

# HIPAA CHECKLIST

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Year

<b>PRIVACY AND SECURITY RULE: Safeguards related to Protected Health Information (PHI)</b>	<b>HIPAA 2013</b>	<input checked="" type="checkbox"/>
Name a Privacy and Security Official(s) – (can be the same person)	C/D	
Name the Contact Person	B	
All potential new employees are filling out the updated Employee Application (with DEA recommendations)	J	
Document that all employees have been trained on HIPAA Privacy and Security	E	
All employees have been notified of sanctions for violating HIPAA policies	G	
All employees have been trained on the pharmacy's Policies and Procedures regarding PHI	Sec 5	
All employees routinely verify patient identity (if not known) before releasing Rx's	Sec 2	
The New Notice of Privacy Practices is being offered to all patients and given to those that the pharmacy delivers to	B	
The New Notice of Privacy Practices is posted in the pharmacy and on the pharmacy website	B	
Do you have a signed Business Associate Agreement (updated to 2013) with each business entity (not a covered entity) that has access to any of your PHI? <i>(i.e. - software vendor, billing services, non-patient facility deliveries, etc.)</i>	K	
Printing of patient requests for their Rx history report is being done without drug names	Sec 3	
Delivering (or mailing) of a patient's printout with PHI is ONLY to the Patient or the Patient's Guardian/Representative	Sec 2	
Shred (or otherwise destroy) all Protected Health Information that is being disposed of	Sec 3	
Filled Rx's in the will call area of the pharmacy are reasonably difficult to read from the counter	Sec 3	
Develop a secure method to back up data and protect PHI on portable electronic devices	Sec 3	
Pharmacy phone calls and conversations are reasonably difficult to overhear by patients	Sec 3	
Non-employees that enter Rx area are signing a visitor's log	Sec 3	
Policies are in place to limit employees' access to PHI on a need to know basis	Sec 2	
Reasonable efforts are being made to assess and reduce the risks of breaches to PHI	Sec 9	
Document all HIPAA complaints	Sec 5	
Use " <b>Guide for Responding to PHI by Law Enforcement</b> " when necessary	O	
The Risk Analysis Chart is complete	F	
A plan has been put in place to mitigate the Risk to PHI	F	
Develop a Disaster Plan	H	
The Disaster Plan Contacts list is up to date	H	
Destroy or empty PHI before retiring, reusing or disposing of existing electronic data devices (software, hardware, drives, discs, tapes, etc)	Sec 3	
Breaches in PHI of 500 or <b>more</b> : written notification to patients whose PHI was affected, notification of prominent media outlets, and notification submitted to the Secretary of HHS (and others in MA) at <a href="http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html">http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html</a>	Sec 9/M	
Breaches in PHI of 500 or <b>less</b> : Written record of event and notify Secretary of HHS within 60 days	Sec 9/M	