



Business Associate HIPAA Compliance Status Questionnaire

The following questionnaire will help a covered entity to determine HIPAA compliance status of Business Associate. This editable PDF form can be sent to all Business Associates and they can type on it and send you completed form for your records.

COVERED ENTITY REQUESTING THIS FORM:

Business Associate Details:

About Company:

Company Name: _____

Contact Person: _____

Headquarters Address: _____

Phone: _____

Email: _____

Fax: _____

Website: _____

Other Locations Address in USA: _____

Address of Locations Outside USA: _____



HIPAA Compliance Check list

Name of HIPAA Compliance Officer: _____

Address: _____

Phone: _____

Email: _____

Is your HIPAA compliance officer certified as Certified HIPAA Privacy Security Expert (CHPSE)?

If you are not CHPSE certified then which other comprehensive HIPAA training is undertaken by HIPAA compliance officer. Provide course outline (Add separate sheet to answer this question):

Date of the training and how long was the training: _____

Were ARRA's HITECH updates & Omnibus Rule of 2013 to HIPAA included in the training?

Any other employees who have gone through comprehensive training? Who has gone through which training?:

Are all employees trained in basic HIPAA training? When was the last training done?

Provide details of the course outline of employee training (Add separate sheet to answer this



question):

Have you conducted HIPAA Risk Analysis for Security and Privacy? _____

When was it conducted & who performed it? _____

Have you done vulnerability assessment of your network?: _____

Have you created HIPAA privacy policies? When were they updated? Provide list of all the Privacy policies (add separate sheet to answer this question):

Have you created HIPAA security policies? When were they updated? Provide list of all the Security policies (add separate sheet to answer this question):

Are employees trained & informed about your company's policies created for HIPAA?

Are you required to create contingency plan? If yes, have you created contingency plan? When was it last tested (if answer is yes then respond to next 6 questions):

Have you conducted application & data criticality analysis? (We may request to review your plan based on response to the questionnaire):

Have you conducted facility risk assessment? (We may request to review your plan based on response to the questionnaire):

Have you created data center disaster recovery plan? (We may request to review your plan



based on response to the questionnaire):

Have you created data backup plan? (We may request to review your plan based on response to the questionnaire):

Have you created Emergency Mode of Operations Plan? (We may request to review your plan based on response to the questionnaire):

Have you created testing and revision procedures? (We may request to review your plan based on response to the questionnaire):

When was the last time you did audit to determine your HIPAA compliance status?:

Based on your knowledge, since which date you are HIPAA complaint?:

Do you outsource work to sub-contractors who may have access to our data and PHI?:

Are all your sub-contractors in USA? If not then please list in which countries are they located?:

Do you have business associate agreement with them to ensure HIPAA compliance of your subcontractors?:

Have your sub-contractors achieved HIPAA compliance?: _____

Signed by HIPAA Compliance Officer: _____



Name and Date: _____

Signed by Chief Financial Officer: _____

Name and Date: _____

Signed by Director/President: _____

Name and Date: _____