HIPAA PRIVACY RULE COMPLIANCE

CHECKLIST

AS YOU READ EACH QUESTION, SIMPLY CHECK "YES" IF YOU ARE COMPLIANT OR "NO" IF YOU ARE NOT COMPLIANT WITH THE STATEMENT.

01	DOES THE CLINIC HAVE DOCUMENTED PROCEDURES AND SYSTEMS IN PLACE TO ENSURE THE SECURITY AND CONFIDENTIALITY OF PHI?	YES ☐	NO ☐
02	HAS THE CLINIC IMPLEMENTED A CLEAR PROCEDURE ALLOWING PATIENTS TO REQUEST COPIES OF THEIR HEALTH RECORDS WITHIN 30 DAYS OF THE REQUEST?	YES ☐	NO ☐
03	ARE ALL EMPLOYEES TRAINED ON HIPAA COMPLIANCE, INCLUDING ANY RECENT UPDATES?	YES ☐	NO ☐
04	IS THERE A DOCUMENTED PLAN IN PLACE FOR NOTIFYING AFFECTED PARTIES IN THE EVENT OF A PHI BREACH?	YES ☐	NO ☐
05	DOES THE CLINIC HAVE A POLICY TO ENSURE THAT ONLY THE MINIMUM NECESSARY PHI IS ACCESSED, USED OR DISCLOSED FOR ANY GIVEN TASK, EXCEPT DURING THE PROVISION OF MENTAL HEALTH SERVICES?	YES ☐	NO ☐
06	ARE THERE WRITTEN AGREEMENTS WITH ALL BUSINESS ASSOCIATES (E.G. BILLING COMPANIES, SOFTWARE VENDORS) ENSURING THEY COMPLY WITH HIPAA RULES WHEN HANDLING PHI ON THE CLINIC'S BEHALF?	YES ☐	NO ☐
07	DOES THE CLINIC OBTAIN WRITTEN PATIENT AUTHORIZATION FOR USES AND DISCLOSURES OF PHI NOT OTHERWISE ALLOWED BY THE HIPAA PRIVACY RULE?	YES ☐	NO ☐
08	IS THERE A PROCESS TO PROVIDE NEW PATIENTS WITH A NOTICE OF PRIVACY PRACTICES, DETAILING HOW THEIR PHI IS USED AND PROTECTED BY THE CLINIC?	YES ☐	NO ☐

FEEL FREE TO USE THIS CHECKLIST WITHOUT RESTRICTION.