

## CLINIC SECURITY SELF-ASSESSMENT CHECKLIST

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

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

### Administrative Safeguards

SAFEGUARD	YES	NO	NOT SURE	COMMENTS/QUESTIONS
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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Staff are not provided computer access with administrative rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. My clinic retains detailed records/receipts for technical services provided by vendors and local IT staff for at least 2 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Physical Safeguards

SAFEGUARD	YES	NO	NOT SURE	COMMENTS/QUESTIONS
14. The clinic site is protected by monitored alarm and fire suppression systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Computers are properly positioned so unauthorized individuals cannot see personal information on these screens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Access to servers and other network equipment is restricted and protected from fire and water damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Areas used for storing personal information is restricted to authorized personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Hard copy records containing personal information are securely destroyed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Technology Safeguards

SAFEGUARD	YES	NO	NOT SURE	COMMENTS/QUESTIONS
19. My staff is aware that the "Save password" feature in browsers are not used when accessing applications and systems via internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. 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"/>	
21. My clinic maintains inventory of electronic devices and inventory of software versions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. The software and hardware is up to date in my clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Patient and the public cannot access my wireless and wired network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Personal information is not stored on obsolete electronic equipment or computers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. There is a backup process for the secure storage of information in my clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	