

Sample PHI Assessment Form:

#	1	2	3	4	5
Type of PHI					
Currently does this individual have access to this PHI	<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"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None
How much access is needed to perform the assigned duty	<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"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None
Action needed to comply with HIPAA	<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"/> Change level of access <input type="checkbox"/> Put appropriate level of PHI access on job description <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"/> Change level of access <input type="checkbox"/> Put appropriate level of PHI access on job description <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
Format	<input type="checkbox"/> Hard copy <input type="checkbox"/> Electronic <input type="checkbox"/> Oral <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> _____	<input type="checkbox"/> Hard copy <input type="checkbox"/> Electronic <input type="checkbox"/> Oral <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> _____	<input type="checkbox"/> Hard copy <input type="checkbox"/> Electronic <input type="checkbox"/> Oral <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> _____	<input type="checkbox"/> Hard copy <input type="checkbox"/> Electronic <input type="checkbox"/> Oral <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> _____	<input type="checkbox"/> Hard copy <input type="checkbox"/> Electronic <input type="checkbox"/> Oral <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> _____
To whom do you communicate this PHI with?	<input type="checkbox"/> Internal _____ _____ <input type="checkbox"/> External	<input type="checkbox"/> Internal _____ _____ <input type="checkbox"/> External	<input type="checkbox"/> Internal _____ _____ <input type="checkbox"/> External	<input type="checkbox"/> Internal _____ _____ <input type="checkbox"/> External	<input type="checkbox"/> Internal _____ _____ <input type="checkbox"/> External
If external, identify specific agency/vendor/health care provider/etc.					
How is it stored and protected (when in use)					
How is it stored and protected? (when not in use)					
How is it destroyed when it is no longer required to be kept?					