<table>
<thead>
<tr>
<th>Item #</th>
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<th>Yes</th>
<th>No</th>
<th>Documentation/Observations</th>
</tr>
</thead>
<tbody>
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<td>22</td>
<td>Does the location have a whiteboard, patient tracker (electronic), or other posting mechanism that contains only the minimum amount of information necessary and is it located in a secure area (staff only or quasi-public area)?</td>
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<Guidelines on next page>
<table>
<thead>
<tr>
<th>Item #</th>
<th>Item</th>
<th>Guidelines</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is there PHI in the regular trash receptacle?</td>
<td>Check every wastebasket. Is a label needed? PHI should be placed in locked confidential or shredding containers.</td>
<td>Daily</td>
</tr>
<tr>
<td>2</td>
<td>Are shred containers or other PHI disposal bins available and easily accessible by staff members?</td>
<td>Contact EVS at 2-6296 to order containers or to notify that containers are overflowing.</td>
<td>Daily</td>
</tr>
<tr>
<td>3</td>
<td>Are documents containing PHI (e.g. appointment schedules, census lists, physician orders) visible to unauthorized individuals – including the public?</td>
<td>Check work areas (registration desks, nurses station) for PHI visible to others. Use a &quot;Confidential&quot; cover page, place in drawers, or turn over if UCMC personnel are present.</td>
<td>Daily</td>
</tr>
<tr>
<td>4</td>
<td>Are patient charts maintained/stored in a secure area?</td>
<td>All charts should be brought &quot;Back to the Rack.&quot;</td>
<td>Daily</td>
</tr>
<tr>
<td>5</td>
<td>Are materials removed from printers and fax machines in a timely manner?</td>
<td>Verify at the time of review. Is there a process where staff regularly removes output and distributes timely?</td>
<td>Daily</td>
</tr>
<tr>
<td>6</td>
<td>Is the HIPAA Program Office (HPO) approved fax coversheet available and being used?</td>
<td>Obtain from HPO website. Keep at fax machines.</td>
<td>Daily</td>
</tr>
<tr>
<td>7</td>
<td>Have all staff and faculty completed HIPAA training?</td>
<td>Required to go through NEO or CBT. Contact OMCC Education at 4-4516 to confirm.</td>
<td>Monthly</td>
</tr>
<tr>
<td>8</td>
<td>Have all individuals requesting to observe or shadow a physician been evaluated before being allowed to do so? Must satisfy many requirements.</td>
<td>Clinical Observers - Forward to Office of Academic Affairs. All others - Contact HIPAA Program Office.</td>
<td>Monthly</td>
</tr>
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<td>9</td>
<td>Does the location have a process and designated contact for logging applicable disclosures in “Quick Disclosure” in Epic?</td>
<td>Tip Sheet on HPO website.</td>
<td>Monthly</td>
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<td>10</td>
<td>Does the location have a process for identifying and issuing patients who need to receive a Notice of Privacy Practices (NPP) and for collecting and documenting the patient’s signed acknowledgement of receiving the NPP?</td>
<td>Observe staff. Is documentation being done in Epic?</td>
<td>Monthly</td>
</tr>
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<td>11</td>
<td>Do faculty/staff log-off computers before leaving their workstations?</td>
<td>Remind faculty/staff at meetings about risks. Check w/ CBIS [2-3456] that feature is enabled.</td>
<td>Monthly</td>
</tr>
<tr>
<td>12</td>
<td>Are computer monitors and printers located in secure areas, and are they positioned so that visitors can’t access or view the PHI on them?</td>
<td>Are they located in areas where visitors are left unattended? Are staff regularly present in those areas?</td>
<td>Monthly</td>
</tr>
<tr>
<td>13</td>
<td>Do staff members verify fax numbers prior to use?</td>
<td>Remind faculty/staff about risks of sending PHI to the wrong destination.</td>
<td>Monthly</td>
</tr>
<tr>
<td>14</td>
<td>Can visitors in the waiting rooms overhear the registration process?</td>
<td>Observe dialogue/exchanges and identify need for staff to lower voices or move discussion to private area.</td>
<td>Monthly</td>
</tr>
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<td>15</td>
<td>Are faculty/staff aware that they should only access PHI that they need to know to perform their work-related duties?</td>
<td>Emphasize during staff meetings. Violators can lose their job. HPO is available to attend mtg.</td>
<td>Monthly</td>
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<td>16</td>
<td>Do faculty/staff know that they should not access the health information of their co-workers, supervisor, family or friends?</td>
<td>Emphasize during staff meetings. Violators can lose their job. Guidance found on HPO website.</td>
<td>Monthly</td>
</tr>
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<td>17</td>
<td>Do faculty/staff know what to do when patients request their medical records?</td>
<td>Direct patient to HIM Department to complete authorization form. Print out form from intranet.</td>
<td>Quarterly</td>
</tr>
<tr>
<td>18</td>
<td>Do faculty/staff know what to do if patients request amendments to their medical records?</td>
<td>Contact the HPO. Patient needs to complete forms.</td>
<td>Quarterly</td>
</tr>
<tr>
<td>19</td>
<td>Do faculty/staff know who the Chief Compliance Officer and Privacy Director are?</td>
<td>Chief Compliance Officer – Krista Curell Privacy Director – Mary Kay Fullenkamp (4-3047)</td>
<td>Quarterly</td>
</tr>
<tr>
<td>20</td>
<td>Do faculty/staff know where they should refer questions regarding patient privacy?</td>
<td>HPO @ 4-9716 or <a href="http://HIPAA.bsd.uchicago.edu">http://HIPAA.bsd.uchicago.edu</a></td>
<td>Quarterly</td>
</tr>
<tr>
<td>21</td>
<td>Does the location have the “Remember to Log-Off” labels adhered to the computer monitors?</td>
<td>All computers should have labels. Contact HIPAA Program Office for template.</td>
<td>Quarterly</td>
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<td>22</td>
<td>Does the location have a whiteboard, patient tracker (electronic), or other posting mechanism that contains only the minimum amount of information necessary and is it located in a secure area (staff only or quasi-public area)?</td>
<td>Review OR waiting rooms, ED triage areas, inpatient units. Refer to the whiteboard guidance on the HPO website. Contact HPO when considering a solution.</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

Updated January 2012