

# Compliance Checklist



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Last Update:

- 2018
- 2020

This manual does not constitute legal advice. It is strongly recommended that all Practices consult with competent healthcare attorney as they seek to finalize and implement the Compliance process contained herein. This Manual will need to be modified to fit certain individual circumstances and changes in the Compliance Laws.

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# HIPAA HHS/OCR Audit Letter

## Audit Letter – Confirming Contact Information



DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF THE SECRETARY

Voice – (202) 619-0403 TDD – (202) 619-2357 FAX – (202) 619-3818  
<http://www.hhs.gov/ocr>

Director  
Office for Civil Rights  
200 Independence Ave., SW; RM 509F  
Washington, DC 20201

DATE

Contact Person's Name  
CE/BA Name  
Address  
City, State ZIP

Dear Contact:

This is an automated communication from the Office for Civil Rights (OCR).

According to our records, you are the primary contact OCR should use to reach Entity Name regarding its potential inclusion in the HIPAA Privacy, Security, and Breach Notification Rules Audit Program. We are attempting to verify this email address.

Please respond within fourteen (14) days as instructed below to either confirm your identity and email address or instead provide updated primary and secondary contact information.

If you ARE the primary contact for this organization, please select the following link [YES](#). Once the link is selected, a browser window will open and your response will be recorded.

If you ARE NOT the primary contact for this organization, please select the following link [NO](#). Once the link is selected, a browser window will open and your response will be recorded.

Thank you for your cooperation. If we do not receive a response from you we will use this email address for future communications with this entity. Failure to respond will not shield your organization from selection.

If you have questions or comments regarding this message, you may contact us at [OSOCRAudit@hhs.gov](mailto:OSOCRAudit@hhs.gov).

Sincerely,

Jocelyn Samuels  
Director  
Office for Civil Rights  
OFFICE OF THE SECRETARY  
Department of Health and Human Services  
<http://www.hhs.gov/ocr>

- HIPAA is required by medical and dental practice who transmits health information in electronic form in connection with a standard transaction. A few of these [transactions](#) are:
  - Insurance submission
  - Claims payments
  - Eligibility benefit inquiry
  - Benefit enrollment
- Audit request will be delivered via email
- OCR expects you to check junk or spam folders for emails from: [OSOCRAuditor@hhs.gov](mailto:OSOCRAuditor@hhs.gov).
- First letter will be to confirm your contact information and you will have 14 days to respond. If you do not respond then the contact information will be assumed correct.
- Next letter will be desk-audit request, you will have 10 days to respond.

- Send only requested documentation and not entire policies manual. Auditors will not sort through a practice manual for the requested documentation.
- Auditors could request documentation from another time period, but primary they will want the current version.
- If you do not have what the auditors are requesting, you must submit a statement saying so.

## HIPAA HHS/OCR Audit Protocol Initial Requests

<http://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/audit/protocol/index.html>

### Audit – HHS/OCR HIPAA Audit Protocol

The HIPAA audit protocol will initially cover:

- HIPAA Privacy requirements

✓DONE | INITIAL AUDIT FOCUS

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- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Copy of the Notice of Privacy Practice (NPP) for patients            |
| <input type="checkbox"/> | Copy of the Notice of Privacy Practice (NPP) posted in the office    |
| <input type="checkbox"/> | Business associates identified to be HIPAA compliant                 |
| <input type="checkbox"/> | Business associate Agreements (BAA) current as of 2013 and signed    |
| <input type="checkbox"/> | Compliance officer assigned  |
| <input type="checkbox"/> | HIPAA Privacy Policies & Procedure manual created/updated since 2013 |
| <input type="checkbox"/> | Training requirements fulfilled and documented                       |

Auditors may request any of the following for the Privacy Rule from 45 CFR 164.502 through 45 CFR 164.532:

- Proof of documentation
- Proof of applications (such as a copy of your NPP, training, etc.)
- Copies of policies and procedures

- HIPAA Security requirements

✓DONE | INITIAL AUDIT FOCUS

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- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Security Risk Analysis, including list of possible risks found         |
| <input type="checkbox"/> | Training requirements  |
| <input type="checkbox"/> | HIPAA Security Policies & Procedure manuals created/updated since 2013 |

Auditors may request any of the following for the Security Rule from 45 CFR 164.308 through 45 CFR 164.312:

- Proof of documentation
- Proof of applications (such as a copy of your SRA)
- Copies of policies and procedures

- HIPAA Breach Notification Rule

✓DONE | INITIAL AUDIT FOCUS

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- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Requirements of Breach Notification Rules                                 |
| <input type="checkbox"/> | Sample Risk Assessment  |
| <input type="checkbox"/> | If you are tracking violations  |
| <input type="checkbox"/> | If there were violations, are you following through with the requirements |
| <input type="checkbox"/> | Copies of policies and procedures   |
| <input type="checkbox"/> | Training requirements   |

# **COMPLIANCE CHECKLIST**

## **FOR:**

- FEDERAL INSURANCE PROGRAMS
- HIPAA
- OSHA

# FEDERAL INSURANCE PROGRAMS

	Compliance Requirement(s)	Prepared/ Complete Y/N or NA
<b>Federal Insurance Programs</b>		
1a	<p><b>LEIE Exclusive Screening</b> List of Excluded Individuals and Entities (LEIE). Those on this list have been identified for fraud in any number of ways and will not be paid for services provided to beneficiaries from a federal insurance program. Providers will not be paid from federal insurance programs for services rendered if they are working with someone on LEIE and they have access to patients and/or patient information.</p> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>• Search LEIE list for all staff, contractors, board members, vendors, etc. who would have any contact with patients or patient information.</li> <li>• If found either: 1) Ensure (document proof) that they do not have access to patients or patient information OR; 2) Release them immediately.</li> <li>• Required by practices that accept federal insurance such as Medicare, Medicaid, includes Managed Care, etc.</li> </ul> <p>TIMELINE: Must be done monthly and documented.</p> <p>LINK: <a href="https://exclusions.oig.hhs.gov/">https://exclusions.oig.hhs.gov/</a></p>	
2a	<p><b>GSA Exclusive Screening</b> General Service Administration, same as OIG/LEIE but searching a different database.</p> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>• Must search GSA list for all staff, contractors, board members, vendors, etc. who would have any contact with patients or patient information.</li> <li>• If found either: 1) Ensure (document proof) that they do not have access to patients or patient information OR; 2) Release them immediately.</li> <li>• Required by practices that accept federal insurance such as Medicare, Medicaid, includes Managed Care, etc.</li> </ul> <p>TIMELINE: Must be done monthly and documented.</p> <p>LINK: <a href="https://www.sam.gov/">https://www.sam.gov/</a></p>	
3a	<p><b>Medicare Fraud, Waste, and Abuse (FWA) Training</b> Medicare Fraud, Waste, and Abuse training is required for those who participate in Medicare Advantage (Part C) and/or the Medicare Drug (Part D) programs.</p> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>• Required by practices that accept Medicare Advantage and/or Medicare Drug Part D.</li> <li>• Required for all staff members who can access to patients and/or their information.</li> </ul> <p>TIMELINE: Must be done annually and documented.</p> <p>Link: <a href="https://learner.mlnlms.com/Default.aspx">https://learner.mlnlms.com/Default.aspx</a></p>	
4a	<p><b>1557 Non-Discrimination</b> The <a href="#">1557 Act</a> prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in any health program which receives funding from the Department of Health &amp; Human Services (HHS). This Act requires practices to keep patients informed by posting 1557 notices.</p> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>• Required by practices that receives funding from HHS (Managed Care), that HHS administers (Medicare, Medicaid), and all plans in the Health Insurance Marketplace.</li> <li>• Providers must post two types of notices in the practice where patients will see them: 1)</li> </ul>	

