

HIPAA Privacy and Security Assessment Compliance Services Checklist

Facility Name: _____ **Department/Unit Name:** _____

Date: _____ **Time:** _____ **Contact:** _____ **Auditor:** _____

	Criteria	Agree	Disagree	N/A	Comments/Notes
PRIVACY	PHI is not visible in publicly accessible areas.				
	PHI discussions cannot be overheard during a general walk through the area.				
	PHI is not visible on computer monitor screens (or screens are turned away from public viewing areas).				
	Staff understands “need-to-know” information access and consequences of breach of confidentiality.				
	A process is in place to identify patients who have requested limited or non-disclosure.				
	Whiteboards are located in non-public areas and contain minimally necessary information (i.e. only patient last name, room number, physician name and no diagnostic or procedural information).				
	Confidential fax cover sheets are used and contain a disclaimer statement instructing recipients to destroy or return materials if received in error.				
	Copiers, fax machines, and printers are located in low-traffic areas.				
	Documents containing PHI are not found in wastebaskets.				
	Do patients/visitors have access to the clinical area without a proper escort?				
	The security containers for confidential information disposal are locked and keys are located in secure location.				
	Physician office/clinic sign-in sheets do not include confidential patient information.				

	Criteria	Agree	Disagree	N/A	Comments/Notes
SECURITY	Each computer user has an individual computer password to each system.				
	System passwords are not visible around computer areas.				
	Data Security is notified when an employee terminates.				
	Computers are locked when left unattended.				
	Screen savers are in place that time out in 15 minutes.				
	Blackberry's, PDA's and other portable devices are password protected and/or encrypted.				
	Laptops are secured/locked.				
GENERAL	Staff has completed mandatory annual HIPAA Privacy & Security training.				
	Staff is aware of where and how to locate HIPAA related policies & procedures.				
	Staff is aware that all requests for release of information should be forwarded to Health Information Management.				
	Confidentiality Agreement statements are completed for students working in the area.				
	While in the area, were you asked by an employee if they could help you?				
	Identification badges are worn by all staff.				
	A Notice of Privacy Practices poster is prominently displayed in patient registration areas.				
	Business Associate Agreements are on file for all applicable contracts.				

Additional Comments/Concerns:
