

LOCATION OF PROTECTED HEALTH INFORMATION-2022

- To appropriately protect PHI, use this document to identify the location of this office’s PHI in hard copy and electronic format.
- Keeping a current copy of this list in your HIPAA Manual under the Risk Analysis section *as well as* off-site with a copy of the practice’s Contingency/Disaster Recovery Plan is recommended.

Note: mobile apps can be used on tablets, smartphones, or portable care devices. This list can be cross-referenced with the Business Associate List.

Date Last Reviewed	Reviewed by	Updates
		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

THE FOLLOWING CREATE, STORE, TRANSMIT, OR ACCESS PHI:

DEVICE/SYSTEM	LOCATION	FEATURES/SAFEGUARDS		
<input type="checkbox"/> Server/Network Cloud Service Provider Name or Maintained by: (e.g., IT Support contractor) <hr/>	<input type="checkbox"/> On-site/Physical Server Machine <input type="checkbox"/> Cloud service provider (physical server is off-site)	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Locked storage/closet (on-site physical)	<input type="checkbox"/> Backup is on physical machine/hardware <input type="checkbox"/> Backed-up by cloud service provider.	<input type="checkbox"/> Backup stored securely off-site <input type="checkbox"/> Accessed Remotely (VPN)
Notes:				
<input type="checkbox"/> Server/Network Cloud Service Provider Name or Maintained by: (e.g., IT Support contractor or back-up service) <hr/> <input type="checkbox"/> N/A or none	<input type="checkbox"/> On-site/Physical Server Machine <input type="checkbox"/> Cloud service provider (physical server is off-site)	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Locked storage/closet (on-site physical)	<input type="checkbox"/> Backup is on physical machine/hardware <input type="checkbox"/> Backed-up by cloud service provider.	<input type="checkbox"/> Backup stored securely off-site <input type="checkbox"/> Accessed Remotely (VPN)
Notes:				
<input type="checkbox"/> Website transmits/receives PHI/patient forms. <input type="checkbox"/> N/A or no website <input type="checkbox"/> Patient forms are download only	Name of app for forms: (if known – website admin might have as a subcontractor BA) <hr/> <hr/>	<input type="checkbox"/> https (secure)	<input type="checkbox"/> Unique User-IDs for workers to access submitted patient forms.	<input type="checkbox"/> Patients have Unique User-IDs to submit forms.
Notes:				

DEVICE/SYSTEM	LOCATION	FEATURES/SAFEGUARDS		
<input type="checkbox"/> EHR <input type="checkbox"/> Practice Management System Software Name of System: _____ _____	<input type="checkbox"/> Server/Network <input type="checkbox"/> Internet/cloud-based	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Phys/Tech safeguards in vendor contract or available. <input type="checkbox"/> Auto log-off	<input type="checkbox"/> Backed-up <input type="checkbox"/> Mobile app used <input type="checkbox"/> Access restricted by work hours
Notes:				
<input type="checkbox"/> EHR <input type="checkbox"/> Practice Management System Software Name of System: _____ _____ <input type="checkbox"/> N/A or none	<input type="checkbox"/> Server/Network <input type="checkbox"/> Internet/cloud-based	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Phys/Tech safeguards in vendor contract or available. <input type="checkbox"/> Auto log-off	<input type="checkbox"/> Backed-up <input type="checkbox"/> Mobile app used <input type="checkbox"/> Access restricted by work hours
Notes:				
<input type="checkbox"/> e-Prescribing Name of System: _____ _____ <input type="checkbox"/> N/A or none	<input type="checkbox"/> Server/Network <input type="checkbox"/> Part of EHR/PM <input type="checkbox"/> Other Internet-based	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Mobile app used <input type="checkbox"/> Access restricted by work hours	<input type="checkbox"/> Backed-up
Notes:				
<input type="checkbox"/> Insurance Claims Processing Name of Company: _____ _____	<input type="checkbox"/> Part of EHR/PM <input type="checkbox"/> Other Secure Portal <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Mobile app used <input type="checkbox"/> Access restricted by work hours	<input type="checkbox"/> Backed-up
Notes:				
<input type="checkbox"/> Insurance Claims Processing Name of Company: _____ _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Part of EHR/PM <input type="checkbox"/> Other Secure Portal <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Mobile app used <input type="checkbox"/> Access restricted by work hours	<input type="checkbox"/> Backed-up
Notes:				

DEVICE/SYSTEM	LOCATION	FEATURES/SAFEGUARDS		
<input type="checkbox"/> Patient Messaging <input type="checkbox"/> Appointment Reminder Software Name of System: _____ <input type="checkbox"/> N/A or none	<input type="checkbox"/> Server/Network (installed) <input type="checkbox"/> Internet-based-cloud provider <input type="checkbox"/> Part of EHR/PM	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Mobile app used <input type="checkbox"/> Access restricted by work hours	<input type="checkbox"/> Backed-up
Notes:				
<input type="checkbox"/> Patient Messaging <input type="checkbox"/> Appointment Reminder Software Name of System: _____ <input type="checkbox"/> N/A or none	<input type="checkbox"/> Server/Network (installed) <input type="checkbox"/> Internet-based-cloud provider <input type="checkbox"/> Part of EHR/PM	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Mobile app used <input type="checkbox"/> Access restricted by work hours	<input type="checkbox"/> Backed-up
Notes:				
<input type="checkbox"/> Patient Care Equipment Name of System: _____ (EKG, Ultrasound, Spirometry, CAD/CAM, etc.) <input type="checkbox"/> N/A or none	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected <input type="checkbox"/> Cable connected (ethernet)	<input type="checkbox"/> Encrypted <input type="checkbox"/> PHI cleansed prior to disposal <input type="checkbox"/> Backed-up	<input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Log-off after each use <input type="checkbox"/> Info deleted regularly
Notes:				
<input type="checkbox"/> Patient Care Equipment Name of System: _____ (EKG, Ultrasound, Spirometry, CAD/CAM, etc.) <input type="checkbox"/> N/A or none	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected <input type="checkbox"/> Cable connected (ethernet)	<input type="checkbox"/> Encrypted <input type="checkbox"/> PHI cleansed prior to disposal <input type="checkbox"/> Backed-up	<input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Log-off after each use <input type="checkbox"/> Info deleted regularly
Notes:				
<input type="checkbox"/> Patient Care Equipment Name of System: _____ (EKG, Ultrasound, Spirometry, CAD/CAM, etc.) <input type="checkbox"/> N/A or none	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected <input type="checkbox"/> Cable connected (ethernet)	<input type="checkbox"/> Encrypted <input type="checkbox"/> PHI cleansed prior to disposal <input type="checkbox"/> Backed-up	<input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Log-off after each use <input type="checkbox"/> Info deleted regularly
Notes:				

DEVICE/SYSTEM	LOCATION	FEATURES/SAFEGUARDS		
<input type="checkbox"/> Radiology Equipment or Software Name of System: <hr/> (Bone density, pan, intra-oral images, Dexis, Kodak) <input type="checkbox"/> N/A or none	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Does not store PHI (by policy) <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected <input type="checkbox"/> Cable connected (ethernet)	<input type="checkbox"/> Encrypted <input type="checkbox"/> PHI cleansed prior to disposal <input type="checkbox"/> Backed-up	<input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Log-off after each use <input type="checkbox"/> Info deleted regularly
Notes:				
<input type="checkbox"/> Radiology Equipment or Software Name of System: <hr/> (Bone density, pan, intra-oral images, Dexis, Kodak) <input type="checkbox"/> N/A or none	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Does not store PHI (by policy) <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected <input type="checkbox"/> Cable connected (ethernet)	<input type="checkbox"/> Encrypted <input type="checkbox"/> PHI cleansed prior to disposal <input type="checkbox"/> Backed-up	<input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Log-off after each use <input type="checkbox"/> Info deleted regularly
Notes:				
<input type="checkbox"/> Radiology Equipment or Software Name of System: <hr/> (Bone density, pan, intra-oral images, Dexis, Kodak) <input type="checkbox"/> N/A or none	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Does not store PHI (by policy) <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected <input type="checkbox"/> Cable connected (ethernet)	<input type="checkbox"/> Encrypted <input type="checkbox"/> PHI cleansed prior to disposal <input type="checkbox"/> Backed-up	<input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Log-off after each use <input type="checkbox"/> Info deleted regularly
Notes:				

