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| **Department:** |  |
| **Department Manager:** |  |
| **Address/Location:** |  |
| **Date of Current Assessment:** |  | **Date of Prior Assessment:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does Department …** | **YES** | **NO** | **N/A** | **COMMENTS/SUGGESTIONS** |
| **Notice of Privacy Practices** |  |  |  |  |
| Are the Notice of Privacy Practices posted in waiting areas? |  |  |  |  |
| Is the Notice of Privacy Practices being issued and acknowledged at registration? |  |  |  |  |
| **Verbal Communications** |  |  |  |  |
| Do staff speak in appropriate quite voices when discussing patient information? |  |  |  |  |
| Are discussions about patients limited to minimum necessary? |  |  |  |  |
| Are discussions with patients and family held in private areas? |  |  |  |  |
| Does the work/patient area have adequate space/privacy for confidential discussions? |  |  |  |  |
| **Telephone Conversations** |  |  |  |  |
| Are telephone conversations involving patient information held at privacy-appropriate volumes? |  |  |  |  |
| Do staff members request verification of need and authorization to provide patient information over the phone |  |  |  |  |
| Do staff members limit information on overhead pages? |  |  |  |  |
| Do staff members provide only the minimum necessary when leaving voice message to patients (omitting reason for appointment, diagnosis, or treatment plan)? |  |  |  |  |
| **Registration, Sign-In, and Waiting Areas** |  |  |  |  |
| Do sign-in sheets require patient to provide only the minimum necessary information?  |  |  |  |  |
| Do staff members take appropriate steps to ensure that PHI is not visible to others in the registration or waiting areas? |  |  |  |  |
| Are patients provided an opportunity to discuss information in a private area when possible? |  |  |  |  |
| **Patient Exam Rooms** |  |  |  |  |
| Do staff use appropriate quiet voices when discussing patient information in patient rooms? |  |  |  |  |
| Do staff members draw curtains or shut doors as appropriate to protect patient privacy? |  |  |  |  |
| Are paper charts outside exam room posted as to limit visible PHI? |  |  |  |  |
| **Record Storage and Disposal** |  |  |  |  |
| Are paper records containing PHI stored in secure, locked cabinets? |  |  |  |  |
| Does the department have locked shredding bins for disposing of PHI? Are bins located near fax and print machines? |  |  |  |  |
| Is there any PHI in the regular trash container? |  |  |  |  |
| If shredding is conducted by a contractor on site, is the shredding supervised by a staff member? |  |  |  |  |
| **Work Stations** |  |  |  |  |
| Do staff members take appropriate steps to ensure that PHI is not visible on computer screens or work stations? |  |  |  |  |
| Are computer screens positioned away from view of patients and visitors |  |  |  |  |
| Are privacy screens used to minimize exposure of PHI? |  |  |  |  |
| Are computers locked or logged off when staff leave them unattended? |  |  |  |  |
| Do computers log off after a short period of inactivity? |  |  |  |  |
| Do staff members safeguard passwords and not leave them on sticky notes near computer? |  |  |  |  |
| Do staff members share their computers when logged in under the same name and password? |  |  |  |  |
| Do staff members take appropriate steps to safeguard electronic mobile devices such as laptops, and removable media which may contain PHI? |  |  |  |  |
| A clean desk policy is used at the end of the work day? |  |  |  |  |
| **Faxing, Printing, and Mailing PHI** |  |  |  |  |
| Are fax machines and printers located within secure areas? |  |  |  |  |
| Are fax machines and printers cleared of confidential information on a timely basis? |  |  |  |  |
| When sending a fax, do staff members use a cover sheet which includes a confidentiality statement informing the recipient of the confidential nature of the information? |  |  |  |  |
| Prior to sending faxes, do staff members verify the phone number? |  |  |  |  |
| Do staff members notify the Privacy Officer of a misdirected fax? |  |  |  |  |
| Do staff member use confidential envelopes when mailing documents or materials containing PHI? |  |  |  |  |
| Is there a process if needed to handle multiple print jobs for shared printers? |  |  |  |  |
| **Facility Security** |  |  |  |  |
| Are staff members using appropriate identification badges? |  |  |  |  |
| Do staff members challenge persons who are not wearing badges? |  |  |  |  |
| Visitors and patients are appropriately escorted to appropriate rooms or areas? |  |  |  |  |
| Do signs appropriately identify restricted entry areas? |  |  |  |  |
| Doors with access-control mechanisms, such as locks or swipe-card systems are closed? |  |  |  |  |
| Access to the computer/server room is restricted to authorized personnel? Visitor log is used? |  |  |  |  |
| Telephone/Communications closets are locked so unauthorized persons cannot gain access to telephone wires? |  |  |  |  |
| **Environmental Controls** |  |  |  |  |
| Smoke detectors and fire extinguishers are accessible and operational? |  |  |  |  |
| Server and key information/medical systems are backed up by UPS (uninterrupted power supply)? |  |  |  |  |
| Computer equipment is plugged into surge protectors? |  |  |  |  |
| **HIPAA Education** |  |  |  |  |
| Do staff members know who the Privacy and Security Officers are? |  |  |  |  |
| Do staff members know who to contact in the event of a privacy/security incident or a breach? |  |  |  |  |
| Are privacy and security flyers posted in staff break areas? |  |  |  |  |
| **Miscellaneous** |  |  |  |  |
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