Generate a HIPAA-compliant IT Risk Assessment questionnaire for use by the medical office

Technical Safeguards:
a. Does the medical office have policies and procedures in place to control access to electronic PHI (ePHI)?
b. Are access controls in place to ensure that only authorized users can access ePHI?
c. Are there procedures in place to log, track and monitor access to ePHI?
d. Does the medical office have a system in place to encrypt and decrypt ePHI?
e. Are there procedures in place to protect ePHI from unauthorized access during transmission?
f. Are there procedures in place to regularly update and patch systems that access or store ePHI?
Physical Safeguards:
a. Is the medical office's facility secure and is access to it controlled?
b. Are workstations that access or store ePHI located in a secure area?
c. Are there procedures in place to ensure that workstations are locked when not in use?
d. Are there procedures in place for the secure disposal of hardware and media that contain ePHI?
Administrative Safeguards:
a. Does the medical office have security management processes in place to protect ePHI?
b. Are there designated security personnel responsible for the protection of ePHI?
c. Are procedures in place for the management of access to ePHI?
d. Are there procedures in place for the reporting and investigation of security incidents?
e. Are there procedures in place for the regular testing of security controls?
f. Are there procedures in place for the enforcement of security policies and procedures, including disciplinary action for violations?

Note: This questionnaire is not intended to be exhaustive and the Office should consult the HIPAA regulation (45 CFR 164.308) for a complete list of requirements.
Regenerate response

Generate a HIPAA-Compliant Asset and Device Audit for use by the medical office

Identify all devices and equipment in the medical office that access, store or transmit ePHI:
a. Make a list of all hardware devices, such as computers, laptops, servers, smartphones, tablets, and storage devices.
b. Identify the location and purpose of each device.

1. c. Identify the individuals and/or departments responsible for each device.

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Verify that all devices are properly secured:
a. Check that all devices are password protected and that the passwords are changed regularly.
b. Verify that all devices are physically secured when not in use.
c. Check that all devices are protected from unauthorized access, including physical access, network access, and remote access.
d. Verify that all devices are running up-to-date anti-virus software and that the software is configured to update automatically.
2. e. Verify that all devices are configured to automatically lock or encrypt data when inactive.

Verify that all devices are properly configured:
a. Check that all devices are configured to comply with the medical office's security policies and procedures.
b. Verify that all devices are configured to comply with HIPAA regulations.
c. Check that all devices are configured to track and log access to ePHI.
d. Verify that all devices are configured to encrypt and decrypt data, as appropriate.
3. e. Check that all devices are configured to securely transmit ePHI.

Verify that all devices are properly maintained:
a. Check that all devices are regularly checked for vulnerabilities and that any vulnerabilities are addressed.
b. Verify that all devices are regularly backed up and that the backups are tested.
c. Check that all devices are regularly updated and patched.
4. d. Verify that all devices are regularly checked for compliance with the medical office's security policies and procedures.

Document the results of the audit:
a. Create a report of the audit findings.
b. Identify any vulnerabilities or non-compliant devices.
c. Provide recommendations for addressing any vulnerabilities or non-compliant devices.
5. d. Document the date of the audit and the name of the auditor.

Note: This questionnaire is not intended to be exhaustive and the Office should consult the HIPAA regulation (45 CFR 164.310, 164.314) for a complete list of requirements.

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