

# UMC HIPAA Privacy and Security Departmental Self Assessment

Department/Unit/Division:	Name and Title:
Department Director/ Supervisor:	Date Completed:

		Y	N	N/A	RECOMMENDED SOLUTION(S)
<b>Oral Communications</b>					
1	Have you witnessed any of your staff discussing confidential Protected Health Information (PHI) among themselves in public areas? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>				
2	Have conversations with the patient/family, which may include PHI, been held in public areas? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>				
3	Can phone conversations, which may be relaying PHI, be easily overheard in public areas? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>				
4	Is dictation completed in an area where PHI can be overheard? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>				
5	Except for the patient's name, is PHI ever called out into the waiting room? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>				
<b>Protecting Confidentiality of Electronic PHI</b>					
<b>Workstations</b>					
6	Are workstation monitors in public areas positioned in a way to avoid observation by visitors? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
7	Are screens on unattended workstations returned to the logon screen or have a password-enabled screen saver? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
8	Do staff share workstations while logged in? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>				

9	Are passwords visible/handy anywhere near computers? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>			
10	Are there any "community" (department-wide) passwords on any system? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>			
11	Do workforce members in your area store electronic reports, spreadsheets, or databases containing PHI on workstations? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>			
12	Do your electronic systems require a password change after "x" number of days at a regular interval? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			
<b>Fax Machines, Printers, and Copiers</b>				
13	Are fax machines in enclosed areas to which only authorized personnel have access? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			
14	Are printers in enclosed areas to which only authorized personnel have access? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			
15	Do staff immediately retrieve papers that contain confidential information from printers and fax machines? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			
16	Are faxes sent with cover sheets containing a confidentiality statement? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			
17	For faxes containing PHI, are the cover sheets saved or a log kept of who they're sent to and when? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			
18	Do you routinely notify the intended recipient <u>before</u> sending confidential information? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			

### Protecting Confidentiality of Paper PHI

19	Are shred containers or other PHI disposal bins available and easily accessible by staff members?				
20	Do faculty/staff know where they should refer questions regarding patient privacy?				
21	Is there PHI in the regular trash receptacle?				
22	Are documents with PHI placed face down or otherwise concealed to avoid casual observation in public areas, chart holders, or at nurse's stations? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
23	Are paper records, reports, and other types of paperwork containing PHI distributed among staff in a concealed way to avoid casual observation by unauthorized personnel/visitors? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
24	Are documents with PHI, that are being sent to another location, placed in an sealed envelope to avoid casual observation during delivery? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
25	Are paper records and medical charts stored or filed in such a way as to avoid observation by patients or visitors, or casual access by unauthorized staff? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
26	For units that are not staffed 24 hours, are patient records filed in locked storage cabinets or rooms that are locked? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
27	Do white boards include only non-confidential patient-specific information? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				

<b>28</b>	Are patient lists and or sign-in sheets, including scheduled procedures, with information beyond room assignments readily visible by patients or visitors? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>				
<b>29</b>	Are medical records or other PHI removed from the facility for transport? <b>If so, under what circumstances? AND What precautions are taken to safeguard?</b>				

Disposal of PHI				
30	Does your area have a secured recycling bin (one with a locked top) to dispose of PHI, if it is in a public area? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b> <b>OR Go to next question.</b>			
31	Do staff in your area remove/delete files, reports, databases, or e-mails from their workstations with PHI before transferring the workstation to another person for their use? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			
32	Are films and other images properly discarded in a confidential manner? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			
Other				
33	Are the doors in your area locked during extended periods of time when all employees are absent (i.e. all staff meetings, after hours)? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			
34	Are visitors and patients given detailed directions or escorted to ensure they do not access staff areas, dictating rooms, chart storage, etc.? Are those not recognized in restricted areas challenged for identification? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			
35	Do authorized staff who have access to PHI use only the minimum amount necessary to accomplish their duties? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			

**Once complete, please email to the UMC Privacy Officer - [jgarcia@united-medicalcenter.com](mailto:jgarcia@united-medicalcenter.com)**

*If you have questions or want to discuss potential solutions to Privacy or Security concerns, please contact the Privacy Officer (#6647), or email - [jgarcia@united-medicalcenter.com](mailto:jgarcia@united-medicalcenter.com)*