



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

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| SUBJECT LACDMH DATA SECURITY DOCUMENTATION REQUIREMENT | POLICY NO. 555.01 | EFFECTIVE DATE 04/20/2005 | PAGE 1 of 3 |
| APPROVED BY:  Director | SUPERSEDES 500.38 04/20/2005 | ORIGINAL ISSUE DATE 04/20/2005 | DISTRIBUTION LEVEL(S) 1 |

PURPOSE

- 1.1 To establish documentation requirements for data security policies and procedures and for Health Insurance Portability and Accountability Act (HIPAA) Security Rule implementation decisions.

POLICY

- 2.1 Los Angeles County Department of Mental Health (LACDMH) Documentation Requirement

The LACDMH shall develop and maintain data security policies and procedures in either paper or electronic form. All data security actions taken and assessments conducted by LACDMH - as specified in the LACDMH Policy No. 553.02, LACDMH Privacy and Security Compliance Program; LACDMH Policy No. 554.02, System Access Control; and in any other related policies and procedures (security compliance documentation) - must be documented and maintained in either paper or electronic form.

- 2.2 Documentation Retention

All of the documentation described in 2.1 above must be retained for at least six (6) years (as required by the HIPAA Security Rule) from the date of its creation or the date when it last was in effect, whichever is later. If, however, a facility is subject to a longer documentation retention period as a part of a regulatory, compliance, and/or accreditation requirement (e.g., Medicare, Medi-Cal, Title 22), then the documentation must be retained for the longer period.



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2.3 Document Availability

The security policies and procedures must be made readily available to those users who must comply and to those persons who are responsible for ensuring or auditing compliance, with the Security Policies and Procedures.

Access to security compliance documentation must be strictly limited to those whose roles or titles have been identified by LACDMH with the review and approval by the Department Information Security Officer (DISO) as having a business need to know aspects of such documentation. LACDMH must ensure that the security compliance documentation is stored securely, and that only that security compliance documentation that is relevant and necessary is made available to those persons who have been authorized by the DISO.

2.4 Updates

Reports and data concerning information security actions taken and assessments conducted must be archived in a security compliance documentation repository as soon as reasonably possible. Historical documentation of the Security Policies and Procedures and the security compliance documentation repository must be preserved.

In accordance with the responsibilities assigned by LACDMH Privacy and Security Compliance Program policies and procedures, LACDMH must review and revise the security policies and procedures in response to environmental or operational changes affecting the security of the computer information assets.

DEFINITION

- 3.1 Security Compliance Documentation: All documentation pertaining to security policies, procedures, actions taken, risk assessments, and safeguards implemented in IT systems (i.e., the System Security Documentation).



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For a more complete definition of terms used in this policy and/or procedure, see the LACDMH Information Security Glossary, Attachment 1 of LACDMH Policy No. 555.02, Information and Technology Security.

AUTHORITY

1. **MANDATED BY** 45 Code of Federal Regulations (CFR), Part 164, Subpart C, Section 164.316(b)(1)
2. Applicable Los Angeles County and LACDMH Policies and Procedures

CROSS REFERENCES

LACDMH Policies:

- 553.02, LACDMH Privacy and Security Compliance Program
- 555.03, Security Compliance Evaluation
- 554.02, System Access Control

REVIEW DATE

This policy shall be reviewed on or before January 2010.