



Insuring a Healthy Practice

HIPAA COMPLIANCE VERIFICATION WORKSHEET

Client Name:

Date:

HIPAA Compliance Officer:

COMPLIANCE STANDARD	DATE IN PLACE	REVIEWED
Business Associate Agreement in Place		
Business Associate Agreement Updated for Omnibus		
Risk Assessment Documented		
Risk Management Plan In Place and Worked		
Job Descriptions in Place and Up-to-date		
BREACH INCIDENT REPORTING	DATE IN PLACE	REVIEWED
Reporting Form in Place		
Examples of Reporting		
Policy for Staff Reporting		
POLICIES & PROCEDURES	DATE IN PLACE	REVIEWED
Full Set of Privacy Policies		
Full Set of Security Policies		
TRAINING	DATE IN PLACE	REVIEWED
Sign-In Sheets or Other Proof of Training (# years)		
Copy of Training Materials Maintained		
AUDIT LOGS	DATE IN PLACE	REVIEWED
Reports on file going back ____ years		
Sanctions Policy in Place		
Examples of Actual Sanctions Imposed During Last Two Years		
IT REVIEW	DATE IN PLACE	REVIEWED
Cloud or Client Server		
Practice Management Software		
Anti-Virus Software		
Other Malware		
Firewall		
IDPS on Firewall		
Results and Date of Most Recent Vulnerability Scan		
Results and Date of Most Recent Penetration Testing		
Managed and Monitored IT Services In Place		
Encryption Used On:		
OTHER SECURITY DEVICES USED	DATE IN PLACE	REVIEWED

ADDITIONAL NOTES: