



# Guardian Compliance, mapped to HIPAA

How PTS Guardian tiers cover the HIPAA Security Rule for medical, dental, and PHI-handling practices.

**The business problem:** HIPAA requires every Covered Entity and Business Associate to implement administrative, physical, and technical safeguards for protected health information (PHI). The Security Rule (45 CFR §§ 164.302-164.318) and the Breach Notification Rule (§§ 164.400-164.414) define those obligations. Most practices have the intent but not the documented controls, evidence, or program to prove it during an audit or after an incident.

**The PTS answer:** Guardian Compliance is our tier purpose-built for HIPAA-regulated practices. It combines our managed help desk, cybersecurity, backup, M365 E5 cloud, and vCIO management with the documentation, logging, and air-gapped recovery your auditor and cyber insurance carrier expect. **Compliance is the tier built to satisfy HIPAA end-to-end.**



THE SOLUTION

## Why the Compliance tier

Compliance is the Guardian tier built end-to-end for HIPAA-regulated practices. Six capabilities make the difference between intent and audit-defensible evidence:

- **M365 E5 with Purview, DLP, and Message Encryption.** Native PHI data loss prevention, audit log retention, and encrypted external email. The controls auditors and OCR ask for.
- **SIEM with integrated compliance logging and network monitoring.** Satisfies §164.312(b) Audit Controls and the documented activity review requirement in §164.308(a)(1)(ii)(D).
- **Air-gapped monthly server backups, performed and tested by PTS.** Demonstrable §164.308(a)(7) contingency plan with monthly restore evidence. Defensible against ransomware and audit.
- **Annual incident response planning and 5-year IT lifecycle plan.** Documented program, not a one-time deliverable. Aligns with §164.316 and §164.308(a)(6).
- **Annual reorientation and full documentation refresh.** Policies, network diagrams, vendor inventory, and BA list stay current. The §164.316(b)(2)(iii) review requirement.
- **Employee productivity and access monitoring.** Activity review under §164.308(a)(1)(ii)(D) without ad-hoc spreadsheet tracking.



## WHAT YOU GET

## Inside the Compliance tier

A single managed-service bundle that delivers the help desk, security, backup, M365 E5 cloud, and vCIO management your HIPAA program depends on. Each layer is included in the monthly fee.

| Service Layer   | What you get                                                                                                                                                                                                                                                         |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Help Desk       | All remote, on-site, and emergency support within monthly limits. Acknowledge under 1 business hour, on-site under 8 business hours. 25% discount on after-hours emergency.                                                                                          |
| Cybersecurity   | Advanced endpoint detection and response, 24/7 managed detection and response, phishing simulations and training, application allow-listing, DNS filtering, endpoint encryption, SIEM with compliance logging, network monitoring, employee productivity monitoring. |
| Backup          | Image-based cloud backup (workstations and servers), 3x 2TB external drives included, monthly air-gapped server backups performed by PTS, monthly restore testing.                                                                                                   |
| Cloud (M365 E5) | M365 E5 licensing, Purview audit logs, DLP, Message Encryption, email and file backup, DDoS protection, DNS and domain management.                                                                                                                                   |
| vCIO Management | Quarterly TBR, PTS firewall/network/wireless standards, vendor management, 100+ policy templates, M365 hardening, white-glove MFA, annual incident response planning, 5-year IT and device lifecycle plan, annual reorientation and full documentation.              |

### Why one bundle, not piecemeal tools

Most SMB practices end up with a patchwork: an MSP for help desk, a separate backup vendor, a security tool the office manager bought, and a compliance template purchased from a webinar. Guardian Compliance replaces that stack with one accountable provider.

| What it takes              | Piecemeal                                                             | Guardian Compliance                                                  |
|----------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------|
| Vendor count               | 6 to 10 separate contracts: MSP, SOC, EDR, backup, M365, training     | One contract, one invoice, one accountable provider                  |
| Documentation              | Customer assembles policies and evidence from each tool               | PTS maintains policy library, BAAs, and evidence binder              |
| Restore testing            | Backup vendor sells software; customer self-tests or skips            | Monthly air-gapped restore performed and logged by PTS               |
| Audit response             | Practice scrambles to collect logs and policies from each vendor      | One call to PTS, evidence delivered from existing binder             |
| BAA accountability         | Customer signs and tracks a BAA with every vendor independently       | PTS is your Business Associate for the bundle, single BAA on file    |
| Single point of escalation | Incident response routes through each vendor's separate support queue | P1-P4 escalation through one MSP, attorney-first protocol on day one |

**One contract. One BAA. One accountable provider.** That is the difference between a tool stack and a HIPAA program.



THE PROOF

## The cost of getting HIPAA wrong

Every breach affecting 500+ individuals is published on the public **OCR Breach Portal** (the "HIPAA Wall of Shame"). Settlements appear on the **HHS Resolution Agreements** page. Small practices are not exempt.

