

HIPAA COMPLIANCE CHECKLIST FOR ORGANIZATIONS

NAME _____

DATE _____

Name of an organization you share PHI with

1. Did this organization sign a business associate agreement with you?

2. Did this organization appoint a compliance officer and a security officer?

3. Does this organization conduct regular HIPAA awareness employee training and HIPAA security employee training?

4. Does this organization maintain formal documents and controls that protect PHI and e-PHI?

5. Does this organization conduct HIPAA security risk assessments?

6. What kind of technological safeguard does this organization employ?

Record encryption Firewall protection Daily off-site backups

7. How does this organization help you be HIPAA-compliant? Does it offer

Secure login 2-factor authentication Sample forms and agreements

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