	Compliance Requirement(s)	Prepared/ Complete Y/N or NA
	<p>The “<i>Discrimination is Against the Law</i>” poster; and 2) The ACA Tag Lines. Both are available upon request.</p> <p>TIMELINE: Once the two required documents are posted, this does not need to be done again less the Department of Health &amp; Human Services (HHS) makes changes.</p> <p>LINK: <a href="https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html">https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html</a></p>	
5a	<p><b>DSNP Training</b> Dual Eligible Special Needs Plan (DSNP). A practice is required DSNP training upon request from their federal or private payors of dual eligible Medicare and Medicaid programs.</p> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>Practices will be notified by insurance carrier when training is needed. At the time of this document, the practice will be required to take the carrier’s training.</li> </ul> <p>TIMELINE: This is done when the insurance carrier asks for it.</p> <p>LINK: Will be provided by the carrier.</p>	
6a	<p><b>Cultural Competency Training</b> Cultural competence and the ability to appreciate and better interpret other cultures. This includes how to act, responses, and more.</p> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>Only need this when requested by the insurance company.</li> </ul> <p>TIMELINE: This is done when the insurance carrier asks for it.</p> <p>LINK: Will be provided by the carrier.</p>	

## HIPAA PROGRAM

HIPAA Regulations are required by Health Plans, Healthcare clearinghouses, and Healthcare providers who conduct financial and administrative transactions electronically using any one of the HIPAA transaction codes adopted by HHS under HIPAA (see *HIPAA Transactions Rule below*).

### HIPAA Regulations – Privacy

B	<p>Privacy Policies &amp; Procedure Manual</p> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>Must have a manual that will follow: 45 CFR Part 160 and Subparts A and E of 164</li> <li>Manual must be read by all staff members at least one time and when there are changes</li> <li>Staff must sign the Employee Acknowledgment form</li> </ul>	
1b	<p>Privacy Training</p> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>The following are required to have HIPAA Privacy training if they have access to patients and/or patient information: Owners, board members, practitioners, employees, staff, trainees, volunteers, any individual who works on site whether or not they are paid.</li> <li>Required annually for required members.</li> <li>Required for all new hires who will have access to patients and/or patient information, within an adequate time from hired date.</li> <li>Documentation of training is required.</li> </ul>	
2b	Required patient’s forms	

	Compliance Requirement(s)	Prepared/ Complete Y/N or NA
	<p>Forms required:</p> <ul style="list-style-type: none"> <li>• Notice of Privacy Practice (NPP), must have 2 types available:               <ol style="list-style-type: none"> <li>1. Detailed notice for patients; and</li> <li>2. Summary notice to be posted in the office for everyone to see.</li> </ol> </li> <li>• Request to correct/amend their medical records.</li> <li>• Request to inspect and copy their medical records.</li> <li>• Request to restrict access to their information.</li> <li>• Request for confidential communication.</li> <li>• Request for accounting of disclosure.</li> <li>• Request to complain about compliance issues.</li> <li>• Authorized release of patient information.</li> <li>• Consent to use and/or disclose patient information (ex: marketing).</li> </ul>	
3b	<p>Required office forms</p> <p>Forms include:</p> <ul style="list-style-type: none"> <li>• Employee acknowledgment of receiving and reviewing the Privacy manual</li> <li>• Employee confidentiality agreement</li> <li>• Compliance officer's job responsibilities</li> <li>• Compliance complaint form or tool</li> <li>• Privacy training log</li> </ul>	
<b>HIPAA Regulations – Breach Notification</b>		
C	<p>Breach Policies &amp; Procedure Manual</p> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>• Must have a manual that will follow: 45 CFR Part 164.400 – 414</li> <li>• Manual must be read by all staff members at least one time and when there are changes</li> <li>• Staff must sign the Employee Acknowledgment form</li> </ul>	
1c	<p>Breach Training</p> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>• The following are required to have HIPAA Breach training: Owners, board members, practitioners, employees, staff, trainees, volunteers, any individual who works on site whether or not they are paid.</li> <li>• Required annually for required members.</li> <li>• Required for all new hires who will have access to patients and/or patient information, within an adequate time from hired date.</li> <li>• Documentation of training is required.</li> </ul>	
2c	<p>Required office forms</p> <p>Forms include:</p> <ul style="list-style-type: none"> <li>• Breach risk assessment form</li> <li>• Patient notification letter</li> <li>• Breach log</li> <li>• Employee acknowledgment of receiving and reviewing the Breach manual</li> </ul>	
<b>HIPAA Regulations – Security</b>		
D	<p>Security Policies &amp; Procedure Manual</p> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>• Must have a manual that will follow: 45 CFR Part 160 and Subparts A and C of 164</li> <li>• Manual must be read by all staff members at least one time and when there are changes</li> <li>• Staff must sign the Employee Acknowledgment form</li> </ul>	
1d	<p>Security Training</p>	