**\$1.5M**

Annual maximum for a single category of willful-neglect violations

**\$50,000**

Maximum per-violation penalty for willful neglect not corrected

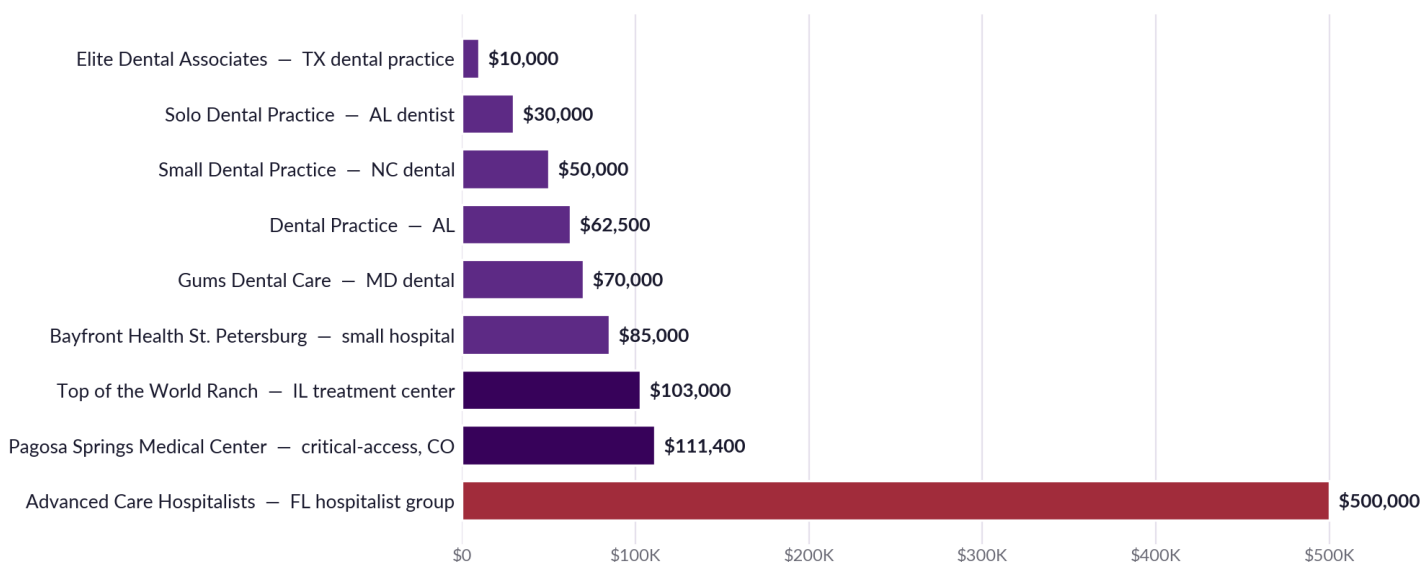
**6 years**

Required retention for HIPAA policies, procedures, and breach documentation

**60 days**

Maximum window to notify affected individuals after a breach is discovered

### Small practices pay too. And these are public record.



Beyond the settlement amount, every entity above also signed a multi-year Corrective Action Plan (CAP) requiring HHS oversight, mandatory risk analysis, policy rewrites, workforce training, and public reporting. The legal fees, breach notification costs, lost-patient revenue, and reputational damage typically exceed the fine itself by 5-10x.

### Three patterns OCR keeps citing

Read across every resolution agreement on the HHS site and the same three findings repeat. Each is squarely inside the scope of a managed Guardian Compliance engagement.

#### PATTERN 01

##### No current Risk Analysis

The most cited failure across every settlement above. §164.308(a)(1)(ii)(A) requires a documented, dated risk analysis. Stale or missing is the same finding.

#### PATTERN 02

##### Lost or stolen unencrypted device

Laptops, USB drives, and backup tapes are the most common breach trigger for small practices. Full-disk encryption and inventory controls eliminate this exposure.

#### PATTERN 03

##### Failure to terminate access

Former employees with active EHR or M365 credentials surface in nearly every enforcement case. A documented joiner-mover-leaver workflow closes this gap.



