Date: _____

In order to ensure that patients' privacy is protected as much as possible, we do a monthly risk assessment to ensure that there are no situations or changes that could create issues. A full risk assessment is performed annually and/or any time changes are made to the office that could affect the privacy of patient information.

Monthly Risk Assessment*: (explain answers in the spaces provided)*

Have any physical structures been altered or changed? ___ Yes ___ No

Are all security systems working properly (alarms, door locks, computer firewalls, etc.)? ___ Yes ___ No

Have any new employees been added? ___ Yes ___ No

Have they been trained on HIPAA regulations? ___ Yes ___ No

Have any employees been terminated? ___ Yes ___ No

Were locks/passwords/access codes, etc. changed? ___ Yes ___ No

Are there any new business associates? ___ Yes ___ No

Have all new business associates signed an agreement? ___ Yes ___ No

Have audits or notifications shown any attempts of someone breaching the computer system? ___ Yes ___ No

Have any changes been made to the computer system that could affect security? ___ Yes ___ No