

HIPAA COMPLIANCE CHECKLIST	YES	NO	COMMENTS
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PHI = ANY INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

REVIEWED BY: _____ DATE: _____

COMPLIANCE ITEM	YES	NO	COMMENTS
A. OBSERVATION, COMMUNICATION, MINIMUM NECESSARY			
1. Speak low with staff and others to keep PHI private.			
2. Talk with staff/families/resident re: PHI in private area.			
3. Phone calls, and messages left for families are brief and general, unless they request full information*			
4. Reviews/uses/resident record items/forms and related documents i.e., flow sheets, etc., only if needed to carry out assigned job tasks.			
5. Staff discuss with other staff, ONLY the residents with mutual care/treatment responsibility.			
6. Knows who to contact if PHI issues, i.e., supervisor, privacy official, administrator.			
B. RESIDENTS/FAMILILIES/CALLS			
1. Provide information i.e. resident is in facility by name, and room location, unless resident/legal representative restricts release.			
2. Religious affiliation provided (i.e. Chaplin, Rabi, Priest) unless restriction.*			
3. Refers requests for resident's PHI to Health Info/Record Dept.			
4. Resident/visitors restricted from staff work areas, when PHI exists.			
5. Families/representative taken to private area to discuss resident condition/PHI.			
6. Person/s calling/requesting information is verified/known to represent resident (face sheet checked)(If resident present with family, may discuss PHI unless states restrictions*)			
7. Residents/families/visitors are redirected if discussing another resident's condition (PHI).			
C. STORAGE OF PROTECTED HEALTH INFORMATION			
1. Nursing station – SIGN – “employees only” “private area”			
2. Medical records are safely stored behind nursing station with resident and physician name ONLY on spine of record (all other labels inside record, i.e., diabetic, NO CPR, Medicare)			
3. Books with residents names and medical information, i.e., vital signs, B.M., I&O are covered with blank sheet/or located out of access to visitors.			
4. White boards with medical information are not open to all staff, residents and visitors.			
5. Medication/Treatment books – cover med/tx books when administering medications/treatments.			
6. Store med/tx book in an area at nurses station when not in use.			
7. Papers/disks with PHI are placed in a shredding/destruction box (preferably closed <u>or</u> locked).			
8. Shredder at nursing station.			

Attachment 3B.2

*Procedures to implement special requests must be known/
followed by everyone, including B.A., obtain at admission or
procedure to update requests

hipaa.compliance.checklist.5.2.032.doc

** Not HIPAA required – good health information practice

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9. PHI – NOT found in trash cans or lying loose at nursing station in facility.			
10. Records change out system used at nursing station.			
11. Records change out system used in Record Dept.			
12. Therapy/Act. Depts. – DO NOT post PHI about resident (i.e., such as sign in sheets/logs/schedule available).			
13. I&O, flow sheets posted i.e., in bathroom, COVER sheets.			
14. Diet cards stored after meals moved to a more private area.			
D. PHI SENT OUT – TAKEN FROM FACILITY			
1. Record retained if PHI sent out for Tx, Payment, Operation, i.e., can be on documentation log, not required.**			
2. Interfacility transfer report documents other record sent with resident.**			
3. PHI records sent with resident to medical consultant, ambulance, etc. are protected by closed envelope, etc.			
4. PHI <u>taken</u> by consultants when follow up treatment roles exists, i.e., dietitians*, pharmacist*, physician*, other, cons. (*determine need for PHI when not in facility)			
E. COMPUTER/ELECTRONIC ACCESS PRIVACY SECURITY			
1. Fax machine located out of visual sight/physical access to public.			
2. Fax cover sheet includes confidentiality statement.			
3. Fax # verified. Fax transmittal report obtained/activity record to show receipt of documents.			
4. Computer screen cannot be viewed by public/others who do not need access (place in area NOT in direct sight – vision screen used).			
5. Passwords are known ONLY by each individual.			
6. Fast exit process for computer when emergency.			
7. When leaving the computer, logout with 'x' amount minutes.			
8. Email – if PHI is used obtain consent from resident/representative.**			
9. Email is encrypted using acceptable standards.			
10. Computer screen/menus/entry/view/print is accessible ONLY to staff who need this information.			
11. Security grid available for access/entry/view/print by staff only, and by resident, if they have a need to know (PHI record data document).			
F. POLICY/PROCEDURES			

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1. Staff are aware of the following policies, procedures/practices: (At the level they need to know)			
a. Knows name of Privacy Official/Contact Person			
b. Privacy Notice and where posted			
c. Knows where to locate Office of Civil Rights, address and phone number			
d. Minimum necessary policy			
e. Staff identify resident record documents/other documents they can access based on job duties			
f. Fax/faxing			
g. Email			
h. Access to records			
i. Amendment to records			
j. Accounting of Disclosures Process			
k. Correction of Records			
l. Complaint process			
m. Sanctions			
n. Confidentiality Statement by employees			

Note: For posting or reminders – select appropriate items and make a checklist for nursing station, QA Monitoring, etc.