## THE DETAIL

## Safeguard-by-safeguard mapping

Each row pairs a HIPAA Security Rule requirement with the Guardian capability that satisfies it, and shows which tier delivers it. Skim the Compliance column - every YES is a requirement covered out of the box.

|  <b>ADMINISTRATIVE SAFEGUARDS §164.308</b> |                                                                                                                  |                                                                                                                                           |        |       |        |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|--------|
| HIPAA §                                                                                                                     | Requirement                                                                                                      | How Guardian Delivers                                                                                                                     | Co-Mgd | Fund. | Compl. |
| §164.308(a)(1)                                                                                                              | Security Management Process: risk analysis, risk management, sanction policy, information system activity review | vCIO/vCISO risk register, annual gap assessment, GRC-platform-driven remediation tracking, SIEM log review.                               | NO     | PART  | YES    |
| §164.308(a)(2)                                                                                                              | Assigned Security Responsibility: named Security Official                                                        | Guardian Compliance includes a designated PTS vCISO of record; named in your IRP and BAA.                                                 | NO     | NO    | YES    |
| §164.308(a)(3)                                                                                                              | Workforce Security: authorization, clearance, termination procedures                                             | M365 identity hardening, JML (joiner/mover/leaver) workflow, Entra ID conditional access, documented offboarding.                         | NO     | YES   | YES    |
| §164.308(a)(4)                                                                                                              | Information Access Management: access authorization, establishment, modification                                 | Role-based access in M365, application allow-listing, least-privilege baselines, quarterly access reviews.                                | NO     | YES   | YES    |
| §164.308(a)(5)                                                                                                              | Security Awareness and Training: security reminders, malware, login monitoring, password management              | Monthly phishing simulations, ongoing security awareness training, enterprise password vault, dark web monitoring.                        | NO     | YES   | YES    |
| §164.308(a)(6)                                                                                                              | Security Incident Procedures: response and reporting                                                             | Documented Incident Response Plan, P1-P4 playbooks, 24/7 managed detection and response, partner SOC threat response.                     | NO     | PART  | YES    |
| §164.308(a)(7)                                                                                                              | Contingency Plan: data backup, disaster recovery, emergency mode operation, testing, criticality analysis        | Image-based cloud backup, monthly air-gapped server backups performed by PTS, monthly restore testing, documented DR plan.                | PART   | PART  | YES    |
| §164.308(a)(8)                                                                                                              | Evaluation: periodic technical and non-technical evaluation                                                      | Annual CIS Controls gap assessment, quarterly TBR with vCIO scorecard.                                                                    | NO     | PART  | YES    |
| §164.308(b)(1)                                                                                                              | Business Associate Contracts: written assurances from BAs                                                        | PTS executes a HIPAA-compliant BAA; vendor management and BA inventory included in vCIO scope.                                            | NO     | YES   | YES    |
|  <b>PHYSICAL SAFEGUARDS §164.310</b>     |                                                                                                                  |                                                                                                                                           |        |       |        |
| §164.310(a)(1)                                                                                                              | Facility Access Controls: contingency operations, security plan, access validation, maintenance records          | Documented facility access standards in policy library; physical security policy template; vendor visit log guidance.                     | NO     | PART  | YES    |
| §164.310(b)-(c)                                                                                                             | Workstation Use and Security: appropriate functions and physical safeguards                                      | Acceptable Use Policy, workstation hardening baselines, screen-lock and idle-timeout enforced via Intune.                                 | NO     | YES   | YES    |
| §164.310(d)(1)                                                                                                              | Device and Media Controls: disposal, media re-use, accountability, data backup and storage                       | Endpoint encryption, secure-wipe procedure for retired devices, documented media disposal log, encrypted external backup drives included. | NO     | PART  | YES    |


**TECHNICAL SAFEGUARDS §164.312**

|                |                                                                                               |                                                                                                                            |      |      |     |
|----------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------|------|-----|
| §164.312(a)(1) | Access Control: unique user ID, emergency access, automatic logoff, encryption and decryption | M365 E5 identity, Entra ID conditional access, MFA/SSO, BitLocker endpoint encryption, automatic logoff via group policy.  | PART | YES  | YES |
| §164.312(b)    | Audit Controls: hardware, software, procedural mechanisms to record and examine activity      | SIEM with integrated compliance logging, Microsoft Purview audit log retention, network monitoring (Compliance tier only). | NO   | NO   | YES |
| §164.312(c)(1) | Integrity: protect ePHI from improper alteration or destruction                               | Immutable backups, file integrity monitoring, DLP via M365 E5, version control on document libraries.                      | NO   | PART | YES |
| §164.312(d)    | Person or Entity Authentication: verify identity before access                                | MFA enforced for all users (white-glove enablement), conditional access policies, password vault with rotation.            | NO   | YES  | YES |
| §164.312(e)(1) | Transmission Security: integrity controls and encryption of ePHI in transit                   | TLS-enforced email, M365 Message Encryption, DNS web filtering, VPN/ZTNA where required.                                   | NO   | PART | YES |


