

HIPAA Security Rule Risk Analysis Checklist

General Instructions: The purpose of this checklist is to provide guidance to covered entities on how to perform a basis risk analysis as mandated by the HIPAA security rule. It is not intended to be a comprehensive listing of all possible threats, risk factors, and safeguards. (A more extensive risk analysis may be necessary depending on the types of EPHI present at your facility and the frequency of its use.) To perform a basis risk analysis using this checklist, complete each section and retain at least one copy of this document for up to six years as required by the security rule. Note that each section includes its own instructions.

Section I: Inventory of Electronic Protected Health Information

Instructions – Identify the types of personally identifiable information that are maintained, stored, or transmitted via computer networks or workstations at your place of business. Items in the listing below that are marked with a “+” symbol may require specific security attention.

- | | |
|---|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Account numbers |
| <input type="checkbox"/> Social security number | <input type="checkbox"/> Telephone/fax numbers |
| <input type="checkbox"/> Address | <input type="checkbox"/> Voice/fingerprints |
| <input type="checkbox"/> Date of birth (+) | <input type="checkbox"/> Photos |
| <input type="checkbox"/> Medical record number (+) | <input type="checkbox"/> Full-faced photographic images |
| <input type="checkbox"/> Hospital admission date (+) | <input type="checkbox"/> Email addresses |
| <input type="checkbox"/> Hospital discharge date (+) | <input type="checkbox"/> IP address (web URL) |
| <input type="checkbox"/> Date of death | <input type="checkbox"/> Any other unique identifying number, characteristic, or code |
| <input type="checkbox"/> Member or account number (+) | <input type="checkbox"/> Pre-existing medical condition (+) |
| <input type="checkbox"/> All ages over 89 | <input type="checkbox"/> Drug test results (+) |
| <input type="checkbox"/> Relatives' names | <input type="checkbox"/> Fitness-for-duty test results (+) |
| <input type="checkbox"/> Any vehicle/other device serial number | <input type="checkbox"/> Physician certifications (+) |
| <input type="checkbox"/> Health plan beneficiary numbers (+) | <input type="checkbox"/> Reports of injuries or illnesses (+) |
| <input type="checkbox"/> Certificate/license number | <input type="checkbox"/> Any other record relating to an individual's health status (+) |

Section II. Location of EPHI and Other Electronic Personally Identifiable Information

Instructions – Identify the physical location of any information specified above. This step will help you determine the types of controls that must be implemented in compliance with the security regulation.

- | | | |
|--|--|--|
| <input type="checkbox"/> Computer workstations | <input type="checkbox"/> Email servers | <input type="checkbox"/> Back-up systems |
| <input type="checkbox"/> Computer networks | <input type="checkbox"/> Fax servers | <input type="checkbox"/> Back-up media |

Section III. Internal and External Security Threat Assessment

Instructions - Identify potential threats and assess the risk level associated with each threat. Use the “Other” option to identify threats not included in each listing. Threat assessments (low, moderate, high, very high) should consider prior incidents and the current likelihood of an incident occurring or repeating.

	Low	Moderate	High	Very High
Natural Threats				
Floods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthquakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tornados	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hurricanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Low	Moderate	High	Very High
Human Threats:				
Unauthorized access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation of malicious software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental deletion of data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental transmission of data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft of back-up media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft of workstations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data entry errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____				

Environmental Threats:				
Fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power failures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous material spills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IV: Inventory of Existing Security Controls

Instructions – Identify existing security controls by placing a checkmark next to each existing item in the list below. Controls that have not been implemented may need to be adopted to ensure compliance with the security rule. Note: This is not a complete listing of all available, required, or addressable controls. As such, space has been provided to identify other existing safeguards. Refer to the complete text of the security rule for complete requirements.

- Unique user log-in processes
- Password requirements for system and network access
- Procedures to terminate passwords for separated employees
- Firewalls
- Procedures to report and document security incidents
- Anti-virus software
- Contingency plans / disaster recovery plans
- Data encryption
- Workstation monitoring
- System backups
- Offsite storage of backup media
- Storage of backup media in fireproof safe
- Storage of backup media in locked cabinet
- System security levels assigned based on business need
- Other: _____

Form Completed By:

Signature of Designated Security Official or
HR / IT Manager

Date