**LOCATION OF PROTECTED HEALTH INFORMATION (PHI)**

For PHI to be appropriately protected, each entity must first identify where the information is located. Utilize this document to identify the location of PHI, whether in hard copy or electronic format.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date verified** | **Completed by** | **Date verified** | **Completed by** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**THE FOLLOWING ARE UTILIZED TO CREATE, STORE, TRANSMIT OR ACCESS ePHI.**

| **Device/System** | **Location of ePHI** | **Protection** | **Other Comments** |
| --- | --- | --- | --- |
| * Practice Management System Software

Name of System:  | * Server/Network
* Internet based
 | * Encryption
* User authentication
 | * Physical safeguards
 |  |
| * EMR/EHR Software

Name of System:  | * Server/Network
* Internet based
 | * Encryption
* User authentication
 | * Physical safeguards
 |  |
| * Server/Network

If cloud, list provider:  | * On-site
* Remote/Cloud
 | * Encryption
* User authentication
 | * Locked storage
 |  |
| * Server/Network

If cloud, list provider:  | * On-site
* Remote/Cloud
 | * Encryption
* User authentication
 | * Locked storage
 |  |
| * e-Prescribing Gateway

Name of System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Internet based
 | * Encryption
* User authentication
 | * Physical safeguards
 |  |
| * Patient Care Equipment

Name of System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(EKG, Ultrasound, Spirometry, CAD/CAM, etc.) | * Local Hard Drive
* Transmits PHI
 | * Encryption
* PHI cleansed prior to removal from facility
 | * Routine deletion of info
* Physical safeguards
 |  |
| * Patient Care Equipment

Name of System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(EKG, Ultrasound, Spirometry, CA/CAM, etc.) | * Local Hard Drive
* Transmits PHI
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Name of System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(EKG, Ultrasound, Spirometry, CAD/CAM, etc.) | * Local Hard Drive
* Transmits PHI
 | * Encryption
* PHI cleansed prior to removal from facility
 | * Routine deletion of info
* Physical safeguards
 |  |
| * Radiology Equipment/Software Programs

Name of System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Bone density, pan, intra-oral images, Dexis, Kodak) | * Server/Network
* Local hard drive
* Internet based
 | * Encryption
* PHI cleansed prior to removal from facility
 | * Routine deletion of info
* Physical safeguards
 |  |
| * Radiology Equipment/Programs

Name of System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Bone density, pan, intra-oral images, Dexis, Kodak) | * Server/Network
* Local hard drive
* Internet based
 | * Encryption
* PHI cleansed prior to removal from facility
 | * Routine deletion of info
* Physical safeguards
 |  |
| * Copiers/Scanners/Printers

Name of System:  | * Local hard drive
* Does not store ePHI
* Transmits PHI
 | * Encryption
* PHI cleansed prior to removal from facility
 | * Routine deletion of info
* Physical safeguards
 |  |
| * Copiers/Scanners/Printers

Name of System:  | * Local hard drive
* Does not store ePHI
* Transmits PHI
 | * Encryption
* PHI cleansed prior to removal from facility
 | * Routine deletion of info
* Physical safeguards
 |  |
| * Laptop/Tablet

 Quantity | * Does not store ePHI
* Transmits PHI
 | * Encryption
* Physical safeguards
* Devices assigned
 | * Hard drive audits
 |  |
| * Office workstations
 | * No ePHI stored device
* Transmits PHI
 | * Encryption
* Physical safeguards
 | * Hard drive audits conducted
 |  |
| * Workstations at home

 Quantity | * N/A
* Transmits PHI
 | * Facility owned device
* Unable to download ePHI to hard dive
 | * User authentication
* Automatic log-out
* Audit of remote access
 |  |
| * Smartphones

 Quantity | * No ePHI stored on device
* Transmits PHI
 | * Encryption
* Physical safeguards
 | * Pass Code Protected
* Remote Wipe/Delete
 |  |
| * CD/DVD
 | * N/A
 | * Encryption
 | * Physical Safeguards
 |  |
| * Floppy Discs/VHS Tapes
 | * N/A
 | * Encryption
 | * Physical Safeguards
 |  |
| * Thumb/flash drives
 | * Not used
 | * Encryption
* Physical safeguards
 | * Password protected
 |  |
| * Camera memory cards
 | * N/A
* Transmits PHI
 | * Images uploaded to EHR and deleted
 | * Physical safeguards
 |  |
| * Back-up devices (not online back-up process)

Responsible party for back up: Offsite location:  | * N/A– online solution
 | * Physical safeguards while onsite
* Offsite location
 | * Encryption
* Redundancy (multiple locations)
 |  |
| * Programs Accessing ePHI

Name: Type: (Appointment reminder systems, laboratory testing interface, messaging apps) | * Transmits PHI
 | * Encryption
 | * BAA
 |  |
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| * Programs Accessing ePHI

Name: Type: (Appointment reminder systems, laboratory testing interface, messaging apps) | * Transmits PHI
 | * Encryption
 | * BAA
 |  |

**ePHI TRANSMISSION AND STORAGE**

| **Transmission** | **Mode of Transmission** | **Protection** | **Other Comments** |
| --- | --- | --- | --- |
| * Email Transmission/storage

Name of Email Provider: BAA must be executed for public email providers. | * Sent through patient portal
* Unencrypted communication at patient’s request; patient permission required
 | * User Authentication
* Encryption
* BAA (required)
 |  |
| * Fax
 | * Local machine
* Internet based

Name:  | * Machine located in secure area
* Preprogrammed numbers
* Fax cover sheet
 | * Secure transmission via internet (e-Fax)
* BAA (required)
 |  |
| * Claims
 | * PM/EHR
* VPN
* Secure Portal
 | * User authentication
 | * BAA (required)
 |  |
| * Cloud storage (Dropbox, GSuite, etc.)

Name:  | * Internet based
 | * User Authentication
* Encryption
 | * BAA (required)
 |  |
| * Medical application on mobile devices

Name:  | * Internet based
 | * User Authentication
* Encryption
 | * BAA (required)
 |  |
| * Medical application on mobile devices

Name:  | * Internet based
 | * User Authentication
* Encryption
 | * BAA (required)
 |  |

**HARD COPY PHI**

| **Device/System** | **Location** | **Protection** | **Other Comments** |
| --- | --- | --- | --- |
| * Medical Records in hard copy to include financial records (EOB, credit card info)
 | * None on site
* Remote storage

Facility Name:  | * Physical Safeguards
* Inventory of records to storage
* Shredding at the time of disposal
* Scanned into EHR and shredded
 |  |
| * On site
 | * Physical Safeguards
* Limited storage time
* Shredding at the time of disposal
* Scanned into EHR and shredded
 | * Shredding Company BAA
* Certificate of Destruction
 |
| * Hard copy films
 | * None on site
 | * Physical Safeguards
* Plan for recycling or shredding
 |  |