**Statewide Health Information Policy Manual (SHIPM) 3.1.1 – Contingency Plan**

*Compliance Review Tool Question # 32 and 36*

## Artifact Must Haves and Best Practices

| **Item #** | **Topic** | **Covered (Y or N)** | **Comment** |
| --- | --- | --- | --- |
| 1 | Was documentation (artifact) provided to demonstrate how the state entity plans to respond to an emergency or other unexpected occurrence that may damage systems containing health information? |  |  |
| 2 | Does the artifact(s) establish procedures that allow facility access in support of restoration of lost data under the Technology Recovery Plan and Business Continuity Plan in the event of an emergency? |  |  |
| 3 | Does the artifact(s) contain procedures to continue critical business practices for protection of health information while operating in an emergency mode? |  |  |
| 4 | Does the artifact(s) contain a business impact assessment **or** an applications and data criticality analysis to identify threats and vulnerabilities, identify preventive controls and counter measures, and identify critical functions and systems in order to prioritize them based on necessity? |  |  |
| 5 | Does the artifact(s) include procedures for how the state entity will stay functional in a disastrous state? |  |  |
| 6 | Does the artifact(s) require the state entity to conduct regular training to prepare individuals on their expected tasks? |  |  |
| 7 | Does the artifact(s) require the state entity to conduct regular tests and exercises to identify any deficiencies and further refine the plan? |  |  |
| 8 | Does the artifact(s) specify the handling of health information? |  |  |
| 9 | Does the artifact(s) have official review/acceptance: | n/a |  |
| 9a | * Effective Date? |  |  |
| 9b | * Revision Date? |  |  |
| 9c | * Authorizing Sr./Executive Management Signature? |  |  |

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:

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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) – *optional*: