University Rule 4-004K: Backup and Recovery Rev. 0

I. Purpose and Scope

A. The purpose of this Backup and Recovery Rule is to protect the University’s Information Systems and Information Assets by establishing requirements for backup and recovery.

B. This Rule supports section K, titled Backup and Recovery, of the University of Utah Information Security Policy 4-004.

II. Definitions

For the purposes of this Policy and any associated Regulations, these words and phrases have the following meanings:

A. Confidential - Any Information Asset which is classified as Restricted or Sensitive per the Data Classification and Encryption Rule

B. Information Asset - Data or knowledge stored in any electronic manner and recognized as having value for the purpose of enabling University to perform its business functions.

C. Information System - An Application or group of Servers used for the electronic storage, processing, or transmitting of any University data or Information Asset.

D. Information System Media - Physical media on which an Information System's Information Assets are stored for backup and recovery purposes (e.g. backup tapes, backup disks, NAS/SAN drives, magnetic media, etc.).

E. Server – Hardware and software, and/or Workstation used to provide information and/or services to multiple Users.

III. Rule

OUTDATED
A. Information Asset Backup

To ensure that all Confidential University Information Assets are available in the event of a disruption, error, or disaster, the following controls will be implemented:

1. Define the required level of backup for each classification of data per the Data Classification and Encryption Rule.

2. Define the required level of backup for each Information System or Server that stores data.

3. Define the frequency of backups for each Information System or Server.

4. Establish an off-site storage location for backups at a sufficient distance to ensure separation from the primary University data center for where the data is housed.

5. Ensure that the security controls implemented at the off-site backup storage location are appropriate to the criticality and the classification of the data.

6. Ensure that appropriate security controls are implemented on the Information System Media itself in accordance with data handling requirements.

7. Information System data backups will be retained in accordance with regulatory and contractual requirements.

8. Test, and update as necessary, backup procedures to ensure that all security requirements have been met.

B. Information Recovery

To ensure that all Confidential University Information Assets can be recovered in the event of a disruption, error, or disaster, the following controls will be implemented:
1. Test backup Information System Media regularly to ensure reliability if applicable.

2. Test, and update as necessary, recovery procedures to ensure timeliness and effectiveness of recovery.

[Note: Parts IV-VII of this Rule (and all other University Regulations) are Regulations Resource Information--the contents of which are not approved by the Academic Senate or Board of Trustees, and are to be updated from time to time as determined appropriate by the cognizant Policy Officer and the Institutional Policy Committee, as per Policy 1-001 and Rule 1-001.]

I. Rules, Procedures, Guidelines, Forms and other Related Resources

A. Rules

TBD

B. Procedures

Policy 4-004 Procedures

C. Guidelines

TBD

D. Forms

E. Other Related Resources Material

II. References

A. 45 C.F.R. 164: Health Insurance Portability and Accountability Act (HIPAA):
   Security and Privacy


E. NIST 800 Series, Federal Information Security Standards

F. Policy 3-070: Payment Card Acceptance

G. Policy 4-001: University Institutional Data Management

H. Policy 4-003: World Wide Web Resources Policy

I. Policy 5-111: Disciplinary Actions and Dismissal of Staff Employees

J. Policy 6-400: Code of Student Rights and Responsibilities

K. Policy 6-316: Code of Faculty Rights and Responsibilities

L. Pub. 111-5, Division A, Title XIII, Subtitle D: Health Information Technology for Economic and Clinical Health Act (HITECH Act)

M. Omnibus HIPAA Rule: 45 CFR Parts 160 and 164 - Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules Under the HITECH Act and the Genetic Information Nondiscrimination Act; Other Modifications to the HIPAA Rules; Final Rule

III. Contacts

A. The designated contact Officials for this Policy are:

1. Policy Owner (primary contact person for questions and advice): Chief Information Security Officer, 801-213-3397

2. Policy Officer; Chief Information Officer, 801-581-3100
These officials are designated by the University President or delegee, with assistance of the Institutional Policy Committee, to have the following roles and authority, as provided in University Rule 1-001:

A ‘Policy Officer’ will be assigned by the President for each University Policy, and will typically be someone at the executive level of the University (i.e., the President and his/her Cabinet Officers). The assigned Policy Officer is authorized to allow exceptions to the Policy in appropriate cases...."

"The Policy Officer will identify an 'Owner' for each Policy. The Policy Owner is an expert on the Policy topic who may respond to questions about, and provide interpretation of the Policy; and will typically be someone reporting to an executive level position (as defined above), but may be any other person to whom the President or a Vice President has delegated such authority for a specified area of University operations. The Owner has primary responsibility for maintaining the relevant portions of the Regulations Library.... [and] bears the responsibility for determining -requirements of particular Policies...." University Rule 1-001-III-B & E

IV. History

A. Current version: Revision 1, effective date: April 4, 2016

Approved by Academic Senate: May 4, 2015

Approved by Board of Trustees: May 12, 2015

Background information for this version