

Internal Audit, Compliance, and  
Enterprise Risk Management

: 10/5/2016  
: 4/1/2024

## **Safeguarding PHI**

### **Policy**

NYU Langone Health will use reasonable and appropriate administrative, technical, and physical safeguards to limit intentional or unintentional Uses and Disclosures of Protected Health Information (“PHI”). NYU Langone Health will also use these safeguards to protect against the inadvertent Disclosure of PHI to persons other than the intended recipient.

Workforce Members will only access PHI when there is a legitimate clinical, billing, or business reason to do so. NYU Langone Health will monitor all information systems, networks, hardware, and NYU Langone Health work sites to ensure compliance with this Policy.

### **Procedures**

Administrative, technical, and physical safeguards include but are not limited to the following procedures:

1. All Workforce Members are required to read and sign the  
. This form will be retained in the individual’s Human Resources file or where otherwise applicable.
2. Protecting Oral PHI:
  - Conversations in which PHI is discussed should be made, to the extent possible, in a manner and location that protects the confidentiality of the information discussed.
  - Conversations with patients or a patient’s family members in public areas should be conducted in a lowered voice, to the extent possible, so that unauthorized individuals cannot overhear the discussion. In emergency situations or where a patient is hearing

- Emails containing PHI, PII, or other sensitive data to all non-

10. Measures to ensure that PHI is adequately shielded to prevent unauthorized Disclosures will be used (e.g., privacy screens on computers in public areas).

**Related Documents**

All HIPAA Privacy Policies and Procedures

Medical Center Information Technology Security Policies

Medical Center Information Technology Workforce Members IT Policy

Privacy, Information Security, a7y, 9ururittic(y, a)4( )Tj-0.004 Tc 0.004 Tw [S]-8 (ecu)-( )Tjcuecu ecu j-0.04