



Policy or Procedure Subject: HIPAA Physical Assessment Policy		LC.PY.010.r00 LC.PY.FRM.010.r00 Physical Walk Through Checklist
Department or Section: Compliance		Issue Date:
Prepared By: W. Dalton	Supervisor Approval: A. Macumber	Laboratory Director Approval: D. Henderson

**Principle:** The HIPAA final rule identifies the factors covering entities and business associates that must be considered when performing a risk assessment, to determine if the protected health information (PHI) has been compromised and breach notification is necessary.

In these risk assessments, covered entities and business associates must assess the probability that the PHI has been compromised and apply immediate corrective action when necessary.

**Policy:**

- 1) The Office of Ethics and Compliance randomly conducts unannounced walkthroughs of the various site of service in Helix Diagnostics in order to review practices that safeguard protected health information (PHI).
- 2) Monthly, department leaders are expected to complete the physical walk through checklist for each of their sections.
- 3) Once that checklist is complete, department leaders must turn the checklist forms into the Laboratory Privacy Officer.
- 4) Results of the monthly HIPAA checklists will be summarized and reported at the monthly Quality Reporting meetings.
- 5) Annually, the Office of Ethics and Compliance will provide a report of the risk areas and mitigation strategies.

**Procedure:**

The process steps that need to be followed during the physical risk analysis are as follows:

**Daily and Weekly (always ongoing):**

- Any noted violation or perceived HIPAA violation should be reported via the Incident Reporting System under the HIPAA violation category.
- Email and private 1:1 conversations between the reporter and the Privacy Officer regarding the incident are also encouraged.
- Follow up will occur for each reported incident and the appropriate action taken to remedy the incident.
- All incidences will be reported out monthly in the Quality Report for the lab.
- Monitoring will occur often to ensure compliance to the Privacy Program and all HIPAA requirements.

*Printed copies of this document are not considered up to date. Please verify current version with master document online.*

**Monthly:**

- Each department section will perform the HIPAA Compliance Assessment Physical Walkthrough Checklist (see attached).
- Each section will turn these documents in to the Privacy Officer no later than the 15<sup>th</sup> of each month.
- Each department section leader will be responsible for providing a plan to address any area of concern noted to be out of compliance during the walk through.
- Privacy Officer will follow up with periodic, unannounced rounding to ensure Compliance to plan.
- Privacy Officer will report out monthly during Compliance Committee meeting of any areas of concern and associated corrective actions.

**Annually:**

- Privacy Officer will provide a report to the Compliance Committee members identifying any areas of continued concern and/or noncompliance.

Reviewed By	Date
Lab Director: <u>Wendy Dalton</u> Signed: <u>Wendy Dalton</u>	7-2-21
Lab Manager: <u>Don Wipperfurth</u> Signed: <u>Don Wipperfurth</u>	7/2/21
Technical Supervisor: <u>Amber Maunier</u> Signed: <u>Amber Maunier</u>	7-2-21

*Printed copies of this document are not considered up to date. Please verify current version with master document online.*