	Compliance Requirement(s)	Prepared/ Complete Y/N or NA
	<p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>The following are required to have HIPAA Security training if they have access to patients and/or patient information: Owners, board members, practitioners, employees, staff, trainees, volunteers, any individual who works on site whether or not they are paid.</li> <li>Required annually for required members.</li> <li>Required for all new hires who will have access to patients and/or patient information, within an adequate time from hired date.</li> <li>Documentation of training is required.</li> </ul>	
2d	<p>Security Risk Analysis (SRA) An SRA evaluates both the practice facility and equipment, looking for potential weaknesses which must be documented with a plan of action.</p> <p>REQUIREMENT:</p> <ul style="list-style-type: none"> <li>Completed annually for every practice location</li> </ul> <p>HHS/HealthIT has a free tool: <a href="https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool">https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool</a></p>	
3d	<p>Identify Business Associates Identify all businesses that could or does have access to the practice patient information, including demographics. Those that have access need a signed business associate agreement (BAA). The list of businesses should show how you determined their BAA status.</p> <p>Who will NOT be on the list: Any business that is required to be HIPAA compliance such as labs, pharmacies, clinics, etc., and businesses that do not use patient information in any way such as Staples.</p> <p>Who IS required to be on the list: Billing, collections, consultants/accountants, hardware and software vendors, IT companies, anyone that could access patient information.</p> <p>Once the business is on the list, determine if they need a signed BAA based on all 4 Criteria:</p> <ul style="list-style-type: none"> <li>They are classified as outsourced (not staff).</li> <li>They work off site when accessing patient information, even if it is one time.</li> <li>They have access to patient information.</li> <li>They do one or more of the following: maintenance, display, transmission, creation.</li> </ul> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>Must document that you have identified all vendors and determined if they need a BAA</li> </ul>	
4d	<p>Business Associate Agreements (BAA) Signed HIPAA Compliance Business Associate Agreements are signed by business associates who access, transmit, maintain, etc. PHI on your behalf.</p> <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>Must have a current BAA signed since 2013</li> <li>Only need this signed one time unless there is a change from HHS</li> <li>Keep on file up to 6 years after termination of the vendor relation</li> <li>Do not work with a vendor that fits the BAA requirements without one signed</li> </ul>	
5d	<p>Required office forms Forms include:</p> <ul style="list-style-type: none"> <li>Staff's job description and responsibilities</li> <li>Employee access &amp; contact information</li> <li>Access authorization to facility</li> <li>Access authorization to technical</li> <li>Emergency mode of operation levels &amp; contract information</li> <li>Inventory – hardware, software, and staff usage</li> </ul>	

Compliance Requirement(s)	Prepared/ Complete Y/N or NA
<ul style="list-style-type: none"> <li>• Request for network access</li> <li>• Business Associate Agreement (BAA) template, for new vendors.</li> <li>• Employee acknowledgment of receiving and reviewing the Security manual.</li> </ul>	

## OSHA PROGRAM

OSHA Regulation is required by all industries, including dental and medical practice, as long as there is more than one member of the practice. Once a second person is hired (or more) then OSHA is required. OSHA is for employees only. OSHA does not cover workers who are not employees.

