

## 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
<input type="checkbox"/> Practice Management System Software Name of System: _____	<input type="checkbox"/> Server/Network <input type="checkbox"/> Internet based	<input type="checkbox"/> Encryption <input type="checkbox"/> User authentication	<input type="checkbox"/> Physical safeguards	
<input type="checkbox"/> EMR/EHR Software Name of System: _____	<input type="checkbox"/> Server/Network <input type="checkbox"/> Internet based	<input type="checkbox"/> Encryption <input type="checkbox"/> User authentication	<input type="checkbox"/> Physical safeguards	
<input type="checkbox"/> Server/Network If cloud, list provider: _____ _____	<input type="checkbox"/> On-site <input type="checkbox"/> Remote/Cloud	<input type="checkbox"/> Encryption <input type="checkbox"/> User authentication	<input type="checkbox"/> Locked storage	
<input type="checkbox"/> Server/Network If cloud, list provider: _____ _____	<input type="checkbox"/> On-site <input type="checkbox"/> Remote/Cloud	<input type="checkbox"/> Encryption <input type="checkbox"/> User authentication	<input type="checkbox"/> Locked storage	

Device/System	Location of ePHI	Protection		Other Comments
<input type="checkbox"/> e-Prescribing Gateway Name of System: _____	<input type="checkbox"/> Internet based	<input type="checkbox"/> Encryption <input type="checkbox"/> User authentication	<input type="checkbox"/> Physical safeguards	
<input type="checkbox"/> Patient Care Equipment Name of System: _____ (EKG, Ultrasound, Spirometry, CAD/CAM, etc.)	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Encryption <input type="checkbox"/> PHI cleansed prior to removal from facility	<input type="checkbox"/> Routine deletion of info <input type="checkbox"/> Physical safeguards	
<input type="checkbox"/> Patient Care Equipment Name of System: _____ (EKG, Ultrasound, Spirometry, CA/CAM, etc.)	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Encryption <input type="checkbox"/> PHI cleansed prior to removal from facility	<input type="checkbox"/> Routine deletion of info <input type="checkbox"/> Physical safeguards	
<input type="checkbox"/> Patient Care Equipment Name of System: _____ (EKG, Ultrasound, Spirometry, CAD/CAM, etc.)	<input type="checkbox"/> Local Hard Drive <input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Encryption <input type="checkbox"/> PHI cleansed prior to removal from facility	<input type="checkbox"/> Routine deletion of info <input type="checkbox"/> Physical safeguards	
<input type="checkbox"/> Radiology Equipment/Software Programs Name of System: _____ (Bone density, pan, intra-oral images, Dexis, Kodak)	<input type="checkbox"/> Server/Network <input type="checkbox"/> Local hard drive <input type="checkbox"/> Internet based	<input type="checkbox"/> Encryption <input type="checkbox"/> PHI cleansed prior to removal from facility	<input type="checkbox"/> Routine deletion of info <input type="checkbox"/> Physical safeguards	

Device/System	Location of ePHI	Protection		Other Comments
<input type="checkbox"/> Radiology Equipment/Programs Name of System: _____ (Bone density, pan, intra-oral images, Dexis, Kodak)	<input type="checkbox"/> Server/Network <input type="checkbox"/> Local hard drive <input type="checkbox"/> Internet based	<input type="checkbox"/> Encryption <input type="checkbox"/> PHI cleansed prior to removal from facility	<input type="checkbox"/> Routine deletion of info <input type="checkbox"/> Physical safeguards	
<input type="checkbox"/> Copiers/Scanners/Printers Name of System: _____	<input type="checkbox"/> Local hard drive <input type="checkbox"/> Does not store ePHI <input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Encryption <input type="checkbox"/> PHI cleansed prior to removal from facility	<input type="checkbox"/> Routine deletion of info <input type="checkbox"/> Physical safeguards	
<input type="checkbox"/> Copiers/Scanners/Printers Name of System: _____	<input type="checkbox"/> Local hard drive <input type="checkbox"/> Does not store ePHI <input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Encryption <input type="checkbox"/> PHI cleansed prior to removal from facility	<input type="checkbox"/> Routine deletion of info <input type="checkbox"/> Physical safeguards	
<input type="checkbox"/> Laptop/Tablet _____ Quantity	<input type="checkbox"/> Does not store ePHI <input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Encryption <input type="checkbox"/> Physical safeguards <input type="checkbox"/> Devices assigned	<input type="checkbox"/> Hard drive audits	
<input type="checkbox"/> Office workstations	<input type="checkbox"/> No ePHI stored device <input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Encryption <input type="checkbox"/> Physical safeguards	<input type="checkbox"/> Hard drive audits conducted	

