

Sample Hospital
PHI Assessment Form

Department: _____ Job Classification: _____

#	Type of PHI used in your Department	Currently, Does this job classification have access to this PHI?	How much access is needed to perform their assigned duties?	Action Needed to comply with HIPAA	Format	To whom do you communicate this PHI with?	If External, Identify specific Agency / Vendor / Health Care provider / etc* Complete a PHI Assessment Form for each entity identified * See reverse for additional required information	How is it stored and protected? (when in use)	How is it stored and protected? (when <u>not</u> in use)	How is it destroyed when it is no longer required to be kept?
1		<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> Change level of access <input type="checkbox"/> Put appropriate level of PHI access on job description <input type="checkbox"/> None	<input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic <input type="checkbox"/> Oral <input type="checkbox"/> Phone <input type="checkbox"/> Fax	<input type="checkbox"/> Internal _____ _____ _____ <input type="checkbox"/> External				
2		<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> Change level of access <input type="checkbox"/> Put appropriate level of PHI access on job description <input type="checkbox"/> None	<input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic <input type="checkbox"/> Oral <input type="checkbox"/> Phone <input type="checkbox"/> Fax	<input type="checkbox"/> Internal _____ _____ _____ <input type="checkbox"/> External				
3		<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> Change level of access <input type="checkbox"/> Put appropriate level of PHI access on job description <input type="checkbox"/> None	<input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic <input type="checkbox"/> Oral <input type="checkbox"/> Phone <input type="checkbox"/> Fax	<input type="checkbox"/> Internal _____ _____ _____ <input type="checkbox"/> External				
4		<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> Change level of access <input type="checkbox"/> Put appropriate level of PHI access on job description <input type="checkbox"/> None	<input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic <input type="checkbox"/> Oral <input type="checkbox"/> Phone <input type="checkbox"/> Fax	<input type="checkbox"/> Internal _____ _____ _____ <input type="checkbox"/> External				
5		<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> Change level of access <input type="checkbox"/> Put appropriate level of PHI access on job description <input type="checkbox"/> None	<input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic <input type="checkbox"/> Oral <input type="checkbox"/> Phone <input type="checkbox"/> Fax	<input type="checkbox"/> Internal _____ _____ _____ <input type="checkbox"/> External				