

Manufacturer Disclosure Statement for Medical Device Security – MDS²

Device Category: 17237	Manufacturer: Eastman Kodak	Document ID:	Document Release Date: 8/1/05
Device Model: 8800	Software Revision: 5.2	Software Release Date: 09/99	
Manufacturer or Representative Contact Information:	Name: Technical Support	Title: N/A	Department: US&C Service
	Company Name: Eastman Kodak	Telephone #: 1-800-328-2910	e-mail: health.imaging.tsc@kodak.com

MANAGEMENT OF ELECTRONIC PROTECTED HEALTH INFORMATION (ePHI) *As defined by HIPAA Security Rule, 45 CFR Part 164* **Yes No N/A Note #**

1. Can this device transmit or maintain *electronic Protected Health Information (ePHI)*? Yes No N/A Note # _____
2. Types of ePHI data elements that can be maintained by the device:
 - a. Demographic (e.g., name, address, location, unique identification number)? Yes No N/A Note # _____
 - b. Medical record (e.g., medical record #, account #, test or treatment date, device identification number)? Yes No N/A Note # _____
 - c. Diagnostic/therapeutic (e.g., photo/radiograph, test results, or physiologic data with identifying characteristics)? .. Yes No N/A Note # _____
 - d. Open, unstructured text entered by device user/operator? No Yes N/A Note # _____
3. Maintaining ePHI: *Can the device*
 - a. Maintain ePHI temporarily in volatile memory (i.e., until cleared on by power-off or reset)?..... Yes No N/A Note # _____
 - b. Store ePHI persistently on local media?..... No Yes N/A Note # _____
 - c. Import/export ePHI with other systems? Yes No N/A Note # _____
4. Mechanisms used for the transmitting, importing/exporting of ePHI: *Can the device*
 - a. Display ePHI (e.g., video display)? No Yes N/A Note # _____
 - b. Generate hardcopy reports or images containing ePHI? No Yes N/A Note # _____
 - c. Retrieve ePHI from or record ePHI to removable media (e.g., disk, DVD, CD-ROM, tape, CF/SD card, memory stick)? .. No Yes N/A Note # _____
 - d. Transmit/receive or import/export ePHI via dedicated cable connection (e.g., IEEE 1073, serial port, USB, FireWire)? ... Yes No N/A Note # _____
 - e. Transmit/receive ePHI via a network connection (e.g., LAN, WAN, VPN, intranet, Internet)? No Yes N/A Note # _____
 - f. Transmit/receive ePHI via an integrated wireless connection (e.g., WiFi, Bluetooth, infrared)? No Yes N/A Note # _____
 - g. Other _____ ? No Yes N/A Note # _____

ADMINISTRATIVE SAFEGUARDS **Yes No N/A Note #**

5. Does manufacturer offer operator and technical support training or documentation on device security features?..... Yes No N/A Note # _____
6. What underlying operating system(s) (including version number) are used by the device? Proprietary O/S: VRTX 1.1B Yes No N/A Note # _____

PHYSICAL SAFEGUARDS **Yes No N/A Note #**

7. Are all device components maintaining ePHI (other than removable media) physically secure (i.e., cannot remove without tools)? Yes No N/A Note # _____
8. Does the device have an integral data backup capability (i.e., backup onto removable media such as tape, disk)? No Yes N/A Note # _____
9. Can the device boot from uncontrolled or removable media (i.e., a source other than an internal drive or memory component)? No Yes N/A Note # _____

TECHNICAL SAFEGUARDS **Yes No N/A Note #**

10. Can software or hardware not authorized by the device manufacturer be installed on the device? No Yes N/A Note # _____
11. Can the device be serviced remotely (i.e., maintenance activities performed by service person via network or remote connection)? .. No Yes N/A Note # _____
 - a. Can the device restrict remote access to specific devices or network locations (e.g., specific IP addresses)? N/A Yes No Note # _____
 - b. Can the device log provide an audit trail of remote-service activity? No Yes N/A Note # _____
 - c. Can security patches or other software be installed remotely?..... N/A Yes No Note # _____
12. Level of owner/operator service access to device operating system: *Can the device owner/operator*
 - a. Apply device manufacturer-validated security patches? N/A Yes No Note # _____
 - b. Install or update antivirus software? N/A Yes No Note # _____
 - c. Update virus definitions on manufacturer-installed antivirus software? N/A Yes No Note # _____
 - d. Obtain administrative privileges (e.g., access operating system or application via local root or admin account)? .. No Yes N/A Note # _____
13. Does the device support user/operator specific ID *and* password? No Yes N/A Note # _____
14. Are access sessions terminated after a predetermined length of inactivity (e.g., auto logoff)? No Yes N/A Note # _____
15. Events recorded in device audit log (e.g., user, date/time, action taken): *Can the audit log record*
 - a. Login and logout by users/operators? No Yes N/A Note # _____
 - b. Viewing of ePHI? No Yes N/A Note # _____
 - c. Creation, modification or deletion of ePHI? No Yes N/A Note # _____
 - d. Import/export or transmittal/receipt of ePHI? No Yes N/A Note # _____
16. Does the device incorporate an emergency access ("break-glass") feature that logs each instance of use? No Yes N/A Note # _____
17. Can the device maintain ePHI (e.g., by internal battery) during power service interruptions? No Yes N/A Note # _____
18. Controls when exchanging ePHI with other devices:
 - a. Transmitted only via a physically secure connection (e.g., dedicated cable)? No Yes N/A Note # _____
 - b. Encrypted prior to transmission via a network or removable media? No Yes N/A Note # _____
 - c. Restricted to a fixed list of network addresses (i.e., host-based access control list)? No Yes N/A Note # _____

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19. Does the device ensure the integrity of the ePHI data with implicit or explicit error detection/correction technology? ... No ___ _____

†Recommend use of ECRI's Universal Medical Device Nomenclature System (UMDNS).

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RECOMMENDED SECURITY PRACTICES

Users must take steps to secure their networks and protect their Medical Information Systems which includes a risk assessment strategy, network defense in depth strategy, business continuity planning, etc.

EXPLANATORY NOTES (from questions 1 – 19):

IMPORTANT: Refer to Instructions for the Manufacturers Disclosure Statement for Medical Device Security for the proper interpretation of information provided in this form.

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