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Effective Date:	April 2005	**Policy No:**	HIPAA-12
Cross Referenced:		**Origin:**	Compliance Officer
Reviewed Date:	10/08, 7/12	**Authority:**	Chief Operating Officer
Revised Date:		**Page:**	1 of 2

Purpose

Hackettstown Regional Medical Center (HRMC) is committed to implementing formal hardware, software, and/or procedural mechanisms to address and/or improve operational processes to maintain HIPAA Compliance. As such, HRMC will continually assess potential risks and vulnerabilities to HIPAA regulations, and develop, implement, and maintain appropriate administrative policies and procedures as required.

Policy

The policies and procedures stated herein apply to all system users (HRMC Employees, Medical Staff, Contractors, Students, Volunteers, Agency Personnel, and Agents)   hereafter referred to as employees of Hackettstown Regional Medical Center. In an effort to ensure that HRMC is in compliance with all HIPAA regulations, the HRMC HIPAA Compliance Team will perform periodic audits. As an integral part of the audit process, HRMC will conduct an in-house audit to assess adherence to policies and procedures, identifying recommend improvements or changes, and non-compliance items requiring correction. Follow up audits will be performed to address all non-compliance items.

6. **Procedures**

1. The HRMC HIPAA Compliance Team will establish a schedule, and perform routine audits to determine compliance with all HIPAA regulations. The audit process will include an in-house audit to assess adherence to policies and procedures, identifying recommend improvements or changes, and non-compliance items requiring correction. Follow up audits will be performed to address all non-compliance items.

2. A predetermined HIPAA compliance list will be used to perform the audits (attached). The compliance list will include all major components of HIPAA Privacy and Security. The HRMC HIPAA Policies will be used as the foundation for the compliance list.

3. Audit results will be documented to identify date of audit, department audited, items that are within compliance, and items that need to be changed or corrected.

4. A list of items that need to be changed or corrected will be forwarded to the respective Department Manager/Director for corrective action. An open issue log will be maintained for follow-up communication, including identification of how and when the compliance issue was addressed.

5. Periodic audits will be performed to determine System Access Compliance (employees should only access patient data that is specific to their job responsibilities). All violations will be addressed with the respective Department Manager and HRMC HIPAA Privacy/Security Officer to determine corrective action. Audits could include, but not limited to:

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a) Review of ePHI records access for a random sampling of workforce members who have received healthcare services by HRMC.

b) Comparison of a random sampling of HRMC workforce members assigned work schedules to ePHI systems access.

c) Review of patient records access for a random sampling of HRMC workforce members out on sanctioned leave (e.g. vacation, sabbatical etc.)

d) Review of access to Patient Census lists with comparison to workforce member nursing unit coverage assignments, using random user ID sampling.

e) Audit recently terminated employees to determine that their password has been inactivated or deleted from systems access, and the employee PDP file has been updated accordingly.

The policies and procedures established herein, including all derivative documents for audit control procedures, will be documented, updated and maintained in a current manner.