Device/System	Location of ePHI	Protection		Other Comments
<input type="checkbox"/> Workstations at home _____ Quantity	<input type="checkbox"/> N/A <input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Facility owned device <input type="checkbox"/> Unable to download ePHI to hard drive	<input type="checkbox"/> User authentication <input type="checkbox"/> Automatic log-out <input type="checkbox"/> Audit of remote access	
<input type="checkbox"/> Smartphones _____ Quantity	<input type="checkbox"/> No ePHI stored on device <input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Encryption <input type="checkbox"/> Physical safeguards	<input type="checkbox"/> Pass Code Protected <input type="checkbox"/> Remote Wipe/Delete	
<input type="checkbox"/> CD/DVD	<input type="checkbox"/> N/A	<input type="checkbox"/> Encryption	<input type="checkbox"/> Physical Safeguards	
<input type="checkbox"/> Floppy Discs/VHS Tapes	<input type="checkbox"/> N/A	<input type="checkbox"/> Encryption	<input type="checkbox"/> Physical Safeguards	
<input type="checkbox"/> Thumb/flash drives	<input type="checkbox"/> Not used	<input type="checkbox"/> Encryption <input type="checkbox"/> Physical safeguards	<input type="checkbox"/> Password protected	
<input type="checkbox"/> Camera memory cards	<input type="checkbox"/> N/A <input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Images uploaded to EHR and deleted	<input type="checkbox"/> Physical safeguards	
<input type="checkbox"/> Back-up devices (not online back-up process) Responsible party for back up: _____ _____ Offsite location: _____ _____	<input type="checkbox"/> N/A– online solution	<input type="checkbox"/> Physical safeguards while onsite <input type="checkbox"/> Offsite location	<input type="checkbox"/> Encryption <input type="checkbox"/> Redundancy (multiple locations)	

Device/System	Location of ePHI	Protection		Other Comments
<input type="checkbox"/> Programs Accessing ePHI Name: _____ Type: _____ (Appointment reminder systems, laboratory testing interface, messaging apps)	<input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Encryption	<input type="checkbox"/> BAA	
<input type="checkbox"/> Programs Accessing ePHI Name: _____ Type: _____ (Appointment reminder systems, laboratory testing interface, messaging apps)	<input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Encryption	<input type="checkbox"/> BAA	
<input type="checkbox"/> Programs Accessing ePHI Name: _____ Type: _____ (Appointment reminder systems, laboratory testing interface, messaging apps)	<input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Encryption	<input type="checkbox"/> BAA	
<input type="checkbox"/> Programs Accessing ePHI Name: _____ Type: _____ (Appointment reminder systems, laboratory testing interface, messaging apps)	<input type="checkbox"/> Transmits PHI	<input type="checkbox"/> Encryption	<input type="checkbox"/> BAA	

## ePHI TRANSMISSION AND STORAGE

Transmission	Mode of Transmission	Protection		Other Comments
<input type="checkbox"/> Email Transmission/storage Name of Email Provider: _____ _____ BAA must be executed for public email providers.	<input type="checkbox"/> Sent through patient portal <input type="checkbox"/> Unencrypted communication at patient's request; patient permission required	<input type="checkbox"/> User Authentication <input type="checkbox"/> Encryption <input type="checkbox"/> BAA (required)		
<input type="checkbox"/> Fax	<input type="checkbox"/> Local machine <input type="checkbox"/> Internet based Name: _____	<input type="checkbox"/> Machine located in secure area <input type="checkbox"/> Preprogrammed numbers <input type="checkbox"/> Fax cover sheet	<input type="checkbox"/> Secure transmission via internet (e-Fax) <input type="checkbox"/> BAA (required)	
<input type="checkbox"/> Claims	<input type="checkbox"/> PM/EHR <input type="checkbox"/> VPN <input type="checkbox"/> Secure Portal	<input type="checkbox"/> User authentication	<input type="checkbox"/> BAA (required)	
<input type="checkbox"/> Cloud storage (Dropbox, GSuite, etc.) Name: _____	<input type="checkbox"/> Internet based	<input type="checkbox"/> User Authentication <input type="checkbox"/> Encryption	<input type="checkbox"/> BAA (required)	
<input type="checkbox"/> Medical application on mobile devices Name: _____	<input type="checkbox"/> Internet based	<input type="checkbox"/> User Authentication <input type="checkbox"/> Encryption	<input type="checkbox"/> BAA (required)	
<input type="checkbox"/> Medical application on mobile devices Name: _____	<input type="checkbox"/> Internet based	<input type="checkbox"/> User Authentication <input type="checkbox"/> Encryption	<input type="checkbox"/> BAA (required)	

## HARD COPY PHI

Device/System	Location	Protection	Other Comments
<input type="checkbox"/> Medical Records in hard copy to include financial records (EOB, credit card info)	<input type="checkbox"/> None on site <input type="checkbox"/> Remote storage Facility Name: _____ _____	<input type="checkbox"/> Physical Safeguards <input type="checkbox"/> Inventory of records to storage <input type="checkbox"/> Shredding at the time of disposal <input type="checkbox"/> Scanned into EHR and shredded	
	<input type="checkbox"/> On site	<input type="checkbox"/> Physical Safeguards <input type="checkbox"/> Limited storage time <input type="checkbox"/> Shredding at the time of disposal <input type="checkbox"/> Scanned into EHR and shredded	<input type="checkbox"/> Shredding Company BAA <input type="checkbox"/> Certificate of Destruction
<input type="checkbox"/> Hard copy films	<input type="checkbox"/> None on site	<input type="checkbox"/> Physical Safeguards <input type="checkbox"/> Plan for recycling or shredding	