

## CALOHII COMPLIANCE PROGRAM - ARTIFACT REQUEST LIST

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For additional help on policies and procedures - refer to the *Tips and Tools* section of the Compliance Review page on the CalOHII website.

#	Checklist	Title	Description
1	<input type="checkbox"/>	Accounting of Disclosures (a)	Documentation describing <b>how</b> the organization processes a request to provide an Accounting of Disclosures (including how the organization receives, tracks, accesses and processes such requests).  <i>This should be enterprise-level documentation and/or desk level reference documentation (such as desk guides) - or electronic equivalent. If electronic, please save as soft copy and include with your response.</i>
2	<input type="checkbox"/>	Accounting of Disclosures (b)	Provide copies of the following: 1. The organization's most recent Accounting for a Disclosure of Health Information (PHI/ePHI), 2. The organization's Disclosure tracking log/report.
3	<input type="checkbox"/>	Authorizations for Disclosure (a)	Documentation of organization's policies & procedures for Authorizations for the Release of Health Information (PHI/ePHI), describing both <b>what</b> the organization does, and <b>how</b> the organization complies with the requirements to allow and accept Authorizations for Disclosure from the individual/patient (including an explanation of the process utilized to determine whether the Authorization is valid - that it contains the required elements, and how organization staff would access such tracking).  <i>This should be enterprise-level documentation and/or desk level reference documentation (such as desk guides) - or electronic equivalent. If electronic, please save as soft copy and include with your response.</i>
4	<input type="checkbox"/>	Authorizations for Disclosure (b)	Provide copies of the following: 1. The organization's Authorization tracking log/report. 2. The organization's most recent Authorization for Disclosure of Health Information (PHI/ePHI).

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#	Checklist	Title	Description
5	<input type="checkbox"/>	Breach Documentation and Log (a)	Documentation of organization's policies defining the breach response and the specific procedures related to <b>how</b> the breach is initially reported, tracked, investigated, processed through closure.  <i>This should be enterprise-level documentation and/or desk level reference documentation (such as desk guides) - or electronic equivalent. If electronic, please save as soft copy and include with your response.</i>
6	<input type="checkbox"/>	Breach Documentation and Log (b)	A list of <b>all</b> the organization's breach(s) that have occurred in the most recent 12-month period. The list or log should include <u>(at a minimum)</u> the following information: <ul style="list-style-type: none"> <li>- Date of Event,</li> <li>- Brief Description of Breach/Suspected Breach,</li> <li>- Whether a Risk Analysis was conducted,</li> <li>- Brief Description of Result of Risk Analysis, Corrective Action Plan, and Mitigation,</li> <li>- Was it a confirmed Breach,</li> <li>- Were notifications sent, and to how many individuals.</li> </ul>
7	<input type="checkbox"/>	Breach Notification (a)	All documentation regarding the process/procedures/steps the organization follows regarding breach notifications and reporting. For example, how affected patients are notified, as well as all internal and external stakeholders (such as Cal-CSIRS, media, Secretary of Health and Human Services, etc.)
8	<input type="checkbox"/>	Breach Notification (b)	A copy of the organization's breach notification (also known as patient notification) related to the most recent breach activity <i>(if any)</i> , or a template for breach notification, or both.
9	<input type="checkbox"/>	Business Associate Agreement (a)	Documentation that describes <b>how</b> the organization will conduct oversight of the Business Associate to ensure they comply with requirements outlined in the BAA, MOU or IA.

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#	Checklist	Title	Description
10	<input type="checkbox"/>	Business Associate Agreement (b)	Provide the following: 1. A copy of the organization's BAA template, 2. A recently executed BAA your organization has initiated, 3. A BAA your organization has recently entered into as a Business Associate.
11	<input type="checkbox"/>	Companion Guide(s) for Transaction and Code Sets <i>(for HIPAA standard transactions and code sets)</i>	Companion Guides (associated with the organization's identified electronic transactions) that are currently used with other organizations, including: 1. One complete companion guide, 2. Copies of cover page and table of contents for remaining companion guides.
12	<input type="checkbox"/>	Contingency Plan / Disaster Recovery Plan <i>(Technology Recovery Plans)</i>	Documentation that demonstrates the organization complies with Policies and Procedures requirements, specifying <b>how</b> to respond to an emergency, or other unexpected occurrences, that may damage systems containing Health Information (PHI/ePHI). Provide the following: 1. Created and implemented Plans, 2. Documentation of periodic testing results, and corrective actions to address to any issues/gaps.
13	<input type="checkbox"/>	Business Continuity Plan <i>(Emergency Mode of Operation Plan)</i>	Documentation that demonstrates the organization complies with Policies and Procedures requirements, specifying <b>how</b> to continue critical business practices for the protection of Health Information (PHI/ePHI) while operating in an emergency mode. Provide the following: 1. Created and implemented Plans, 2. Documentation of periodic testing results, and corrective actions to address any issues/gaps.

