4/25

POLICY STATEMENT

The following policy addresses the transportation of media or physical documents containing PHI or Sensitive Information.

SCOPE

All personnel and 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.

PROCEDURE

- All documents or media shall be shielded from view using reasonable methods while being transported in non-secure areas or non-clinical areas.

- All media or documents shall be secured in a locked device or encrypted when transported outside of NUHS's premises.
- Certain media may only be accessed and transported by business associates pursuant to a valid business associate agreement. This media includes Digital X-Ray, X-Ray film, ultrasound recordings, and magnetic resonance imaging equipment. The HIPAA Security Officer will designate additional media that is to be transported only by qualified Business Associates.

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.