### OSHA – Summary Requirements

1e	OSHA – Posters	<a href="#">Latest federal poster</a> (2015 update) <a href="#">KY has their own poster</a>	
2e	OSHA – Manual	With the 2015 updates	
3e	OSHA Training - Safety Officer Be sure to document	Annual, 6-8 hour training, should include: <ul style="list-style-type: none"> <li>• Bloodborne Pathogens</li> <li>• Hazard Communication</li> <li>• Occupational Exposures &amp; Injuries               <ul style="list-style-type: none"> <li>○ Ionizing radiation</li> <li>○ Personal protective equipment</li> <li>○ Respiratory protection</li> </ul> </li> <li>• Safety and Health Plan               <ul style="list-style-type: none"> <li>○ Exit routes</li> <li>○ Electrical</li> <li>○ Ergonomics</li> <li>○ Workplace violence</li> </ul> </li> <li>• Emergency Plans</li> <li>• Recordkeeping</li> </ul>	
4e	OSHA Training – Employees The employer is required to protect their workers from injury and illness on the job. You are not required to train those that work in your practice if they are not employees. Be sure to document	Annual on what pertains to their duties: <ul style="list-style-type: none"> <li>• Bloodborne Pathogens</li> <li>• Hazard Communication</li> <li>• Occupational Exposures &amp; Injuries               <ul style="list-style-type: none"> <li>○ Ionizing radiation</li> <li>○ Personal protective equipment</li> <li>○ Respiratory protection</li> </ul> </li> <li>• Safety and Health Plan               <ul style="list-style-type: none"> <li>○ Exit routes</li> <li>○ Electrical</li> <li>○ Ergonomics</li> <li>○ Workplace violence</li> </ul> </li> <li>• Emergency Plans</li> <li>• Recordkeeping</li> </ul>	

## HIPAA Transactions Rule

**Table 1: Electronic transactions considered standard under HIPAA: Between a physician practice and health insurer**

<b>Common name of transaction</b>	<b>Transaction function</b>
Claims	Submitting claims to the health insurer
EOB/RA	Receiving payment and/or remittance information from the health insurer for claims
Claims status	Contacting the health insurer about the status of a claim
Claim status response	Receiving information about the status of a claim from the health insurer
Patient eligibility	Contacting the health insurer about the eligibility and benefits of a patient
Patient eligibility response	Receiving information from the health insurer about the eligibility and benefits of a patient
Referrals	Sending or receiving referrals or authorization
Coordination of benefits	Determining payment responsibilities of the health insurer
Claims attachments	Submitting claims attachments to the health insurer
First report of injury	First report of injury to the health insurer

**Table 2: Electronic transactions considered standard under HIPAA: Between an insurance purchaser and a health insurer or between health insurer(s)**

<b>Common name of transaction</b>	<b>Transaction function</b>
Membership enrollment	Enrolling members in the health plan
Premium payments	Making premium payments for the health insurance coverage
Coordination of benefits	Coordination of benefits
Claim status response	Receiving information about the status of a claim from the health insurer
Patient eligibility	Contacting the health insurer about the eligibility and benefits of a patient
Patient eligibility response	Receiving information from the health insurer about the eligibility and benefits of a patient
Referrals	Sending or receiving referrals or authorization
Coordination of benefits	Determining payment responsibilities of the health insurer
Claims attachments	Submitting claims attachments to the health insurer
First report of injury	First report of injury to the health insurer

## Business Associate Checklist

HIPAA requires proof of business associate determination, how did you determine if the business associate require a business associate agreement (BAA). HIPAA also requires a list and those you sent a BAA to along with the signed BAA.

The chart below can help determine if current vendor and future vendors are business associates who require a signed business associate agreement as well as provide you with your determination checklist.

PROCESS: List all business associates under type; Check the YES/NO box for classification; and check the Yes/No/Not Apply box for BAA has been signed.

When ALL CLASSIFICATION boxes are marked as YES, the BA is required to sign a Business Associate Agreement (BAA).

Business Type	Business Name	Classification Outsourced Not Staff	Classification Off-site Not in Office	Classification PHI/EPHI Access	Classification Maintain, Access, Transmit PHI/EPHI	B.A.A. signed Y - N - NA
Billing	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
Collections	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
Answering Service	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
Consultant: Accountant	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
Software: EHR Vendor	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
Software: Pm Vendor	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
Software: Other(S) Vendor	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	3.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
Transcription	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
IT: Hardware	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
IT: Software	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
Off-site Storage	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
E- Prescribing	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
Attorney (unless patient authorized)	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
Paper: Recycle / Shred	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
Other:	1.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA
	2.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> -Y <input type="checkbox"/> -N <input type="checkbox"/> -NA