

HIPAA 2013 Compliance Checklist for [this office]

1. Privacy Officer: _____
2. Privacy Office Phone: _____
3. Privacy Officer e-mail: _____
4. Privacy Officer Hours: _____
5. Security Officer: _____
6. This practice [has] [does not have] a web site. [The address is www.xxx.xxx]. [The HIPAA 2013 Notice of Privacy Practices is posted on the site]
7. Privacy Policy finalized and incorporated in our procedure manual
8. Privacy training delivered by: [PMG] or [name of entity/person delivering training] List of Providers and Staff attached
9. HIPAA 2013 Notice of Privacy Practices, started distributing on: [September 23, 2013]
10. Designated Record Set: Medical Records – Maintained by: [Practice or name of firm]
11. Designated Record Set: Billing Records – Maintained by: [Practice or name of firm]
12. Destruction of PHI: [define methods On-Site Shredder or name of Service] ____/____/20____
13. Fax machines secured from public access:
14. Facility HIPAA Ready Date: [April 1, 2003]
15. HIPAA 2013 Business Associates:

Name	Agreement Executed
_____	____/____/201____
_____	____/____/201____
_____	____/____/201____
_____	____/____/201____
_____	____/____/201____
_____	____/____/201____
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_____	____/____/201____
_____	____/____/201____
_____	____/____/201____

16. Sign-in sheet in conformance – [We DO NOT HAVE THIS] No last name or reason for visit
17. HIPAA 2013 NPP publicly posted in patient area
18. Computer screens turned away from general public viewing
19. Computers / Applications secured with user id and strong password*
20. Computers set to lock when unattended: [automatically after x minutes] or [locked by user] *

* These items covered in greater detail in the Security Risk Assessment

Checklist provided as is for free by Santa Cruz Health Information Exchange. Always seek the advice of a lawyer for legal matters. Please notify us of any enhancements you make to this checklist bbeighe@pmgsec.com

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Xiang Xie



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