

# Compliance & Privacy Walk-Through Report

Department:

Location:

Manager/Supervisor:

Date and Time:

UConn Health’s Office of Healthcare Compliance & Privacy conducts exercises in departments, clinics, and units to identify compliance- and privacy-related challenges, opportunities for improvement, and strengths. This report details responses from staff and observations made during completion of such an exercise. Please review the results below and contact the Office of Healthcare Compliance & Privacy with any questions ([ohcp@uchc.edu](mailto:ohcp@uchc.edu)).

PHYSICAL ENVIRONMENT	MET	NOT MET	N/A
ID badges worn at or above waist. <b>COMMENTS:</b>			
Vendor ID badges visible. <b>COMMENTS:</b>			
Sign-in sheets include first name only (no PHI). <b>COMMENTS:</b>			
Visitors readily identifiable in clinical areas and escorted by staff when appropriate. <b>COMMENTS:</b>			
Documents containing PHI not left unattended or unsecured. No PHI posted in public areas, e.g., clinic schedules. <b>COMMENTS:</b>			
No PHI found in wastebaskets, recycle bins, or other unsecure disposal receptables. <b>COMMENTS:</b>			
Locked shred bins available for proper disposal of PHI. <b>COMMENTS:</b>			

Unattended workstations not logged in to electronic medical record or PHI-containing applications. <b>COMMENTS:</b>			
Fax coversheets display appropriate confidentiality statement. <b>COMMENTS:</b>			
Observed staff taking reasonable precautions when discussing PHI, such as speaking softly in public areas. <b>COMMENTS:</b>			
Doors and privacy curtains closed as appropriate to maintain patient privacy and security. <b>COMMENTS:</b>			
Workstations and computer monitors either positioned to prevent or otherwise protect against unauthorized persons obtaining PHI (beyond incidental disclosure), including use of automatic screen savers. <b>COMMENTS:</b>			
No passwords displayed/evident at or near workstations. <b>COMMENTS:</b>			
Copiers, fax machines and printers located in secure areas. <b>COMMENTS</b>			
Current <b>Patient Rights &amp; Responsibilities</b> posted. <b>COMMENTS:</b>			
Current <b>Patient Rights &amp; Responsibilities</b> available upon request. <b>COMMENTS:</b>			
Current <b>Notice of Privacy Practices</b> posted. <b>COMMENTS:</b>			
Current <b>Notice of Privacy Practices</b> available upon request. <b>COMMENTS:</b>			

INTERVIEW QUESTIONS	MET	NOT MET	N/A
Interviewed staff accurately described examples of when and how to contact the Office of Healthcare Compliance & Privacy. <b>COMMENTS:</b>			
Interviewed staff accurately described how to access/locate the University of Connecticut Code of Conduct and UConn Health compliance and privacy policies. <b>COMMENTS:</b>			
Interviewed staff correctly identified the UConn Health Chief Privacy Officer and Security Officer. <b>COMMENTS:</b>			
Interviewed staff identified at least two methods for reporting compliance and HIPAA privacy concerns. <b>COMMENTS:</b>			
Interviewed staff recognize and understand the limitations applicable to specific patient PHI restriction requests, such as Confidential Patient and Private Encounter designations in Epic. <b>COMMENTS:</b>			
Interviewed staff accurately described limitations and circumstances for disclosing PHI in hard copy, in voicemails, and to patient's friends/family/representatives. <b>COMMENTS:</b>			
Interviewed staff accurately described how to verify identity and authority of someone requesting PHI. <b>COMMENTS:</b>			
Interviewed staff accurately described requirements and processes for sending PHI via email and fax. <b>COMMENTS:</b>			
Interviewed staff accurately described staff limitations regarding access to medical records, including own, minor children, and other family members. <b>COMMENTS:</b>			
Interviewed staff accurately described limitations for accepting gifts, gratuities, tips, tickets, food, promotional items, etc. from patients, vendors, and physicians. <b>COMMENTS:</b>			

**OTHER OBSERVATIONS**

**RECOMMENDATIONS**

Report Completed By:

Report Submitted To: