



Sample - Interview and Document Request for HIPAA Security Onsite Investigations and Compliance Reviews

1. Personnel that may be interviewed
 - President, CEO or Director
 - HIPAA Compliance Officer
 - Lead Systems Manager or Director
 - Systems Security Officer
 - Lead Network Engineer and/or individuals responsible for:
 - administration of systems which store, transmit, or access Electronic Protected Health Information (EPHI)
 - administration systems networks (wired and wireless)
 - monitoring of systems which store, transmit, or access EPHI
 - monitoring systems networks (if different from above)
 - Computer Hardware Specialist
 - Disaster Recovery Specialist or person in charge of data backup
 - Facility Access Control Coordinator (physical security)
 - Human Resources Representative
 - Director of Training
 - Incident Response Team Leader
 - Others as identified....
2. Documents and other information that may be requested for investigations/reviews
 - a. Policies and Procedures and other Evidence that Address the Following:
 - Prevention, detection, containment, and correction of security violations
 - Employee background checks and confidentiality agreements
 - Establishing user access for new and existing employees
 - List of authentication methods used to identify users authorized to access EPHI
 - List of individuals and contractors with access to EPHI to include copies pertinent business associate agreements
 - List of software used to manage and control access to the Internet
 - Detecting, reporting, and responding to security incidents (if not in the security plan)
 - Physical security
 - Encryption and decryption of EPHI
 - Mechanisms to ensure integrity of data during transmission - including portable media transmission (i.e. laptops, cell phones, blackberries, thumb drives)
 - Monitoring systems use - authorized and unauthorized
 - Use of wireless networks
 - Granting, approving, and monitoring systems access (for example, by level, role, and job function)
 - Sanctions for workforce members in violation of policies and procedures governing EPHI access or use
 - Termination of systems access



- Session termination policies and procedures for inactive computer systems
 - Policies and procedures for emergency access to electronic information systems
 - Password management policies and procedures
 - Secure workstation use (documentation of specific guidelines for each class of workstation (i.e., on site, laptop, and home system usage)
 - Disposal of media and devices containing EPHI
- b. Other Documents:
- Entity-wide Security Plan
 - Risk Analysis (most recent)
 - Risk Management Plan (addressing risks identified in the Risk Analysis)
 - Security violation monitoring reports
 - Vulnerability scanning plans
 - Results from most recent vulnerability scan
 - Network penetration testing policy and procedure
 - Results from most recent network penetration test
 - List of all user accounts with access to systems which store, transmit, or access EPHI (for active and terminated employees)
 - Configuration standards to include patch management for systems which store, transmit, or access EPHI (including workstations)
 - Encryption or equivalent measures implemented on systems that store, transmit, or access EPHI
 - Organization chart to include staff members responsible for general HIPAA compliance to include the protection of EPHI
 - Examples of training courses or communications delivered to staff members to ensure awareness and understanding of EPHI policies and procedures (security awareness training)
 - Policies and procedures governing the use of virus protection software
 - Data backup procedures
 - Disaster recovery plan
 - Disaster recovery test plans and results
 - Analysis of information systems, applications, and data groups according to their criticality and sensitivity
 - Inventory of all information systems to include network diagrams listing hardware and software used to store, transmit or maintain EPHI
 - List of all Primary Domain Controllers (PDC) and servers
 - Inventory log recording the owner and movement media and devices that contain EPHI

Notes