

SURVEY OF PRIVACY HAZARDS (CPH)

VERSION 1.0

George Mason University

Standard Informed Consent

Why are we doing this? This is consent to participate in a survey of risks for unauthorized disclosure of health information.

What are you agreeing to do? You are agreeing to respond to a survey. The questionnaire assesses the frequency of hazards within the organization by asking you to indicate the dates or frequency with which a certain hazard lead to an unauthorized disclosure of patient information. You are not under any obligation to participate. **Participation is on a voluntary basis and you will not face any penalties if you decide you do not want to participate.** You may withdraw from the study at any time.

What risks do you face? We do not collect any patient identifying information, therefore this study is not covered under the HIPAA protected information. We do collect information about you and your organization through this consent form. This information may accidentally be released. To protect you and your organization, we provide you with an encrypted code that you can use to enter your information. We keep this consent form under lock at George Mason University. In case of accidental release of the information, the encryption will prevent a person from connecting your responses to you or to your organization. We do not release your identity or the identity of your organization in the database or in any reports we prepare.

Keep in mind that risk analysis is an evolutionary science. The risk factors for unauthorized disclosures are not always known. Over time, we will know more and our risk analysis becomes more accurate. Early risk analysis should be considered suspect until sufficient experience is gained with the hazards and causes of unauthorized disclosure.

What benefits do you receive? We will provide you with a benchmarked report comparing the risks at your organization to the average of risks in our database.

Who is conducting the study? Farrokh Alemi, Ph.D. and colleagues are conducting this study. Dr. Alemi is an Associate Professor at George Mason University. He may be reached at 703 993 4226 for questions or complaints. You may also contact the George Mason University Office of Sponsored Programs at 703-993-2295 if you have any questions or comments regarding your rights as a participant in this research. The project has been reviewed according to George Mason University procedures governing your participation in this research.

This survey is in public domain and you can use it without payment of royalties. We ask that you site the survey as George Mason University Survey of Security Hazards (<http://hsci.gmu.edu/ssh>). If you provide us with your data we can provide you with benchmarks derived from your peer organization. For more information, contact Farrokh Alemi, Ph.D. at George Mason University, College of Nursing and Health Science, 4400 University Drive, Fairfax, Virginia 22030-4444, call 703 883 4226 or email falemi@gmu.edu.

Data Source. If you would like to view and learn more about the source cases for these hazards, please visit: <http://hsci.gmu.edu/HIPAA>.

Signature I have read this entire form, and I understand it completely. All of my questions regarding this form or this study have been answered to my complete satisfaction. I agree to participate in this study.

Print Name: _____ Signature _____

Date: _____

Signature of Investigator. To the best of my knowledge the above person has assimilated the entire content of the consent form, and understands the study and its risks as well. His or her questions have been accurately answered to his or her satisfaction.

Print Name: _____ Signature _____

Date: _____

Protocol/Instructions for Completing this Survey

The HIPAA Privacy and Security Regulations require that each health care organization conduct an accurate and thorough assessment of potential risks and vulnerabilities to the confidentiality, integrity and availability of PHI held by the covered entity. We have designed a process to assess risks based on the methods used in the nuclear and aerospace industries.

Risk analysis assesses the probability of an adverse outcome, in this case unauthorized disclosure of patient health information. The following survey instrument is intended to assist your organization in determining the chance of an unauthorized disclosure by identifying the prevalence of experienced hazards. Each hazard can lead to the adverse outcome of unauthorized disclosure of PHI. The survey identifies twenty one hazards and asks you to recall, to the best of your ability how often each hazard occurred. The resulting frequency will indicate how often an undesired event could occur within your organization.

The survey will ask you to identify occurrences of a hazard in one of three different formats, (A,B or C). You may choose to answer the format most comfortable to you and are not required to use the same format throughout the entire survey. If a hazard does not exist in your organization, please skip it and move on to the next hazard. In section "D", please list all of the steps that you have taken to reduce the risk of unauthorized disclosure of PHI because of the hazard.

Who should complete this?

Personnel in the following capacities are eligible to complete the survey:

- Quality Assurance/Improvement
- Compliance Officer
- Chief Operating Officer
- Privacy Officer

Why do this?

Determine the prevalence of hazards in your organizations. This survey will assist your organization in identifying which hazards occur with the greatest frequency. Results will enable your organization to implement proper security tools and processes.

How to do this?

- First read the hazard carefully
- Then answer question A or B or C. (You are not required to use the same option throughout the entire survey).
- In section D, list the steps your organization has or is taking to mitigate risk associated with the hazard.
- Proceed to the next hazard and repeat the process.

