



## CLINIC SECURITY SELF-ASSESSMENT

Perform your clinic assessment regularly and after each incident to ensure security is adequate and implemented safeguards are effective.

Date Performed: \_\_\_\_\_

ADMINISTRATIVE SAFEGUARD	Yes	No	Unsure	Comments
1. My clinic has a designated Privacy Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. My clinic has a designated Security Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. The Privacy Officer and Security Lead have clear and documented responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. My clinic has documented privacy and security policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Current privacy and security policies are available to all staff and external parties who have access to the clinic's computer system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. My clinic team participates in regular training regarding privacy and security requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Our clinic regularly discusses privacy and security topics and concerns that may impact patient information security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Our clinic has a Privacy & Security Binder to house our resources, onboarding materials, and track staff training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Staff at my clinic are required to sign confidentiality agreements that are filed as part of the record keeping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. My clinic team is aware of malicious emails and have been informed not to click links or open attachments that appear suspicious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

11. My staff are aware that passwords must be strong, unique, and not shared or re-used for other services (e.g. Gmail, Facebook, LinkedIn).

12. Staff are not provided computer access with administrative rights.

13. My clinic retains detailed records/receipts for technical services provided by vendors and local IT staff for at least 2 years.

**PHYSICAL SAFEGUARD**

Yes No Unsure

Comments

1. The clinic site is protected by monitored alarm and fire suppression systems.

2. Computers are properly positioned so unauthorized individuals cannot see personal information on these screens.

3. Access to servers and other network equipment is restricted and protected from fire and water damage.

4. Areas used for storing personal information is restricted to authorized personnel.

5. Hard copy records containing personal information are securely destroyed.

TECHNOLGY SAFEGUARD	Yes	No	Unsure	Comments
1. Staff is aware that the “Save Password” feature in browsers should not be used when accessing applications and systems via internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Staff is aware of the risks associated with USB drives and other portable devices that might compromise my network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. My clinic maintains inventory of electronic devices and inventory of software versions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. The software and hardware is up to date in my clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Patient and the public cannot access my wireless and wired network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Personal information is not stored on obsolete electronic equipment or computers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. There is a backup process for the secure storage of information in my clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____