

HIPPA PRIVACY AND SECURITY PERFORMANCE AUDIT SURVEY FOR SELECTED COVERED ENTITIES

Instructions

Your organization is part of the pool of contract agencies from which the Department of Behavioral Health (DBH) will select the random subjects of a HIPAA privacy and security performance audit. Please provide the information requested below by checking the appropriate boxes and following instructions to answer questions related to your operations. Answer questions to the best of your knowledge.

Objective

This survey is intended to gather data about the size and complexity of potential auditees subject to HIPAA privacy and security performance audits.

Information Requested

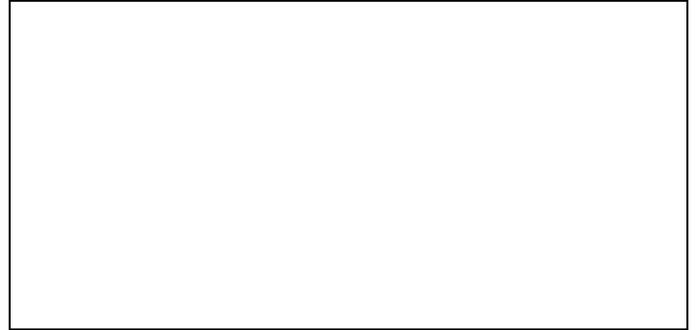
Contact Information	
Name:	
Title:	
Covered Entity Name:	
Email address:	

- Entity is: (check one)*
 Covered Entity Business Associate
- Entity is: (check one)
 Multi-location Single location only
- Policies and Procedures are: (check one)
 Developed and managed in-house
 Dictated by parent company
- Entity Type: (check one)
 Health Care Provider
 Health Plan
 Health Care Clearinghouse

*As defined in Code of Federal Regulations, Title 45, Section 160.103 (1)-(3).

HEALTH CARE PROVIDERS (cont')

1. What is the current number of clinicians, physicians, professionals, alcohol & drug counselors and administrative employees on staff?



2. What is the current number of employees with access to your billing system?



3. Do you currently use electronic medical records?



HEALTH PLANS

4. What is the current total number of unduplicated clients your agency serves?

5. What is the total number of claims processed monthly?

6. What is the total revenue for the most recent fiscal year?