

HIPAA Security Gap Analysis Worksheet Instructions

You have received the attached form because you have been identified as a primary point of contact for one of a number of applications capable of accessing electronic Protected Health Information (E PHI). Your honest response to the questions is **extremely** important to the successful implementation of the HIPAA Security Rule. Thank you in advance for taking the time to completely answer each question.

Instructions

Each question in the attached questionnaire stems directly from a HIPAA Security Rule Implementation Specification.

The top two lines are self-explanatory: Should the vendor for your application not appear in the drop-down list, you may type it in free-text. Your name and contact information is important as a source for follow-up, should that become necessary.

The field labeled Current Departmental Procedure is the meat of the survey. Each field is a free-text memo field. There is no maximum length of textual entries; please be as brief but as complete as possible. If no procedure exists for a given specification, state so. The idea behind this analysis is to identify where we are, compare that against the standard and identify steps required to bring us into compliance **before** the deadline.

Once you have completed the form,

1. Click the **SUBMIT** button. This will open a New Message in Outlook and insert the form as an attachment.
2. Type **HAGEN** in the “**TO**” field and
3. Click **SEND**.
4. Clicking the **RESET** button will clear the form.

If you are the contact for multiple applications, please submit one form per application. If you have questions, feel free to contact Jeff Hagen at 748-9641.

What Happens to the Survey?

It is vital that these surveys be completed and returned no later than close-of-business, October 21, 2004. Your responses will be included in a required Security Gap Analysis. This analysis will help determine which policies need revision and identify policies that must yet be drafted. The offices responsible for drafting those policies have already been identified and notified.

Surveys will be kept on active file for two years.

HIPAA Security Gap Analysis Worksheet

Vendor:		Application:		Dept:	
Date Completed:		Contact:		Contact Phone:	
				Contact Pager:	
HIPAA Implementation Specification			Current Departmental Procedure		
Are employees who access EPHI properly supervised? Is there a formal process in place for allowing authorization to employees? Is adequate supervision provided in all areas?					
How is access to the system granted? Is a written procedure in place for granting access?					
What is the procedure for modifying user access? Are modifications (reductions, additions) to access documented and retained on file?					
Are all login attempts monitored and logged? This includes both successful and unsuccessful attempts. Are the logs secured and reviewed by an administrator?					
Are procedures in place to ensure adequate passwords are constructed? Are users required to change passwords regularly? Are sanctions in place for improper disclosure of passwords?					
How is ePHI backed up? How often is data backed up and how is the backup process verified? How long are backups stored?					
Is a formal recovery plan in place to restore all critical data in the event of a catastrophic failure? Can a skilled individual perform the procedures? Have they been tested?					
Is a formal plan in place describing procedures to be taken to protect and make PHI accessible in the event of an emergency?					
Is a plan in place detailing how PHI is backed up, where the backup tapes are stored and how often the backup data is tested? Is the plan tested?					
Does each end user have a unique and traceable username and password? Do employees leave themselves logged in when away from their PCs?					
Can user-specific data be accessed by an administrator in the event of user absence?					
Does the application contain an auto logoff capability? Is it enabled? Is the time limit fixed or user-adjustable? What is the time limit?					