

**Dispose of PHI and PII as if your job depends on it  
... it does!**



*You never know who might be looking through your trash.*

- Effective January 1, 2009, unauthorized access to PHI and PII may result in fines and penalties to both the individual & the institution as well as patient and Department of Public Health notification (CA law SB 541 & AB 211)
- Data that uniquely identifies patients is “Protected Health Information” (PHI) and must be secured, even if specific medical procedures or diagnoses are not shown. (HIPAA Privacy Rule, 4/14/2003)
- California law extended this to all (patients, research participants, employees, students, etc.), requiring notification if any “Personally Identifiable Information” (PII) may have been exposed. (SB 1386, 7/1/2003 & AB 1298, 1/1/2008)
- Along with protecting data in your computer, on paper records and stored on electronic media (floppy disks, CD/ROMS, USB drives), such material must be disposed of properly. Don’t toss it in the trash!
- Erasing sensitive data from electronic media is not enough. Erased data may be recoverable. Assume that if media may have ever held PHI or PII, it must be protected and disposed of properly.
  - Dispose of paper in properly marked, secure containers. If you cannot find one, check with your supervisor.
  - For electronic media, contact the Enterprise IT Help Desk (call 4-HELP or email “IT Help Desk”) to arrange for free pick up (if SOM, contact your IT support team).
- Prior bulletins are available at [www.itsecurity.mednet.ucla.edu](http://www.itsecurity.mednet.ucla.edu). Bulletin #15 provides an explanation of what comprises PHI and PII.