

HIPAA TRAINING AUGUST



HIPAA FORM SF- 1100

“Facility Access Control Log”

KEEP FORMS IN YOUR HIPAA MANUAL OR FILE



The Physician Practice Management Company®

Form SF-1090

OPERATOR LOG AUDIT INCIDENT REPORT FORM

Upon receiving information about an incident or a complaint, the **Privacy Officer** or a **designated Security Officer** will review the complaint, evaluate the specific details of the complaint, *and determine whether the complaint warrants a change in the privacy policies or procedures of the medical practice.*



MEDICAL MANAGEMENT, LLC

The Physician Practice Management Company®

Security Form 1090

Incident involved improper access or use of electronic



Form SF-1090



OPERATOR LOG AUDIT INCIDENT REPORT FORM

INCIDENT DATE: _____ REPORT DATE: _____

OPERATOR (STAFF) NAME: _____ PHYSICIAN NAME: _____

ATTACH COPY OF THE AUDIT LOG WITH PATIENT NAMES, DATES AND TIMES AND COMMENTS

STAFF NAME COMPLETING REPORT: _____

STAFF NAME(S) INVOLVED IN INCIDENT: _____

NATURE OF INCIDENT: Viewed unauthorized patient data Altered unauthorized data
 Copied/Downloaded unauthorized data Other, please explain any of these incidents in detail below.

CONSEQUENCE OF THE ERROR: (i.e. patient information altered needs correction, stolen, sold, etc.)

CORRECTIVE ACTION / SANCTION PLAN: *(Work with HIPAA Privacy Officer to develop plan to prevent recurrence)*

CORRECTIVE ACTION TIMEFRAME: Immediately One Week Two Weeks One Month

DATE FOR COMPLETION: _____ DATE COMPLETED: _____

A COPY OF THIS REPORT SHOULD BE SENT TO: the PHYSICIAN, the REGIONAL MANAGER, the PRIVACY OFFICER, and the SYSTEMS MANAGEMENT SECURITY OFFICER



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