

Hardware, Media Management, and Data Destruction Policy

Note: Sections labeled [HIPAA] apply when systems/media create, receive, maintain, or transmit ePHI. Otherwise, follow the baseline requirements.

****1.0 Purpose****

Define secure lifecycle requirements for hardware and removable media and the standards for data sanitization/destruction at transfer, reuse, or end-of-life. [HIPAA] Ensure alignment with HIPAA Security Rule.

****2.0 Scope****

All company-owned/managed endpoints, servers, network devices with storage, and removable media (USB, external disks, tapes, optical, mobile) across all sites and cloud environments. [HIPAA] Applies to ePHI-capable systems/media.

****3.0 Roles and Responsibilities****

- ****IT Asset Management****: Inventory, custody tracking, disposition coordination.
- ****IT Operations****: Deployment, maintenance, incident handling; execute sanitization/destruction.
- ****Security****: Policy oversight, audits, exceptions; [HIPAA] Security/Privacy Officer approvals.
- ****Employees****: Proper custody and use of assigned devices and media.

****4.0 Policy Statements****

****4.1 Asset Inventory and Ownership****

- Maintain CMDB inventory with unique IDs, owner, location, configuration, and data classification.
- Track chain of custody for device/media transfers.

[HIPAA] Retain records relevant to ePHI for ≥ 6 years.

****4.2 Procurement and Standard Builds****

- Use approved hardware standards and secure images/baselines.
- Enforce full-disk encryption (FDE) on supported devices; enable secure boot and TPM.

[HIPAA] Encrypt ePHI at rest/in transit; implement access controls and audit logging.

****4.3 Storage and Physical Security****

- Store spares/returned devices in locked cabinets with access logs; use tamper-evident seals for data-bearing items.

[HIPAA] Limit physical access to authorized personnel; maintain access records.

****4.4 Removable Media Controls****

- Restrict media use to business need; disable by default where feasible.
- Encrypt removable media; label with owner/asset ID; prohibit personal media for business data.
- Scan media for malware prior to use.

[HIPAA] Apply minimum necessary standard for ePHI; document approved use cases.

****4.5 Transport and Shipping****

- Use tracked carriers; tamper-evident packaging; document chain of custody for transfers.
- For high sensitivity, use two-person control.

[HIPAA] Protect ePHI during transport; ensure BAAs with handlers where applicable.

****4.6 Maintenance and Repair****

- Sanitize/remove drives before third-party service when feasible; otherwise ensure vendor data protection.

[HIPAA] Execute BAAs with vendors potentially handling ePHI; log custody.

****4.7 Incident Handling****

- For loss/theft, quarantine via MDM/EDR; initiate remote wipe if appropriate; notify Security; document.

[HIPAA] Assess for reportable breach; follow Breach Notification procedures.

****4.8 Return, Decommission, and Disposition****

- Collect devices on offboarding/replacement; reconcile inventory; proceed to sanitization/destruction per Section 4.10.

****4.9 Training and Awareness****

- Provide onboarding and annual refresher training on hardware/media handling.

[HIPAA] Include HIPAA device/media handling modules.

****4.10 Data Sanitization and Destruction****

- Follow NIST SP 800-88 Rev.1: select Clear, Purge, or Destroy based on media type and reuse.
- Document method, tool/procedure, operator, witness, serials, timestamps.
- Verify results (hash/visual/certificate) and file Certificates of Destruction when applicable.

[HIPAA] Maintain documentation for ≥ 6 years; ensure alignment with 45 CFR §164.310(d) and §164.312(e).

****4.11 Third-Party Vendors****

- Use vetted vendors; obtain certificates for destruction; ensure contractual safeguards.

[HIPAA] Execute BAAs with vendors that may handle ePHI; require adherence to NIST 800-88.

****4.12 Compliance and Audit****

- Perform periodic audits of inventory accuracy, custody logs, storage controls, and destruction

records; remediate gaps.

****5.0 Exceptions****

Exceptions require documented justification, risk assessment, compensating controls, and Security (and [HIPAA] Security/Privacy Officer) approval.

****6.0 Review****

Review annually or upon significant operational/regulatory changes.

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