



Business Associate HIPAA Compliance Status Questionnaire

It is difficult for Covered Entities to evaluate the HIPAA compliance status of their Business Associates. The following questionnaire will help a Covered Entity to determine their Business Associate's level of understanding of HIPAA rules and to gauge their compliance status.

COVERED ENTITY REQUESTING THE FORM:

About Company:

Company name:

Contact person:

Head quarters Address:

Phone:

Email:

Fax:

Website:

Other location address:



HIPAA Compliance Check list

Name of HIPAA Compliance Officer:

Address:

Phone:

Email:

- ✚ Is your HIPAA compliance officer certified as a Certified HIPAA Privacy Security Expert (CHPSE)?
- ✚ If you are not CHPSE certified then which other comprehensive HIPAA training was undertaken by the HIPAA compliance officer? Provide course outline (add separate sheet to answer this question).
- ✚ Date and duration of the training:
- ✚ Were ARRA's HITECH updates to HIPAA included in the training?
- ✚ Have any other employees who have gone through comprehensive training? Who has gone through which training?
- ✚ Are all employees trained in basic HIPAA training?
- ✚ Provide details of the course outline (add separate sheet to answer this question)
- ✚ Have you conducted a HIPAA Risk Analysis for Security and Privacy?
- ✚ When was it conducted and who performed it
- ✚ Have you done a vulnerability assessment of your network?
- ✚ Have you created HIPAA privacy policies? How many? Provide list (add a separate sheet to answer this question).
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- ✚ Are employees trained and informed about company policies created for HIPAA?
- ✚ Are you required to create a contingency plan? If yes, have you created a contingency plan? (if the answer is yes then respond to next 6 questions).
- ✚ Have you conducted an application and data criticality analysis? (Print the plan and keep it for review when the questionnaire is submitted).
- ✚ Have you conducted a facility risk assessment? (Print the plan and keep it for review when the questionnaire is submitted).
- ✚ Have you created a data center disaster recovery plan? (Print the plan and keep it for review when the questionnaire is submitted).
- ✚ Have you created a data backup plan? (Print the plan and keep it for review when the questionnaire is submitted).
- ✚ Have you created an Emergency Mode of Operations Plan? (Print the plan and keep it for review when the questionnaire is submitted).



- ✚ Have you created Emergency Mode of Operations Plan? (Print the plan and keep it for review when the questionnaire is submitted).
- ✚ When was the last time you conducted an audit to determine your HIPAA compliance status?
- ✚ Based on your knowledge, what date were you last you are HIPAA compliant?

Signed by HIPAA Compliance Officer:

Name and Date:

Signed by Chief Financial Officer :

Name and Date :

Signed by Director/President :

Name and Date :