Policy Summary: OUHSC IT will implement an Information Technology Risk Management Program designed to keep risks to information system resources at reasonable and appropriate levels.

Purpose: This policy reflects our commitment to identify and implement security controls which will keep risks to information system resources at reasonable and appropriate levels.

Policy: OUHSC IT will implement an Information Technology Risk Management program designed to keep risks to the OUHSC information system resources and data at reasonable and appropriate levels.

The Risk Management program at a minimum will include the identification and classification of information system data and resources, risk assessment and analysis, control activities, information communication and training, and monitoring.

Documentation: All data collected and/or used as part of the Risk Management Process and related procedures will be formally documented and securely maintained.

Scope/Applicability: This policy is applicable to OU Health Sciences Center and Health Care Components.

Regulatory Reference: HIPAA 45 CFR 164.308(a)(1)(ii)(B)

Definitions: See the Information Security Policy Definitions document for definitions

Responsible Department: OUHSC Information Technology

Enforcement/Audit: The university’s Internal Auditing department is responsible for monitoring and enforcement of this policy.

Related Policies: Over-arching Security policy

Procedures: See Risk Management Plan

Renewal/Review: This policy is to be reviewed and updated as needed by IT Information Security Services.