

# HIPAA Security Rule Project Form

**Instructions:** The purpose of this form is to document each of your compliance efforts as required by the HIPAA security rule, and should be used to address risk areas identified in your risk analysis. It includes space to identify a project coordinator, the applicable security standard, specific action steps, the person(s) assigned responsible for each action step, and the date of overall project completion. Use additional forms as needed.

## I. General Information

Project Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Project Coordinator: \_\_\_\_\_

## II. Applicable Security Standard: (Select one from the list below).

### Administrative Safeguards

- ☐ Security Management Process
- ☐ Assigned Security Responsibility
- ☐ Workforce Security
- ☐ Information Access Management
- ☐ Security Awareness Training
- ☐ Security Incident Procedures
- ☐ Contingency Plan
- ☐ Evaluation
- ☐ Business Contracts and Other Arrangements

### Physical Safeguards

- ☐ Facility Access Controls
- ☐ Workstation Use
- ☐ Workstation Security
- ☐ Device and Media Controls

### Technical Safeguards

- ☐ Access Control
- ☐ Audit Controls
- ☐ Integrity
- ☐ Person or Entity Authentication
- ☐ Transmission Security

## III. Action Steps

1. \_\_\_\_\_  
\_\_\_\_\_

Assigned to: \_\_\_\_\_ Date of Completion \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Assigned to: \_\_\_\_\_ Date of Completion \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Assigned to: \_\_\_\_\_ Date of Completion \_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

Assigned to: \_\_\_\_\_ Date of Completion \_\_\_\_\_

## IV. Project Completion

Sign below to certify that all assigned action steps have been completed, and retain this form for up to six years as required by HIPAA security documentation requirements.

\_\_\_\_\_  
Signature of Project Coordinator

\_\_\_\_\_  
Date of Project Completion