



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Behavioral Health Administration  
PO Box 45050, Olympia, WA 98504-5050

Date: March 25, 2016

RE: DSHS Contract #1669-62063 for the period of April 1, 2016 to December 31, 2018

DSHS Contractor: North Sound BHO

RETURN FORM TO: DSHS Contact Listed in Contract.

If the Contractor has six or fewer clients, or there is no Data Security Requirements exhibit attached to this contract, please return this form to the DSHS Contact listed on page 1 of the referenced contract noting that this form does not apply, and initial and date here:

Does not apply  Date: \_\_\_\_ Initial: \_\_\_\_.

Dear Contractor:

As a result of data breaches involving DSHS confidential data managed by Contractors and/or their Subcontractors, the U.S. Department of Health & Human Services, Office for Civil Rights (OCR) is requiring DSHS to conduct contract monitoring and compliance of the DSHS Data Security Requirements exhibit of your contract(s). The Department is using this Contractor Self-Assessment Monitoring Tool to serve as an additional monitoring mechanism to ensure that Contractors and their Subcontractors are abiding by the Data Security provisions of their existing DSHS Contracts. Our goal in using this tool is to support your understanding of and compliance with your contract(s) while reducing DSHS travel and administrative costs. Please review the above-referenced contract and Data Security Requirements Exhibit in preparation for completing this Tool.

The Tool is designed to be completed using Microsoft Word or a compatible program and consists of a series of yes/no questions. Please answer all of the questions by checking the appropriate answer box. You may use the tab key on your keyboard to move from question to question and to the text fields. If an explanation is requested, please add a narrative response in the Contractor Explanation section which will expand to allow unlimited text. You may go back to a prior question by using the shift + tab keys on your keyboard.

Please return the completed monitoring tool to the DSHS Program Manager listed on page 1 of the above-referenced Contract within sixty (60) days of the date of this correspondence.

Sincerely

Mike Rice, Contracts Supervisor

## Contractor Self-Assessment Monitoring Tool

This form is formatted to be completed electronically using Microsoft WORD. All Contractor Explanation text fields will expand to accommodate unlimited text.

### DEFINITIONS:

**Encryption** – If you currently do not have encryption installed on computers and storage devices that contain confidential DSHS data as required by contract, please refer to **Attachment A** for encryption products you may consider for your organization.

**You** – The word “you” used throughout this Self-Assessment means you the Contractor.

**Contractor** – The individual or entity performing services pursuant to your contract(s) and includes the Contractor’s owners, members, officers, directors, partners, employees, and/or agents. For purposes of any permitted Subcontract, “Contractor” includes any Subcontractor and its owners, members, officers, director’s partners, employees, and/or agents.

Contractor Name:                      North Sound BHOI                      Contract Number #                      1669-62063

Review Period:                              4/1/16 to 12/31/18

### RETURN FORM TO

Data Security	Yes/No	Contractor Explanation
1. Are you keeping DSHS client data separate from non-DSHS data?  Please refer to your contract, Data Security Requirements Exhibit A, subsection 3, Data Segregation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Do you store DSHS records in a secure area that is accessible only by authorized personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. When not in use, are you storing DSHS records in a locked container, such as a file cabinet, locking drawer, or safe?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are you providing services under this contract using portable devices or media, such as a laptop or a flash drive?  If your answer is yes, describe what devices or media that each of the professionals is using.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Clinical staff use laptops when doing chart reviews at provider agencies for purposes of utilization management and encounter validation. The hard drives in the laptop are using whole disk encryption.
5. If you are using portable devices or media, are you protecting the data as required by Data Security Requirements Exhibit, Sections 2. <i>Data Transport</i> , and 3. <i>Protection of Data</i> , subsection g. <i>Data storage on portable devices or media</i> by applying encryption? Please refer to Data Security Requirement Exhibit or your	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Data Security</b>	<b>Yes/No</b>	<b>Contractor Explanation</b>
contract for details.		
6. Where data is stored on local hard disk drives on servers, is access restricted to authorized users through the use of access control lists which grant users access only after the authorized user has authenticated to the network using a unique ID and a hardened password or other authentication mechanisms that provide equal or greater security? Please refer to Data Security Requirements Exhibit for details.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. If DSHS data provided under this contract is shared with a subcontractor, have you met the requirements in Data Security Requirements Exhibit section 7 - <i>Data shared with Subcontractors</i> ? Please refer to the Data Security Requirements Exhibit for details.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are you ensuring employees are trained on security awareness and the data security requirements of your DSHS contract(s)? If yes, please explain what you are doing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Annual privacy training.

