Trinity Health Welfare Benefit Plan

Privacy & Security Self-Assessment

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RHM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Instructions:

* The self-assessment is to be completed by any colleague who may works with benefits or represents the health plan as part their position;
* completed quarterly;
* completed with a yes or no and the action taken to correct anything labeled no and;
* saved and stored electronically at the RHM level.

You will be responsible for supplying completed assessments to Jodi Weiner (THWBP Privacy Officer, Lisa Hawkins THWBP Compliance Consultant or your RHM Privacy Officer if asked.

|  |  |  |
| --- | --- | --- |
| **Task** | **Task Status (Yes/No)** | **Action When Task Status = No** |
| Computer is set up to print securely. |  |  |
| Work desk is free of PHI when away from desk. |  |  |
| PHI locked in desk drawers/file cabinets when leaving for the day. |  |  |
| Work space throughout your office is free of unsecured PHI sitting (ie: printer and fax machines work areas) |  |  |
| Desktop screen locked when away from workspace. |  |  |

6/2018