

[PRACTICE NAME]

Employee Termination Security Checklist

Name of Practice: _____

Name of Employee: _____

Reason For Termination: _____

Termination Voluntary: Termination Forced:

Did the Employee Have Administrator Access? Yes No

Windows Log-in Account Terminated: Date: _____

Practice Management Log-In Account Terminated: Date: _____

EHR Log-In Account Terminated: Date: _____

Key(s) to facility has been returned: Yes No N/A

Employee Individual Security Entry Code Deactivated: Yes No N/A

If Security Entry Code is uniform, it has been changed: Yes No

Laptop computer and other mobile devices owned by Practice have been returned:
Yes No N/A

Did the employee have any patient information accessible from a cell phone?
Yes No N/A

If above answer is yes, has all patient information been deleted from the device:
Yes No N/A

Password for Employee's company email account has been changed:
Yes No N/A

Notes about this termination:

Form Completed By: _____

Title: _____

Date Form Completed: _____