<b>Contractor Input</b>	<b>Yes/No</b>	<b>Contractor Explanation</b>
1. Is there a method or process that you consider a "best practice" for effectively performing services under your contract(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Do you have any suggestions for improving or enhancing services provided under your contract(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Are there items in the contract that you do not understand or think could be improved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	There should be a clear definition of what 'DSHS data' is.

I hereby declare that the information I have given on this form is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

360-416-7013  
Phone Number

Joe Valentine  
Printed Name

Executive Director  
Title

Joe\_valentine@northsoundbho.org  
Email Address

Please return the completed form to:  
The DSHS Contact listed on page 1 of the referenced contract  
DSHS will accept a scanned (email), faxed, or mailed copy.  
Please keep a copy for your records.

## ATTACHMENT A – ENCRYPTION PRODUCTS

This information is intended as a representative list of encryption software, rather than an assertion that any of these tools will meet DSHS business partners’ needs, or will help them comply with HIPAA or Data Security Requirements. Nearly any encryption software will need to be configured to provide the appropriate protection. DSHS business partners are required by contracts to protect confidential and sensitive DSHS data by applying encryption on computers and data storage devices where DSHS data is stored. It is up to the business partner to determine the product that will meet HIPAA requirements prior to purchasing and/or using encryption products listed below or other encryption products not listed. DSHS does not have the resources to provide support to business partners in meeting this requirement.

**NOTE:** Windows 7 Ultimate or Enterprise versions come with Bitlocker encryption at no additional charge. Full hard disk encryption is recommended over folder encryption. Full hard disk encryption provides the most protection as staff can store data anywhere on their device and it will be encrypted, whereas, folder encryption will depend on the user to consistently store data only to the folder or portion of the drive that is encrypted. This leaves room for user error.

Health and Human Services (HHS) link

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brguidance.html> regarding encryption requirements.

Software	Full Disk Encryption	Folder Level Encryption	Windows	Mac	Linux	URL
DESLock+ Pro	x	x	x			<a href="https://www.deslock.com/products.php">https://www.deslock.com/products.php</a>
Jetico BestCrypt Volume Encryption	x		x			<a href="https://www.jetico.com/products/enterprise-data-protection/bestcrypt-volume-encryption">https://www.jetico.com/products/enterprise-data-protection/bestcrypt-volume-encryption</a>
McAfee Complete Data Protection	x	x	x	x		<a href="http://www.mcafee.com/us/products/complete-data-protection.aspx">http://www.mcafee.com/us/products/complete-data-protection.aspx</a>
Microsoft BitLocker	x		x			<a href="http://windows.microsoft.com/en-us/windows7/products/features/bitlocker">http://windows.microsoft.com/en-us/windows7/products/features/bitlocker</a>
Microsoft Encrypting File System			x			<a href="http://technet.microsoft.com/en-us/library/cc700811.aspx">http://technet.microsoft.com/en-us/library/cc700811.aspx</a>
Red Hat/Linux Unified Key Setup-on-disk-format (LUKS)	x				x	<a href="https://access.redhat.com/documentation/en-US/Red_Hat_Enterprise_Linux/7/html/Security_Guide/sec-Encryption.html#sec-Using_LUKS_Disk_Encryption">https://access.redhat.com/documentation/en-US/Red_Hat_Enterprise_Linux/7/html/Security_Guide/sec-Encryption.html#sec-Using_LUKS_Disk_Encryption</a>
Symantec Drive Encryption	x		x	x	x	<a href="http://www.symantec.com/drive-encryption/">http://www.symantec.com/drive-encryption/</a>