Unit Name: Location:

|  |  | **Yes** | **No** | **Notes/Observations** |
| --- | --- | --- | --- | --- |
|  | **Document Storage and Disposal** |  |  |  |
| 1 | Documents with Protected Health information (PHI) are handled and stored in such a way as to avoid casual observation by patients/visitors. |  |  |  |
| 2 | PHI is not left on unattended printer/copier/fax machine unless in a secure area. |  |  |  |
| 3 | PHI is discarded in the appropriate secure shred bin. Shred bins are emptied regularly and are not overflowing.  |  |  |  |
| 4 | Physical restrictions are in place to access areas containing PHI.  |  |  |  |
| 5 | File cabinets and doors are locked at the close of business each day. |  |  |  |
| 6 | Documents containing PHI that are transported outside the unit are secured while in transit. |  |  |  |
|  |  |  |  |  |
|  | **Printers/Copiers/Fax Machines** |  |  |  |
| 7 | Physical access to printers, copiers and fax machines is limited to authorized staff. |  |  |  |
| 8 | Materials are removed from printers, copiers and fax machines in a timely manner. |  |  |  |
| 9 | Fax numbers are verified before sending a fax and a cover sheet is used in fax communications. |  |  |  |
|  |  |  |  |  |
|  | **Communications** |  |  |  |
| 10 | Staff members ensure that all conversations containing PHI, including listening to voicemails, are minimum necessary and cannot be overheard by unauthorized individuals. |  |  |  |
| 11 | Conversations with patients are not held in public areas. |  |  |  |
| 12 | Phone conversations, voicemail and dictation are in areas where PHI cannot be overheard. |  |  |  |
| 13 | Except for patient name, PHI is not called out in the waiting room. |  |  |  |
|  |  |  |  |  |
|  | **Information Technology**  |  |  |  |
| 14 | Monitors are positioned to face away from public areas to avoid observation by visitors. |  |  |  |
| 15 | Unattended computers are returned to the login screen or have a password screensaver. Computers automatically “lock” after an appropriate period of time. |  |  |  |
| 16 | All technology is appropriately encrypted. |  |  |  |
| 17 | Each user has their own defined credentials which are not shared or posted. |  |  |  |
| 18 | Systems/applications containing PHI are logged-off and shut down at the close of each business day. |  |  |  |
|  |  |  |  |  |
|  | **Specimen Storage** |  |  |  |
| 19 | Specimens are labeled appropriately and stored in a secure area. |  |  |  |
|  |  |  |  |  |
|  | **General Security** |  |  |  |
| 20 | Staff wear appropriate name badges at all times. |  |  |  |
| 21 | Visitors and patients are appropriately escorted to ensure they do not access staff areas, dictation rooms, chart storage, etc. |  |  |  |
| 22 | Persons not recognized in restricted areas are challenged for identification. |  |  |  |
|  |  |  |  |  |
|  | **Administrative** |  |  |  |
| 23 | Notice of Privacy Practices is appropriately posted and available to patients/visitors. |  |  |  |
| 24 | Staff complete annual HIPAA training. |  |  |  |
| 25 | Staff access and use only the minimum necessary PHI to accomplish their jobs. |  |  |  |
| 26 | Release of confidential patient information is done by staff specifically authorized to do so. |  |  |  |
| 27 | Staff know who to contact with questions related to patient privacy (Privacy Office). |  |  |  |
| 28 | Staff feel comfortable and obligated to report misuse of confidential patient information to their supervisor. |  |  |  |
|  |  |  |  |  |

How can the Privacy team assist/support your department?