

TOTALHIPAA

COMPLIANCE

Business Associate/Subcontractor Audit Checklist

How well do you meet basic HIPAA regulations?

Select 'Yes' or 'No' and explain for each question

Question:	Yes	No
1. Do you know where all Protected Health Information (PHI) is found in your company? (Electronic and Physical)	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your company have a designated Privacy Officer?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Provide the Privacy Officer's Name and Contact Information:</i>		
3. Does your company have a designated Security Officer?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Provide the Security Officer's Name and Contact Information:</i>		
4. Has your company completed a Risk Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Provide Date Last Risk Assessment was completed:</i>		
5. Has your company created or updated HIPAA Privacy and Security Policies and Procedures since February 2013?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Provide Date Last Update for Privacy and Security Policies and Procedures:</i>		
6. Have all employees that see PHI completed training on the HIPAA law?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have all employees that see PHI completed training your company's HIPAA Policies and Procedures within the last year?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Explain how employees are trained and how you track their completion:</i>		
8. Is your HIPAA Compliance Plan completed and stored in a location where all staff members can find it?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Provide Date HIPAA Compliance Plan was enacted and where it is located:</i>		
9. Do you have an Agreement with every Business Associate or Subcontractor that may come in contact with PHI?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Provide list of Agreements:</i>		
10. Do you currently have Disaster Recovery Plan?	<input type="checkbox"/>	<input type="checkbox"/>
<i>When did you last update the Plan?</i>		
11. If you have a Disaster Recovery Plan, have you tested it?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Provide Date Disaster Recovery Plan last tested:</i>		