



HIPPA TRAINING JULY



***“Patient Privacy Compliant /
Visitor Log / Temp/Float Log”***



MEDICAL MANAGEMENT, LLC

The Physician Practice Management Company®

Patient Complaint Form: PF-9000

HIPAA FORM PF-9000
PRIVACY COMPLAINT INTAKE FORM
See Policy P-8100 : Submission of Complaints

Date of the Complaint:

Information on the person filing the complaint:

Name

Address

City, State, Zip Code

Date of the Incident the incident

Location of the Incident

Persons Involved

Nature of the Breach

Harm to the patient

Statement by Person Making the Complaint

Statement by Any Witnesses

Person(s) Notified

This page is to be filled out by the patient or the patient's representative



This page is to be filled out by the Privacy Officer assisted by the doctor or supervisor



Page 2 of 2 (To be completed by Privacy Officer)

LEVEL OF OFFENCE:

- Level 1 – A single designated person can resolve the issue in a short amount of time.
- Level 2 – The incident requires the attention of other staff.
- Level 3 – This is a serious security incident requiring an organized response team.

Identified Privacy/Security Deficiency

Determination as to how the incident could have been prevented

Determination as to the appropriate corrective action

Reviewed by

Date

Signature Field

This incident has been resolved according to practice policies and procedures.

Use these documents with pg. 1 of PF-8000 HIPAA Incident Report Form



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Non-Patient Visitor Log for Front Desk: SF-1010



KEEP THIS LOG FOR 6 YEARS FROM LAST DATE

HIPAA Form SF1010

Non-Patient Visitors

PLEASE SIGN IN BELOW

NON patient Visitors (Pharmaceutical Representatives, Medical Equipment sales, etc.)		
Today's Date _____		
1. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
2. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
3. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
4. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
5. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
6. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
7. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
8. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
9. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
10. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
10. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
10. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		

- Have all non-patient visitors sign in and sign out
- Escort all visitors while they are in the facility
- Monitor areas with patient information (front desk computers, offices that may have doors open, etc.)

Keep the log for six years from last date on form!



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Float/Temp Log: Form SF-1080

Form SF-1080

TEMPORARY AND/OR FLOAT POOL

ACCESS TO PATIENT INFORMATION

CARETRACKER LOG IN POLICY AND PROCEDURE

Policy for Office Manager, Supervisor or Regional Manager

Purpose: To protect the medical information of our patients we need to be able to track who is given what access to the information, when and where.

1. Contact the Help Desk and ask for a Temporary Log In for the Float/Temp.
2. Inform the Help Desk what access the Temp will need, i.e. Demos, Med Records (no MD financial information)
3. **You** assign the Log In and Password, always using the same format: For example: Your office name, the Temp/float's first name and the last 4 digits of the employee's social security number "LPCJane3333" or "DLRDolanJane3333". Ask the float/temp or HR for the Temp's Social Security last four digits.
4. Keep a log of your Temps/Floats (see attached) so that if a privacy or security breach is discovered, we will be able to trace it back to the employee if applicable.
5. When the Temp/Float has completed their assignment in your office, notify the Help Desk to terminate their access.

FORM S-1080 PART 2

LOG OF TEMPORARY / FLOAT EMPLOYEE ACCESS TO PATIENT INFORMATION

START DATE: _____ EMPLOYEE NAME: _____ END DATE: _____

START DATE: _____ EMPLOYEE NAME: _____ END DATE: _____

START DATE: _____ EMPLOYEE NAME: _____ END DATE: _____

START DATE: _____ EMPLOYEE NAME: _____ END DATE: _____

START DATE: _____ EMPLOYEE NAME: _____ END DATE: _____

START DATE: _____ EMPLOYEE NAME: _____ END DATE: _____

START DATE: _____ EMPLOYEE NAME: _____ END DATE: _____

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START DATE: _____ EMPLOYEE NAME: _____ END DATE: _____

START DATE: _____ EMPLOYEE NAME: _____ END DATE: _____

START DATE: _____ EMPLOYEE NAME: _____ END DATE: _____

START DATE: _____ EMPLOYEE NAME: _____ END DATE: _____

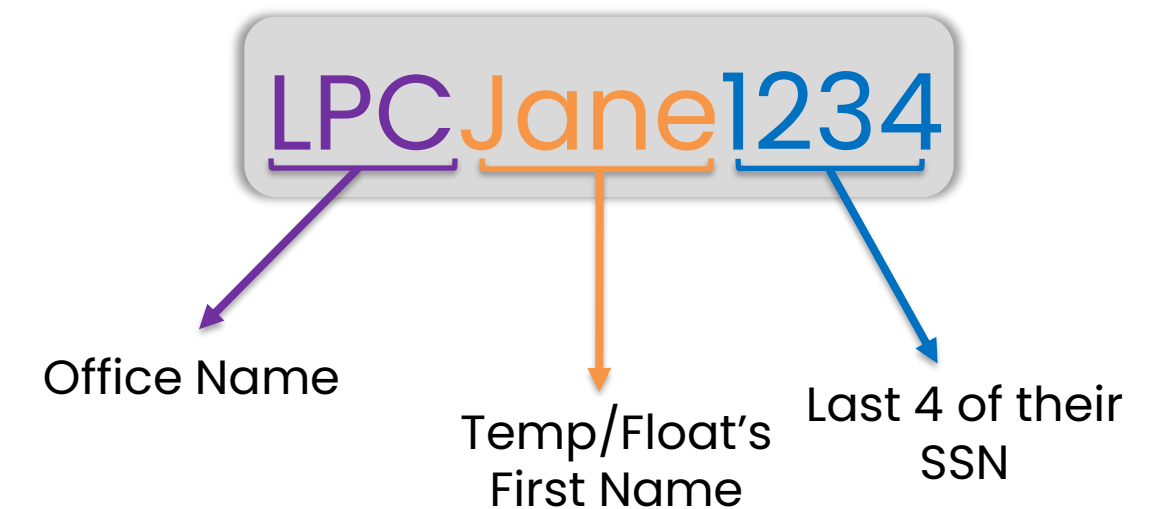


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Float/Temp Log: Steps

- 1 Contact the HelpDesk and ask for a Temporary Log In for the Float/Temp
- 2 Inform the HelpDesk what access the Temp will need (i.e.: Demos, Medical Records) – no MD financial information
- 3 You assign the Log In and Password, always using the same format
- 4 Keep a log of your temps/floats so that if a privacy or security breach is discovered, we will be able to trace it back to the employee if applicable
- 5 When the temp/float has completed their assignment in your office, notify the HelpDesk to terminate their access



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