

Sample HIPAA Risk Assessment General Checklist

PHYSICAL SAFEGUARDS	
Office Access	
Is there a "gatekeeper" (e.g., receptionist) on duty to control access to the office during business hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are restricted office areas secured with locks or key card entry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all vendors escorted while visiting areas of the office?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a formal document retention and disposal policy for protected health information (PHI)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the office have access to and use cross-cut shredders for convenient disposal of paper records? Alternatively, does the office contract with off-site shredding services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How does the office dispose of electronic records (e.g., CDs, DVDs, hard drives)?	
Is there an exit interview or process to ensure return or destruction of all PHI upon termination/leave/resignation of office personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Office Workstations and Remote/Mobile Device Access	
Are office workstations (i.e., computers) restricted to office personnel (i.e., nurses, physicians, office assistants, PAs, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an on-site server that stores PHI for the office? If so, is the server area locked or accessible only by designated office employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the office use a cloud-based service or off-site server to store PHI for the office?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the office dispose of or recycle old computers/hard drives/fax machines? Is the information contained on those old computers/hard drives wiped clean before disposal or recycling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do office workstations/laptops use unique login/user names for each individual?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do office workstations require passwords?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency/Contingency Plans	
Is there a plan or service in place for back-up and recovery of PHI in the event of an emergency or disaster?	Yes <input type="checkbox"/> No <input type="checkbox"/>
TECHNICAL SAFEGUARDS	
Workstation Security and Encryption	
Do office workstations all have anti-virus software and use firewalls?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the anti-virus software regularly updated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How complex are office workstation passwords?	
How often are workstation passwords required to be changed?	
Do office workstations time out and log out automatically after a period of inactivity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Remote and Mobile Access	
Does the office use laptops/tablets/mobile devices/flash drives to access office e-mails or PHI?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the laptops/tablets/mobile devices secured with password protection? Are flash drives secured with encryption?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the office have a method to track workstation access by office personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the office have the ability to terminate remote access to office workstations if laptops/tablets/mobile devices are stolen or lost?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the office have the ability to remotely wipe office data and PHI from lost or stolen laptops/tablets/mobile devices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the office send e-mails with PHI to patients? Are e-mails with PHI encrypted? If not, are patients provided with confidentiality statements about the risks of unencrypted e-mails?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DISCLAIMER: THIS CHECKLIST IS ONLY INTENDED TO PROVIDE YOU WITH A GENERAL AWARENESS OF COMMON PRIVACY AND SECURITY ISSUES. IT IS NOT INTENDED IN ANY WAY TO BE AN EXHAUSTIVE OR COMPREHENSIVE RISK ASSESSMENT CHECKLIST. EACH RISK ASSESSMENT MUST BE TAILORED TO CONSIDER THE PRACTICE'S CAP ABILITIES, RESOURCES, AND SITUATION AND MAY REQUIRE THAT YOU CONSIDER ADDITIONAL OR OTHER SPECIFIC OFFICE ISSUES AND SAFEGUARDS THAT ARE NOT LISTED BELOW.

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Hospital/Medical Center	
Does anyone on your medical office staff (e.g., physicians or nurses) work at hospital(s) or in conjunction with outside medical groups?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, does the hospital or outside medical group provide your medical staff with access to the hospital/medical group PHI network or system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your medical staff aware of the hospital/medical group's network or system access rules and requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your medical staff allow any other individuals (including other members of the office) to use his/her access to the network or system without the hospital/medical group's knowledge/consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Administrative Safeguards	
Office Training and Awareness	
Has the office designated an individual to be in charge of HIPAA training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the office conducted a HIPAA risk assessment previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the entire office had HIPAA training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How often does the office undergo HIPAA training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has every member of the office reviewed and executed a confidentiality agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reporting of Incidents	
Is there a policy or procedure for reporting potential office privacy or security incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the office received training on the recognition of potential privacy or security incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vendor Contracts and Agreements	
Does the office use any outside vendors to provide any medical or support services to the office?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, is there a written contract/agreement in place with these outside vendors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do these contract/agreements expressly address HIPAA privacy and security rule issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Explain "No" Answers:

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