

HIPAA Safety Checklist

Reviewer: _____ Date: _____

Clinic: _____ Phone: _____

✓	✗	Item
<input type="checkbox"/>	<input type="checkbox"/>	Patient charts are stored safely/securely
<input type="checkbox"/>	<input type="checkbox"/>	Visitors do not have access to patient charts
<input type="checkbox"/>	<input type="checkbox"/>	No PHI is in shared areas
<input type="checkbox"/>	<input type="checkbox"/>	No PHI is in the trash
<input type="checkbox"/>	<input type="checkbox"/>	All discarded PHI has been shredded
<input type="checkbox"/>	<input type="checkbox"/>	No shredded PHI could be easily reassembled
<input type="checkbox"/>	<input type="checkbox"/>	Shredded PHI is not accessible to visitors
<input type="checkbox"/>	<input type="checkbox"/>	Patient trackers/data collectors do not collect PHI
<input type="checkbox"/>	<input type="checkbox"/>	Visitors cannot overhear consultations/registrations
<input type="checkbox"/>	<input type="checkbox"/>	Visitors cannot view records or personnel computer screens
<input type="checkbox"/>	<input type="checkbox"/>	Personnel log off computers after each session
<input type="checkbox"/>	<input type="checkbox"/>	Personnel are not privy to PHI unless medically required
<input type="checkbox"/>	<input type="checkbox"/>	Personnel cannot access friends/family PHI
<input type="checkbox"/>	<input type="checkbox"/>	Personnel know steps for patient release of PHI
<input type="checkbox"/>	<input type="checkbox"/>	Personnel know how to refer PHI to other clinics
<input type="checkbox"/>	<input type="checkbox"/>	When faxing PHI, personnel verify number first
<input type="checkbox"/>	<input type="checkbox"/>	When faxing PHI, personnel include confidential cover sheet
<input type="checkbox"/>	<input type="checkbox"/>	After faxing PHI, personnel remove all pages from machine
<input type="checkbox"/>	<input type="checkbox"/>	Personnel can identify PHI
<input type="checkbox"/>	<input type="checkbox"/>	Personnel are trained in HIPAA regulations
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Recommendations: _____

Reviewer Signature

Date