



HIPAA Documentation Kit for Healthcare Providers

Our facility is HIPAA compliant. This Documentation Kit contains HIPAA policies and procedures for our facility. This Documentation Kit must be read by all employees and is easily accessible.

Name of the Facility	
Address	
City, State, Zip	

If there are any questions about this Documentation Kit, please contact the HIPAA Compliance Officer.

HIPAA Documentation Kit

INTRODUCTION

Based on relevant information from the latest HIPAA Manual and information published by the Department of Health and Human Services, we have prepared these HIPAA policies and procedures for our facility.

All employees must read the contents of this Documentation Kit and familiarize themselves with our facility's approach to HIPAA compliance.

APPROVAL

The contents of this Documentation Kit have been created, reviewed and approved by our facility's HIPAA Compliance Officer.

UPDATES

We update our Documentation Kit annually, whenever new HIPAA policies or procedures are introduced or if there are any changes to our facility practices that would impact the content of this Documentation Kit.

By approving yearly updates, the HIPAA Compliance Officer confirms that necessary changes have been made to the HIPAA policies and/or procedures when:

- New policies or procedures were introduced during the year (if applicable)
- Names and telephone numbers of designated personnel responsible for various tasks changed
- If there are any other changes deemed necessary to be included in this Documentation Kit

Sample for illustrative purposes
Actual product will be latest available version

HIPAA Documentation Kit

DOCUMENTATION KIT REVISION HISTORY

[illegible]

Technical support and free annual updates are provided for a four-year period from date of purchase. Contact OSHAManual.com (800-492-6958) for support and updates.

HIPAA Documentation Kit

HIPAA COMPLIANCE TEAM

☐ Our facility has a HIPAA Compliance Team. The following members are in the team:

Start Date	End Date	Role	Member Name
		HIPAA Compliance Officer	

Sample for illustrative purposes
Actual product will be latest available version

☐ Our facility does not have a Compliance Team (other than the HIPAA Compliance Officer)

HIPAA Documentation Kit

DOCUMENTATION REPOSITORY

Our facility's HIPAA Documentation is stored here: _____

CONTENTS

This Documentation Kit contains the following documents mandated by HIPAA. Associated forms (for example, patient forms) can be found in the Welcome Kit.

- For Business Associates
 - Business Associate Instructions
 - Business Associated Listing
- Policies relating to patients
 - Acknowledgement of Notice of Privacy Practices Policy
 - HIPAA Complaint Policy
 - HIPAA Request Fulfillment Time Extension Instructions
 - Notice of Privacy Practices Policy
 - Protected Health Information Access Policy
 - Protected Health Information Accounting of Disclosures Policy
 - Protected Health Information Alternative Communications Policy
 - Protected Health Information Amendment Policy
 - Protected Health Information Restriction Policy
- Internal policies
 - Authorization for Release of Protected Health Information Policy
 - Computer System Management Policy
 - Facility Controls Policy
 - HIPAA Contingency and Security Incident Policy
 - HIPAA Monitoring Policy
 - Protected Health Information Use and Disclosure Policy
 - Workforce and Training Policy
 - Risk Analysis and Management Policy and Worksheets
- In the Welcome Kit (within the "Documentation Kit" folder)
 - Business Associate Contract
 - HIPAA Complaint Resolution Form
 - Acknowledgement of Notice of Practice Practices Form
 - Authorization for Release of Protected Health Information Form
 - HIPAA Complaint Form
 - HIPAA Request Fulfillment Time Extension Form
 - Notice of Privacy Practices
 - Protected Health Information Access Request Form
 - Protected Health Information Accounting of Disclosures
 - Protected Health Information Accounting of Disclosures Request Form
 - Protected Health Information Alternative Communications Request Form
 - Protected Health Information Amendment Request Form
 - Protected Health Information Restriction Request Form