

HIPAA PRIVACY/SECURITY REG GAP ANALYSIS SURVEY

Please complete the questions below based on the following definition of Protected Health Information.

Protected Health Information. Information that identifies the individual, or could reasonably be used to identify the individual, and relates to a past, present, or future:
physical or mental health condition;
the provision of health care; or
payment for health care.

Examples of information that may include protected health information are: Rx Drug Card statements; utilization reports; claim reports; case management reports; check registers and funding requests; out-of-contract payment requests; claim forms; EOB's; pre-existing, accident or subrogation correspondence; coverage determination inquiries; medical record requests, Attending Physician Statements; treatment plans; stop-loss claim filings and payments; 50% or large case notices; lists of lasered individuals; COBRA notices and payments; FMLA and USERRA records for the health plan; wellness program reports; EAP records; and FSA or flex records. NOTE: Protected Health Information does not include employer records that did **not** originate or result from a health plan sponsored by the employer.

Department/Person:

Do you or your department receive, use or send Protected Health Information as defined above?

Yes No

If yes, complete the following questions:

1. List the type of protected health information and how it used:

Type of Information	How Information is Used

2. Is the protected health information in electronic or paper format?

Electronic Paper

3. How is the protected health information stored?

4. Is the protected health information disclosed to anyone else in the company? Yes No

If yes, please list the name/department and reason for disclosure:

Name/Department	Reason

5. Is the protected health information disclosed to anyone outside the company? Yes No

If yes, please list below the name, address and reason for disclosure:

Company/Person	Address	Reason