



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 |
| | | |
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ADDITIONAL NOTES: