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

For health information to be appropriately protected, each entity must first identify where the information is located. Utilize this document to identify the location of protected health information, 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
 | * On-site
* Virtual
 | * Encryption
* User authentication
 | * Locked storage
 |  |
| * Server
 | * On-site
* Virtual
 | * 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
 | * Encryption
* PHI cleansed prior to removal from facility
 | * Routine deletion of info
* Physical safeguards
 |  |
| * Patient Care Equipment

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

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

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

 Quantity | * N/A
 | * 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
 | * Encryption
* Physical safeguards
 | * Pass Code Protected
 |  |
| * 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
 | * Images uploaded to EHR and deleted
* Physical safeguards
 | * Physical safeguards
 |  |
| * Back-up devices (not online back-up process)

Responsible party for back up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Offsite location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Not applicable – online solution
 | * Physical safeguards while onsite
* Offsite location
 | * Encryption
* Redundancy (multiple locations)
 |  |
| * Programs Accessing ePHI

(Appointment reminder systems, laboratory testing interface) | * N/A
 | * Encryption
 | * BAA
 |  |
| * Programs Accessing ePHI

(Appointment reminder systems, laboratory testing interface) | * N/A
 | * 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
 | * Machine located in secure area
* Preprogrammed numbers
* Fax cover sheet
 | * Secure transmission via

internet* BAA (required)
 |  |
| * Claims
 | * PM/EHR
* VPN
* Secure Portal
 | * User authentication
 | * BAA (required)
 |  |
| * Cloud storage (Dropbox, GSuite, etc.)

Application name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Internet based
 | * User Authentication
* Encryption
 | * BAA (required)
 |  |
| * Medical application on mobile devices

Application name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Internet based
 | * User Authentication
* Encryption
 | * BAA (required)
 |  |
| * Medical application on mobile devices

Application 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
 |  |
| * Hard copy films
 | * None on site
 | * Physical Safeguards
* Plan for recycling or shredding
 |  |