



PRIVACY REVIEW PROGRAM REPORT

Location Name: _____ Mitchell Comer DCAM RDO Offsite Facility

Review Date: _____

Location Manager: _____ Extension: _____ Pager: _____

Director: _____ Extension: _____ Pager: _____

VP: _____ Executive Administrator: _____ BSD Chairperson: _____

HIPAA Office Reviewer: _____ Extension: _____

The HIPAA Program Office has completed a privacy review of select safeguards and procedures for protecting our patients' health information. This is the "draft report" which identifies your location's strengths and items in need of improvement. Based on observations and interviews, the HIPAA Program Office has assigned either "met" (0 point) or "not met" (1 points) to each review item which reflects whether, at the time of the review, the location is compliant with the item's standard. Receiving a "not met" score means the location failed to meet the standard and as a result a breach of patient privacy or non-compliance with the HIPAA Privacy Rule exists.

An exit conference to discuss the draft report and to finalize the location's action plan has been scheduled. Items needing remediation require an action plan which will be developed and agreed to by location management and the HIPAA Program Office. The HIPAA Office will distribute the "final report" to the location's management team – Manager, Director, Executive Administrator, Chairperson, and VP within 5 business days after the exit conference. Location management is responsible for meeting the due dates for any action items assigned to them and notifying the HIPAA Program Office reviewer that the remediation is complete.

Part of our continuous effort to protect patient privacy and confidentiality of health information includes an ongoing assessment of our compliance with the HIPAA Privacy Rule. The goal of this ongoing review program is to cycle through all the locations every 24 months.

Thank you for your cooperation and commitment to protecting patient privacy. Please contact the HIPAA Program Office at 4-9716 if you have any questions.

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Item #	Reviewed Item	Standard	Met or Not Met	Reviewer's Observation	Location's Response	Action Plan, Responsible Owner, & Completion Date
Procedures Involving PHI – discussed during the “Entrance Conference”						
1.	Accounting for disclosures requirement	Location has a process for logging applicable disclosures (per HIPAA Privacy Rule) in the UCH DisclosureTrac System and demonstrates that the process is being followed.				
2.	Identifying and issuing patients who need a Notice of Privacy Practices (NPP).	Location has a process for identifying and issuing patients who need to receive a Notice of Privacy Practices and demonstrates that the process is being followed.				
3.	Process for receiving and forwarding the NPP Acknowledgment Forms	Location has a process for collecting and documenting the patient's signed acknowledgment of receiving the NPP as well as forwarding the acknowledgments for appropriate storage. The location demonstrates that the process is being followed.				

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4.	Appointment reminder calls – process and content of message	Location has a process for performing appointment reminder calls and/or sending out reminder cards. The location demonstrates that the process is being followed.				
5.	Process for disclosing PHI to 3rd parties (e.g. family, friends, insurance companies).	Location has a process for responding to verbal and written inquiries about patients' medical/billing information. The location demonstrates that the process is being followed.				
Safeguarding Protected Health Information						
6.	PHI in the wastebasket	Wastebaskets and recycling bins do not contain any form of PHI (i.e. electronic, written).				
7.	Location of Computer Monitors	Computer monitors displaying PHI are located in secure areas or, if located in semi-public or public areas, contain privacy screens.				

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8.	PHI Insecure in Work Areas	Documents containing printed or written PHI are not left unattended and in work areas where unauthorized individuals (i.e. public, family, co-workers) can access/view it.				
9.	Content of White Boards	Content on public and private white boards is compliant with the HIPAA Office's White Board guidance document.				
10.	Medical Record Storage	Medical records (clinic files, MD records) are kept in a secure location, except while in use, and access to the location and information is limited to individuals with a need to know.				
11.	Patient Appointment Schedules Posted on Wall or Left on the Counter Tops	Appointment schedules are not posted or left in areas where they can be viewed by unauthorized individuals (i.e. public).				

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12.	Information Posted on Patients' Hospital Room Door (patient privacy v.s. patient care/safety)	Only HIPAA Program Office-approved information is posted outside the patient's hospital room door. This includes: (1) patient's first initial and last name; (2) falls sticker; and (3) environmental allergies.				
13.	Fax Machine in Secure Location and Other Operational Issues	Fax machines that contain or receive PHI are located in secure areas and a process exists to send, receive, and distribute documents containing PHI in a manner that protects patient privacy and confidentiality of health information.	2			
14.	Patient Sign-In Sheets	Location's patient sign-in sheets do not contain more than the minimum necessary information. Sign-n sheets can only contain patient name, arrival time, appointment time.	1			
	Total Risk Score		0			



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We agree with the HIPAA Privacy Review observations and the identified remediation tasks in the action plan. We further recognize that other departments may play a role in completing the action plan, on which we are dependent, but we are committed to completing our task(s) by the agreed upon due date(s). In addition, we will work with the other departments on completing the entire action plan by the due date(s).

Manager's Name: _____ Signature: _____ Date: _____

Director's Name: _____ Signature: _____ Date: _____

HIPAA Office Representative: _____ Signature: _____ Date: _____