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#	Checklist	Title	Description
14	<input type="checkbox"/>	Data Backup Plan	Documentation that demonstrates the organization complies with Policies and Procedures requirements, specifying <b>how</b> datasets containing electronic Health Information (ePHI) are backed up including associated restoration steps (e.g., <i>checklists, schedules, prioritization, etc.</i> ). 1. Created and Implemented Plans, 2. Documentation of periodic testing results, and corrective actions to address any issues/gaps.
15	<input type="checkbox"/>	Data Destruction	Documentation that specifies the organization's methods for retaining and destroying: 1. Hardcopy documents containing Health Information (PHI), 2. Electronic media containing electronic Health Information (ePHI).
16	<input type="checkbox"/>	Facility Security Plan ( <i>Safeguards</i> )	Documentation of organization's implemented Procedures ( <b>how</b> ) to safeguard the facility(s) and the equipment within the facility from unauthorized physical access, tampering, and theft.
17	<input type="checkbox"/>	Health Information (PHI/ePHI) locations	Documentation or inventory of Health Information locations within the organization's system & applications (including the flow of Health Information (PHI/ePHI)). <i>Examples of documentation includes: logical or physical data mapping.</i>
18	<input type="checkbox"/>	Incident Reporting	Documentation of the organization's implemented Policies regarding security incidents. Additionally, the processes/procedures that defines a security incident, describes <b>how</b> the organization's workforce reports security incidents, and <b>how</b> the organization responds, tracks, mitigates and resolves the incident.  <i>This should be enterprise-level documentation and/or desk level reference documentation (such as desk guides) - or electronic equivalent. If electronic, please save as soft copy and include with your response.</i>

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#	Checklist	Title	Description
19	<input type="checkbox"/>	Patient's ( <i>Individual's</i> ) Right to Access Health Information	Documentation of organization's Policies and Procedures, or information describing both <b>what</b> the organization does, and <b>how</b> the organization complies with the requirements to allow patient's access to their Health Information (including how the organization receives, tracks, accesses, and processes such requests - including denials and appeals).  <i>This should be enterprise-level documentation and/or desk level reference documentation (such as desk guides) - or electronic equivalent. If electronic, please save as soft copy and include with your response.</i>
20	<input type="checkbox"/>	Patient's ( <i>Individual's</i> ) Right to Amend Medical Records	Documentation of organization's Policies and Procedures, or information describing both <b>what</b> the organization does, and <b>how</b> the organization complies with the requirements to allow patients to amend their Medical Record(s) (including how the organization receives, tracks, accesses, and processes such requests - including denials and appeals).  <i>This should be enterprise-level documentation and/or desk level reference documentation (such as desk guides) - or electronic equivalent. If electronic, please save as soft copy and include with your response.</i>
21	<input type="checkbox"/>	List of Transmitted and Received HIPAA Standard Transactions	Provide a list of all Transactions and Code Sets in use at the organization.
22	<input type="checkbox"/>	Device and Media Controls	Documentation of organization's Policies and Procedure, and information that describes <b>how</b> devices and media containing Health Information (PHI/ePHI) are handled (the processes organization uses to receive, store, wipe <i>clean</i> , destroy, and account for, etc.).
23	<input type="checkbox"/>	Notice of Privacy Practices (NOPP)	Provide a copy of the organization's NOPP (the document that would be provided to a patient, consumer, subscriber, etc.)

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#	Checklist	Title	Description
24	<input type="checkbox"/>	Privacy Training Documentation and Tracking	Documentation regarding the organization's implementation of privacy training - this includes: 1. Documentation defining the training program/requirements, to include <b>how</b> training is delivered, tracked, and maintained, 2. Copy of the current privacy training materials, 3. Copy of training tracking logs.
25	<input type="checkbox"/>	Security Management Process - Risk Assessment / Analysis (a)	Provide a copy of the organization's Policies and Procedures to assess potential risks and threats to Health Information (PHI/ePHI).
26	<input type="checkbox"/>	Security Management Process - Risk Assessment / Analysis (b)	Provide a copy of the organization's most recently performed risk assessment(s) (e.g., Report) - including the identified gaps and corrective action plan(s).
27	<input type="checkbox"/>	Security Awareness and Training	Documentation regarding the organization's implementation of security awareness and training - this includes: 1. Documentation defining the security awareness and training program, to include how training is delivered, tracked and maintained, 2. Copy of the current security training materials, 3. Copies of recent security reminders, 4. Copy of training and awareness tracking logs.
28	<input type="checkbox"/>	Security Evaluation(s)	Provide the organization's most recent technical evaluation (such as a network scan, or security rule evaluation).
29	<input type="checkbox"/>	Requirements for Telehealth	Documentation of the organization's implemented Policies and Procedures for using telehealth to deliver health care services (if organization's business practices utilize telehealth).

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30	<input type="checkbox"/>	Trading Partner Agreement (TPA)	Provide the following: 1. A copy of the organization's TPA template, 2. A recently executed TPA your organization has initiated to receive transactions, 3. A TPA your organization has recently entered into to send transactions.
31	<input type="checkbox"/>	Workstation Use & Security	Documentation of organization's Policies and Procedures for maintaining secure access to workstations/systems (including mobile devices) containing electronic Health Information (ePHI) - this should include physical, administrative and technical security access measure.  <i>This should be enterprise-level documentation and/or desk level reference documentation (such as desk guides) - or electronic equivalent. If electronic, please save as soft copy and include with your response.</i>
32	<input type="checkbox"/>	List of Privacy Policies and Procedures	Provide a listing of all existing (current) organization Privacy Policies and Procedures and Plans. At a minimum, this list should address the SHIPM required Policies and Procedures, as well as any SAM required Policies and Procedures.  <i>This is only a request for a list, not the actual document(s).</i>
33	<input type="checkbox"/>	List of Security Policies and Procedures	Provide a listing of all existing (current) organization Security Policies and Procedures and Plans. At a minimum, this list should address the SHIPM required Policies and Procedures, as well as any SAM required Policies and Procedures.  <i>This is only a request for a list, not the actual document(s).</i>