Location of PHI

DEVICE/SYSTEM	LOCATION	FEATURES/SAFEGUARDS	
<input type="checkbox"/> Fax <input type="checkbox"/> Copier <input type="checkbox"/> Scanner <input type="checkbox"/> Printer Name: _____ List individually on Hardware, Software, & Media Inventory. <input type="checkbox"/> Traditional fax <input type="checkbox"/> e-fax provider: _____ <input type="checkbox"/> N/A or none • If multifunctional, check all	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Server/Network only <input type="checkbox"/> Does not store PHI (by policy) <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected <input type="checkbox"/> Cable connected (ethernet)	<input type="checkbox"/> Encrypted <input type="checkbox"/> PHI cleansed prior to disposal <input type="checkbox"/> Info deleted regularly <input type="checkbox"/> Pre-programmed numbers 1	<input type="checkbox"/> Physical safeguards Type(s): _____ _____ _____ (e.g., e-Fax encrypted, printer located in an employee only area)
Notes:			
<input type="checkbox"/> Fax <input type="checkbox"/> Copier <input type="checkbox"/> Scanner <input type="checkbox"/> Printer Name: _____ List individually on Hardware, Software, & Media Inventory. <input type="checkbox"/> Traditional fax (land line connection) <input type="checkbox"/> e-fax provider: _____ <input type="checkbox"/> N/A or none • If multifunctional, check all	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Server/Network only <input type="checkbox"/> Does not store PHI (by policy) <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected <input type="checkbox"/> Cable connected (ethernet)	<input type="checkbox"/> Encrypted <input type="checkbox"/> PHI cleansed prior to disposal <input type="checkbox"/> Info deleted regularly <input type="checkbox"/> Pre-programmed numbers 1	<input type="checkbox"/> Physical safeguards Type(s): _____ _____ _____ (e.g., e-Fax encrypted, printer located in an employee only area)
Notes:			

DEVICE/SYSTEM	LOCATION	FEATURES/SAFEGUARDS		
<input type="checkbox"/> Laptops <input type="checkbox"/> Tablets List individually on Hardware, Software, & Media Inventory. <input type="checkbox"/> N/A or none	<input type="checkbox"/> Does not store PHI (by policy) <input type="checkbox"/> Unable to store PHI (security setting) <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Backed-up <input type="checkbox"/> Hard drives audited <input type="checkbox"/> Remote access/work from home policy. <input type="checkbox"/> Unique User-ID	<input type="checkbox"/> PHI cleansed prior to disposal or destruction <input type="checkbox"/> Stored Securely (physically) <input type="checkbox"/> Automatic log-off <input type="checkbox"/> Laptops/Tablets are Shared	<input type="checkbox"/> Physical safeguards Type(s): _____ _____ _____ (e.g., log-in/log-out, transport requirements)
Notes:				
<input type="checkbox"/> Office workstations <input type="checkbox"/> Workstations at home List individually on Hardware, Software, & Media Inventory. <input type="checkbox"/> N/A or none	<input type="checkbox"/> Does not store PHI (by policy) <input type="checkbox"/> Unable to store PHI (security setting) <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Backed-up <input type="checkbox"/> Hard drives audited <input type="checkbox"/> Remote access/work from home policy. <input type="checkbox"/> Unique User-ID	<input type="checkbox"/> PHI cleansed prior to disposal or destruction <input type="checkbox"/> Stored Securely (physically) <input type="checkbox"/> Automatic log-off <input type="checkbox"/> Workstations are Shared	<input type="checkbox"/> Physical safeguards Type(s): _____ _____ _____ (e.g., log-in/log-out, transport requirements)
Notes:				
<input type="checkbox"/> Smartphones – office-owned <input type="checkbox"/> Smartphones – BYOD List individually on Hardware, Software, & Media Inventory. <input type="checkbox"/> N/A or none	<input type="checkbox"/> Does not store PHI (by policy) <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Health apps do not store PHI on device (available on <u>some</u> apps by ONC Certified EHRs)	<input type="checkbox"/> Password/PIN Protected <input type="checkbox"/> Remote Wipe Enabled <input type="checkbox"/> BYOD Policy	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Backed-up <input type="checkbox"/> Devices assigned <input type="checkbox"/> Devices are Shared	<input type="checkbox"/> PHI cleansed prior to disposal or destruction <input type="checkbox"/> Automatic log-off <input type="checkbox"/> Stored Securely (Physically)
Notes:				

Location of PHI

DEVICE/SYSTEM	LOCATION	FEATURES/SAFEGUARDS		
<input type="checkbox"/> CDROMs <input type="checkbox"/> DVDs List individually on Hardware, Software, & Media Inventory. <input type="checkbox"/> N/A or none	<input type="checkbox"/> Restricted by policy	<input type="checkbox"/> Encrypted <input type="checkbox"/> Logged/tracked	<input type="checkbox"/> Destroyed prior to disposal	<input type="checkbox"/> Stored Securely (Physically)
Notes:				
<input type="checkbox"/> Diskettes <input type="checkbox"/> VHS Tapes List individually on Hardware, Software, & Media Inventory. <input type="checkbox"/> N/A or none	<input type="checkbox"/> Restricted by policy	<input type="checkbox"/> Encrypted <input type="checkbox"/> Logged/tracked	<input type="checkbox"/> Destroyed prior to disposal	<input type="checkbox"/> Stored Securely (Physically)
Notes:				
<input type="checkbox"/> USB/flash drives List individually on Hardware, Software, & Media Inventory. <input type="checkbox"/> N/A or none	<input type="checkbox"/> Restricted by policy	<input type="checkbox"/> Encrypted <input type="checkbox"/> Files Password protected <input type="checkbox"/> Reformatted and/or destroyed prior to disposal <i>See Disposal of Media Containing PHI</i>	<input type="checkbox"/> Stored securely (physically)	<input type="checkbox"/> Logged/tracked
Notes:				
<input type="checkbox"/> Digital camera* <input type="checkbox"/> Digital camera memory cards (removable) List individually <u>with corresponding camera</u> on Hardware, Software, & Media Inventory. <input type="checkbox"/> None *Images from camera's internal storage (no memory card) is transferred via Wi-Fi or a USB cable to computer/network.	<input type="checkbox"/> Transferred to Server/Network (e.g., inserting memory card into computer) <input type="checkbox"/> Has Wi-Fi - ability to transmit to <i>any</i> nearby network or device	<input type="checkbox"/> Images regularly removed <input type="checkbox"/> Stored securely (physically)	<input type="checkbox"/> Card destroyed prior to disposal <input type="checkbox"/> Logged/tracked	<input type="checkbox"/> Camera's internal memory/hard drive wiped prior to disposal
Notes:				

DEVICE/SYSTEM	LOCATION	FEATURES/SAFEGUARDS		
<input type="checkbox"/> Other file sharing/cloud storage (not server) (Dropbox, GSuite, Microsoft OneDrive, etc.) Name of Provider(s): _____ _____ _____ <input type="checkbox"/> Not used	<input type="checkbox"/> PHI is stored here. How long? _____ <input type="checkbox"/> Used to share PHI with others externally* (e.g., non-employees, patients, or BAs). Who is it shared with? _____ _____ _____	<input type="checkbox"/> Encrypted <input type="checkbox"/> User Auth. <input type="checkbox"/> Automatic log-off <input type="checkbox"/> Access/Activity Reviewed	<input type="checkbox"/> Mobile app used <input type="checkbox"/> Unique user-IDs/passwords <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> BAA required – download from service provider’s website.

Another example is SSL/TLS (to become FTPS) or replaced with SFTP (SSH File Transfer Protocol). Plain FTP is **not** secure and should not be used.

Notes:

DEVICE/SYSTEM	LOCATION	FEATURES/SAFEGUARDS		
<input type="checkbox"/> Other devices or systems/programs that access/transmit/store PHI. (e.g., medical devices with internet-based software or apps that control or interact with the device) List individually on Hardware, Software, & Media Inventory. Name: _____ Purpose: _____ <input type="checkbox"/> None	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Server/Network only <input type="checkbox"/> Does not store PHI (by policy) <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected <input type="checkbox"/> Cable connected (ethernet)	<input type="checkbox"/> User Auth. <input type="checkbox"/> Encrypted <input type="checkbox"/> Stored securely (physically) <input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Access/Activity Reviewed <input type="checkbox"/> Mobile app used <input type="checkbox"/> Logged/tracked <input type="checkbox"/> Remote access/work from home policy	<input type="checkbox"/> Automatic log-off <input type="checkbox"/> Backed-up <input type="checkbox"/> Hard drives audited

Notes:

DEVICE/SYSTEM	LOCATION	FEATURES/SAFEGUARDS		
<input type="checkbox"/> Other devices or systems/programs that access/transmit/store PHI (e.g., internet-based software used to periodically evaluate patient's treatment progress) List individually on Hardware, Software, & Media Inventory. Name: _____ Purpose: _____ <input type="checkbox"/> None	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Server/Network only <input type="checkbox"/> Does not store PHI (by policy) <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected <input type="checkbox"/> Cable connected (ethernet)	<input type="checkbox"/> User Auth. <input type="checkbox"/> Encrypted <input type="checkbox"/> Stored securely (physically) <input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Access/Activity Reviewed <input type="checkbox"/> Mobile app used <input type="checkbox"/> Logged/tracked <input type="checkbox"/> Remote access/work from home policy	<input type="checkbox"/> Automatic log-off <input type="checkbox"/> Backed-up <input type="checkbox"/> Hard drives audited
Notes:				
<input type="checkbox"/> Other devices or systems/programs that access/transmit/store PHI List individually on Hardware, Software, & Media Inventory. Name: _____ Purpose: _____ <input type="checkbox"/> None	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Server/Network only <input type="checkbox"/> Does not store PHI (by policy) <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected <input type="checkbox"/> Cable connected (ethernet)	<input type="checkbox"/> User Auth. <input type="checkbox"/> Encrypted <input type="checkbox"/> Stored securely (physically) <input type="checkbox"/> Unique User-IDs <input type="checkbox"/> Shared User-ID/PW	<input type="checkbox"/> Access/Activity Reviewed <input type="checkbox"/> Mobile app used <input type="checkbox"/> Logged/tracked <input type="checkbox"/> Remote access/work from home policy	<input type="checkbox"/> Automatic log-off <input type="checkbox"/> Backed-up Hard drives audited
Notes:				
<input type="checkbox"/> Other devices or systems/programs that access/transmit/store PHI Name: _____ Purpose: _____ <input type="checkbox"/> None	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Server/Network only <input type="checkbox"/> Does not store PHI (by policy) <input type="checkbox"/> Transmits PHI externally (to a third party) <input type="checkbox"/> Wi-Fi connected <input type="checkbox"/> Cable connected (ethernet)	<input type="checkbox"/> User Auth. <input type="checkbox"/> Encrypted <input type="checkbox"/> Stored securely (physically) <input type="checkbox"/> Unique User-IDs Shared User-ID/PW	<input type="checkbox"/> Access/Activity Reviewed <input type="checkbox"/> Mobile app used <input type="checkbox"/> Logged/tracked <input type="checkbox"/> Remote access/work from home policy	<input type="checkbox"/> Automatic log-off <input type="checkbox"/> Backed-up Hard drives audited
Notes:				

HARD COPY PHI

TYPE(S)	LOCATION	PROTECTIONS	
<input type="checkbox"/> Medical records/files (EOBs, credit card info)	<input type="checkbox"/> Remote storage Location: _____ _____ _____	<input type="checkbox"/> Physical Safeguards Type(s): _____ <input type="checkbox"/> Restricted Access	<input type="checkbox"/> BAA with shredding company <input type="checkbox"/> Certificates of Destruction obtained
	<input type="checkbox"/> On-site	<input type="checkbox"/> Inventory of records in storage <input type="checkbox"/> Shredded at the time of disposal <input type="checkbox"/> Shredded on-site <input type="checkbox"/> Scanned into EHR and shredded	<input type="checkbox"/> BAA with shredding company <input type="checkbox"/> Certificates of Destruction obtained
		<input type="checkbox"/> Physical Safeguards Type(s): _____ <input type="checkbox"/> Restricted Access	
		<input type="checkbox"/> Shredded at the time of disposal <input type="checkbox"/> Shredded on-site <input type="checkbox"/> Scanned into EHR and shredded	<input type="checkbox"/> BAA with shredding company <input type="checkbox"/> Certificates of Destruction obtained
Notes:			
<input type="checkbox"/> Hard copy images (films/paper)	<input type="checkbox"/> Remote storage Location: _____ _____ _____	<input type="checkbox"/> Physical Safeguards Type(s): _____ _____ <input type="checkbox"/> Restricted Access <input type="checkbox"/> Limited storage time <input type="checkbox"/> Recycled or shredded	<input type="checkbox"/> BAA with shredding/recycling company <input type="checkbox"/> Certificates of Destruction obtained
	<input type="checkbox"/> On-site	<input type="checkbox"/> Physical Safeguards Type(s): _____ _____ <input type="checkbox"/> Restricted Access <input type="checkbox"/> Limited storage time <input type="checkbox"/> Recycled or shredded	<input type="checkbox"/> BAA with shredding/recycling company <input type="checkbox"/> Certificates of Destruction obtained
Notes:			