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|-----------------------------------|------------|-----------|-----------------|
| HIPAA COMPLIANCE CHECKLIST | YES | NO | COMMENTS |
|-----------------------------------|------------|-----------|-----------------|

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.