



# Medical Records Management Checklist: HIPAA & Accuracy

## Record Creation & Acquisition

Ensuring accurate and complete documentation upon patient encounter.

### Date of Service

Enter date...

### Time of Service

### Record Type (e.g., Progress Note, Consultation)

- ☐ Progress Note
- ☐ Consultation
- ☐ Admission Note
- ☐ Discharge Summary

### Chief Complaint/Reason for Visit


Write something...

### Source of Information

- ☐ Patient
- ☐ Family Member
- ☐ Other Healthcare Provider

### Vital Signs - Temperature (Fahrenheit)

### Supporting Documentation (Optional)

 Upload File

## Patient Identification & Demographics

Verification of patient identity and accuracy of demographic information.

### Patient Full Name

### Date of Birth (YYYY-MM-DD)

### Medical Record Number (MRN)

### Patient ID Number

Enter a number...

### Gender

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Unknown

### Preferred Language

Write something...

### Address Line 1

Write something...

### Address Line 2

Write something...

## HIPAA Compliance - Access Controls

Verification of authorized access to patient records.

### Access Level Verification Method

- ☐ Role-Based Access Control (RBAC)
- ☐ Attribute-Based Access Control (ABAC)
- ☐ Other (Specify)

### Multi-Factor Authentication (MFA) Status

- ☐ Implemented for all users
- ☐ Implemented for specific roles
- ☐ Not implemented

### Number of Authorized Users

Enter a number...

### Audit Log Monitoring

- ☐ Real-time monitoring
- ☐ Scheduled reviews
- ☐ No monitoring

### Last Access Control Review Date

Enter date...

### Notes on Access Control Procedures

Write something...

## Documentation Completeness & Accuracy

Ensuring all required fields are populated and information is correct.

### Chief Complaint Documentation

Write something...

### History of Present Illness (HPI)

Write something...

### Physical Exam Findings

Write something...

### Assessment/Diagnosis

Write something...

### Plan of Treatment

Write something...

### Vital Signs - Temperature (F)

Enter a number...

### Vital Signs - Blood Pressure (Systolic)

Enter a number...

### Vital Signs - Blood Pressure (Diastolic)

Enter a number...

### Allergies Documented?

- ☐ Yes
- ☐ No
- ☐ Unknown

## Record Storage & Security

Confirmation of secure storage, both physical and electronic.

### Physical Record Storage Location Verified?

- ☐ Yes
- ☐ No

### Electronic Records Encryption Status?

- ☐ Enabled
- ☐ Disabled
- ☐ Not Applicable

### Access Log Review Frequency (Days)

Enter a number...

### Firewall Protection Active?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

### Last Security Audit Date

Enter date...

### Notes on Physical Security Measures

Write something...

## Record Retention & Disposal

Adherence to retention schedules and secure destruction protocols.

### Record Retention Start Date

Enter date...

### Retention Period (Years)

Enter a number...

### Record Format (e.g., Paper, Electronic)

- ☐ Paper
- ☐ Electronic

### Specific Retention Rationale (if applicable)

Write something...

### Disposal Method

- ☐ Shredding (Paper)
- ☐ Secure Deletion (Electronic)
- ☐ Certified Destruction Service

### Scheduled Disposal Date

Enter date...

### Authorized Personnel Signature (Disposal)

## Release of Information

Verification of proper authorization and documentation for record disclosures.

### Release Type

- ☐ Patient Request
- ☐ Legal/Court Order
- ☐ Insurance Authorization
- ☐ Other (Specify)



### Purpose of Release (if applicable)

Write something...

### Requester Name

Write something...

### Requester Contact Information (Phone/Email)

Write something...

### Record Format

- ☐ Paper
- ☐ Electronic (Secure Email)
- ☐ CD/DVD
- ☐ Other (Specify)

### Release Date

Enter date...

### Release Time

### Authorized Release Personnel Signature

# Audit Trail Review

Periodic review of access and modification logs.

## Audit Review Date

Enter date...

## Number of Records Reviewed

Enter a number...

## Review Type

- ☐ Routine
- ☐ Incident-Related
- ☐ Periodic Security Audit

## Summary of Findings

Write something...

## Compliance Status

- ☐ Compliant
- ☐ Minor Deviation
- ☐ Major Deviation

### Corrective Actions Required (if any)

Write something...

### Corrective Action Completion Date (if applicable)

Enter date...

### Reviewer Signature

## Disaster Recovery & Business Continuity

Validation of backup procedures and disaster recovery plans for medical records.

### Last DR/BC Plan Review Date

Enter date...

### Backup Frequency (Daily/Weekly/Monthly)

Enter a number...

### Backup Storage Location (Onsite/Offsite/Cloud)

☐ Onsite

☐ Offsite

☐ Cloud

### Summary of DR/BC Procedures

Write something...

### Last Successful Data Restore Test Date

Enter date...

### Estimated Time to Restore Core Systems

#### Critical Systems Identified for Recovery

- ☐ Electronic Health Record (EHR)
- ☐ Billing System
- ☐ Patient Portal
- ☐ Lab Information System (LIS)
- ☐ Pharmacy System

## Training & Awareness

Confirmation of staff training on HIPAA and medical records management policies.

### Last Training Date

Enter date...

### Training Modules Completed

- ☐ HIPAA Privacy Rule
- ☐ HIPAA Security Rule
- ☐ Medical Records Management
- ☐ Data Breach Response
- ☐ Other (Specify)

### Specify 'Other' Training (if applicable)

Write something...

### Training Format

- ☐ Online
- ☐ In-Person
- ☐ Hybrid

### Score on Post-Training Assessment (if applicable)

Enter a number...

### Upload Proof of Training Completion (e.g., certificate)

 Upload File

### Trainer Name

Write something...