**ORGANIZATIONAL, POLICIES & DOCUMENTATION §§164.314-164.316**

|                 |                                                                                                                     |                                                                                                                                 |      |     |     |
|-----------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------|-----|-----|
| §164.316(a)-(b) | Policies and Procedures and Documentation: written, retained 6 years, available to workforce, reviewed periodically | 100+ policy templates including HIPAA-aligned set, secure documentation portal, 6-year retention, annual policy review cadence. | PART | YES | YES |
| §164.314(a)(1)  | Business Associate Arrangements: written contract requirements                                                      | Standard PTS BAA; sub-processor list maintained; vendor risk reviews logged.                                                    | YES  | YES | YES |


**BREACH NOTIFICATION RULE §§164.400-164.414**

|          |                                                                                                    |                                                                                                           |     |      |     |
|----------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----|------|-----|
| §164.404 | Notification to Individuals: within 60 days of discovery                                           | Documented breach notification workflow, attorney-first protocol, breach letter scaffold ready to deploy. | NO  | PART | YES |
| §164.406 | Notification to Media: for breaches affecting 500+ residents of a State                            | PR coordination playbook, OCR notification template, public statement framework.                          | NO  | NO   | YES |
| §164.408 | Notification to the Secretary (HHS/OCR)                                                            | OCR breach portal submission included in IR retainer, Hiscox cyber insurance activation support.          | NO  | PART | YES |
| §164.410 | Notification by a Business Associate                                                               | PTS-as-BA notifies you within contractual SLA; documented chain of custody and evidence preservation.     | YES | YES  | YES |
| §164.414 | Burden of Proof: demonstrate notifications made (or low-probability-of-compromise risk assessment) | Forensic logs, audit trail, risk assessment documentation retained per §164.316.                          | NO  | PART | YES |

**YES** Fully covered  
 **PART** Partial / add-ons  
 **NO** Not at this tier  
 |  
 **Co-Mgd:** Co-Managed  
 **Fund.:** Fundamentals  
 **Compl.:** Compliance



THE PATH FORWARD

## What working with PTS looks like

From first call to ongoing program: four clear stages, no surprises. Most practices complete Discovery and Assessment within two weeks and reach a deployed Compliance posture in 30-90 days.

**1**

### Discovery

60-min HIPAA Readiness Review. We map your current environment against the safeguards in this document.

**2**

### Assessment

Tenant health and CIS Controls gap assessment. You receive a one-page snapshot with prioritized findings.

**3**

### Implementation

Guardian Compliance tier deployed in 30-90 days. M365 E5, SIEM, air-gapped backups, policies, training.

**4**

### Ongoing

Quarterly TBR, monthly air-gap testing, annual reorientation. Optional vCISO layer for board-level depth.



### Add a vCISO for governance depth

For practices facing an audit, a payer security questionnaire, a cyber insurance renewal, or a multi-location compliance program, a fractional **Phantom vCISO** engagement layers on board-level reporting, compliance roadmap, risk register ownership, and audit support. Tiers: Foundation (quarterly), Operational (monthly), Strategic (monthly plus on-call).

### Common risk areas we find in SMB practices

- Missing or outdated Business Associate Agreements with software vendors
- No documented Security Risk Analysis in the last 12 months
- Backups exist, but restore testing has never been performed
- Former employees still hold credentials or EHR access
- PHI shared via unencrypted email or text
- No designated Security Official named in policies

**Important.** HIPAA compliance is achieved by the Covered Entity, not by any single vendor. PTS acts as your Business Associate and provides the technology, documentation, and program rigor that demonstrably support your safeguards under 45 CFR Part 164. Final policy adoption, workforce sanctions, and management attestation remain the responsibility of the practice.

### Next step: 30-minute HIPAA Readiness Review

We walk your environment against this exact mapping and leave you with a one-page gap snapshot. No obligation.

### Talk to PTS

hello@phantomts.com  
phantomts.com/guardian

### Why practices choose Phantom

#### Since 2010

##### OPERATING

Indiana-based MSP serving HIPAA-regulated practices, professional services, and SMB clients.

#### 100+

##### POLICY TEMPLATES

HIPAA-aligned policy library maintained and applied to every Guardian Compliance engagement.

#### 24/7

##### MDR COVERAGE

Partner SOC monitoring, incident response runbooks, attorney-first escalation.