



other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.

“Protected Health Information (ePHI)” is defined as any individually identifiable health information and is required to be protected through the Health Insurance Portability and Accountability Act (HIPAA).

“Workforce Member” includes, but is not limited to, faculty, staff, employees, guests, consultants, vendors, contractors, volunteers, interns, student workers or temporary workers associated with the University.

The ISPC is to regularly review and revise this policy as may be appropriate, minimally every three years. There may be events that trigger additional reviews such as changes in laws or regulations, information security best practices, threat models, or changes in business processes.

International Standards Organization (ISO/IEC 27002:2022, Clause 5 Organizational Controls)

International Standards Organization (ISO/IEC 27002:2022, Clause 6 People Controls)

[University Policy 117 Information Security](#)

[University Policy 97 Information Security and Privacy Governance](#)

WCU Information Security Incident Response Plan

45 CFR Part 164, Subpart C – Security Standards for the Protection of Electronic Protected Health Information

Response and Reporting [164.308(a)(6)(ii)] (Required) - Identify and respond to suspected or known security incidents; mitigate, to the extent practicable, harmful effects of security incidents that are known to the covered entity; and document security incidents and their outcomes.

Security Incident Procedures [164.308(a)(6)(i)] (Standard) - Implement policies and procedures to address security incidents.