**Statewide Health Information Policy Manual (SHIPM) 4.1.2 – Privacy Training**

*Compliance Review Tool Question #80*

## Artifact Must Haves and Best Practices

| **Item #** | **Topic** | **Covered (Y or N)** | **Comment** |
| --- | --- | --- | --- |
| 1 | Did the organization submit artifact(s) regarding workforce Privacy Training? | Y🞏 N🞏 |  |
| 2 | Does the artifact(s) document that training is provided to each new workforce member within a reasonable period of time after the person joins the workforce and prior to accessing health information? | Y🞏 N🞏 |  |
| 3 | Does the artifact(s) indicate that workforce members are trained in Privacy P&Ps at least annually? | Y🞏 N🞏 |  |
| 4 | With regards to the training content: |  |  |
| 4a | * Is the training content role-based – general workforce versus specific role/function? | Y🞏 N🞏 |  |
| 4b | * Does the training provide references to the organization’s P&P? | Y🞏 N🞏 |  |
| 4c | * Does the training establish rules of conduct and instruct each workforce member about the rules and procedures concerning the privacy of individuals’ information? | Y🞏 N🞏 |  |
| 5 | Is training updated and provided within a reasonable period of time after a material change in the policies and procedures becomes effective? | Y🞏 N🞏 |  |
| 6 | Is training documented in writing, which may be an electronic training record, and include which workforce members were trained, topics covered, and training dates? | Y🞏 N🞏 |  |
| 7 | Does the training tracking documentation and/or training logs (*tracking of workforce by individual*), at a minimum, include the following: |  |  |
| 7a | * Date of training? | Y🞏 N🞏 |  |
| 7b | * Name of individual? | Y🞏 N🞏 |  |
| 7c | * Course name? | Y🞏 N🞏 |  |
| 8 | Does the artifact(s) have official review/acceptance: |  |  |
| 8a | * Effective Date? | Y🞏 N🞏 |  |
| 8b | * Revision Date? | Y🞏 N🞏 |  |
| 8c | * Authorizing Sr./Executive Management Signature? | Y🞏 N🞏 |  |

Title(s) of Submitted Policy/Document/Artifact(s) Reviewed:

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Stored Location of, or link to Artifact(s) Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Overall CalOHII Reviewer Comments (*optional*):

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Name of CalOHII Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_

Title of or link to Other Source(s) used (e.g., sources not in checklist, templates)

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/training>