

# HIPAA PHI Security Measures

School \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_

Contact Person \_\_\_\_\_

## I. Format of retained Protected Health Information (PHI)

Paper Records

Electronic Records

Other

Please describe \_\_\_\_\_

*Check appropriate Box(s)*

## II. Storage Location(s) of PHI materials

### A. List the space(s) within Department where PHI is secured:

I.E. Dean's Office, Medical Records Department, etc.

|   | Name of Space | Room Number (if available) |
|---|---------------|----------------------------|
| 1 | _____         | _____                      |
| 2 | _____         | _____                      |
| 3 | _____         | _____                      |
| 4 | _____         | _____                      |
| 5 | _____         | _____                      |

### B. List current methods used to secure storage spaces:

I.E. Electronic Access with Password protection , limited access locked door, etc.

|   |       |
|---|-------|
| 1 | _____ |
| 2 | _____ |
| 3 | _____ |
| 4 | _____ |
| 5 | _____ |

### C. List Methods used to secure PHI, within designated storage spaces:

I.E. - Uniquely keyed File cabinets, PW Protection for file access, etc.

|   |       |
|---|-------|
| 1 | _____ |
| 2 | _____ |
| 3 | _____ |
| 4 | _____ |
| 5 | _____ |

### D. List all individuals that have access to secured PHI information:

|    | Name  | Position | HIPAA Trained |
|----|-------|----------|---------------|
| 1  | _____ | _____    | _____         |
| 2  | _____ | _____    | _____         |
| 3  | _____ | _____    | _____         |
| 4  | _____ | _____    | _____         |
| 5  | _____ | _____    | _____         |
| 6  | _____ | _____    | _____         |
| 7  | _____ | _____    | _____         |
| 8  | _____ | _____    | _____         |
| 9  | _____ | _____    | _____         |
| 10 | _____ | _____    | _____         |

**Return completed form via campus mail to:  
Jim Calhoun, University HIPAA Privacy Officer  
Internal Audit Department, Administration Building**