What to expect?

Utilizing your organization's data, the national database from the Department of Health and Human Services and the risk analysis algorithms we have developed, we will provide you with a single probability for the total risks of unauthorized disclosure at your organization. In addition, we will present a confidential report to you listing the hazards and average benchmarks of at least three peer institutions. For example, we will report that the probability of a computer theft at your organization is 1/1000 while at your peer organization it is 1/100, ten times higher. This information will allow you to focus your HIPAA efforts where they can be most effective.

Hazard: **Error in patient identity during data transfer to third party insurers**

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

- A** Please indicate the last two times when your organization committed errors of patient identity during data transfer to third party insurers:

Enter date in the format DD/MM/YY:

/ / and / /

- B** Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when your organization committed errors of patient identity during data transfer to third party insurers:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

- C** How often does your organization commit errors of patient identity during data transfer to third party insurers? (Please check one box)

Unlikely	once/ 2 years	once/ year	once/ 6 months	once/ month	once/ week	once/ day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

- D** List the steps you have taken to reduce the risk from your organization committing errors of patient identity during data transfer to third party insurers.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Clinician using unsecured email environment

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times when a clinician emailed a message in an unsecured environment:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when a clinician emailed a message in an unsecured environment:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often does a clinician in your organization email a message in an unsecured environment? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps you have taken to reduce the risk from clinicians emailing a message in an unsecured environment.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Clinician gathers information from patients' family and friends after the visit

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

- A** Please indicate the last two times today when a clinician gathered patient information by contacting family and/or friends of the patient:

Enter date in the format DD/MM/YY:

// and //

- B** Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when a clinician gathered patient information by contacting family and/or friends of the patient:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

- C** How often does a clinician attempt to gather patient information by contacting family and/or friends of the patient? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

- D** List the steps you have taken to reduce the risk from clinicians gathering patient information by contacting family and/or friends of the patient.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Discussion of patient care with co-workers not engaged in care

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times an employee in your organization discussed patient care with a co-worker not engaged in care:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when an employee discussed patient care with a co-worker not engaged in care:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often does an employee in your organization discuss patient care with co-workers who are not engaged in care? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps you have taken to reduce the risk from your employees discussing patient care with a co-worker not engaged in care:

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Medical reports or records with wrong recipient information

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times patient records or reports were sent to an incorrect recipient:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when patient records or reports were sent to an incorrect recipient:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often are patient records or reports sent to an incorrect recipient? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps you have taken to reduce the risk of patient records or reports being sent to an incorrect recipient.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Caring for employees' friends and family members and discussing the care outside of the work environment

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times an employee in your organization discussed patient care outside of the work environment:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when an employee discussed patient care outside of the work environment:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often does an employee in your organization discuss patient care outside of the work environment? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps you have taken to reduce the risk from your employees discussing patient care outside of the work environment.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Benefit Organizations or employers request employee information

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times a Benefits organization or former employer requested employee information from your organization:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when a Benefits organization or former employer requested employee information from your organization:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often does a Benefits organization or former employer request employee information from your organization? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps you have taken to reduce the risk from a Benefits organization or former employer requesting employee information.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Employees engaged in whistleblowing to uncover illegal or unacceptable business or clinical practices

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times an employee in your organization engaged in whistleblowing in order to uncover illegal or unacceptable clinical or business practices:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when an employee in your organization engaged in whistleblowing in order to uncover illegal or unacceptable clinical or business practices:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often does an employee in your organization engage in whistleblowing in order to uncover illegal or unacceptable clinical or business practices? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps you have taken to reduce the risk from an employee in your organization whistleblowing in order to uncover illegal or unacceptable clinical or business practices.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Patient records (paper documents) not kept in secure environment or sealed envelope; or documents displayed in plain view of others.

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

- A** Please indicate the last two times an employee in your organization placed patient records (paper documents) in unsealed envelopes or in an insecure environment or in plain view of others:

Enter date in the format DD/MM/YY:

// and //

- B** Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when an employee in your organization placed patient records (paper documents) in unsealed envelopes or in an insecure environment or in plain view of others:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

- C** How often does an employee in your organization place patient records (paper documents) in unsealed envelopes or in an insecure environment or in plain view of others? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

- D** List the steps you have taken to reduce the risk from an employee placing patient records (paper documents) in unsealed envelopes or in an insecure environment or in plain view of others.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Patient care discussed in a setting where others can easily hear

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times a clinician in your organization discussed patient care in a setting where others could easily hear:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when a clinician in your organization discussed patient care in a setting where others could easily hear:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often does a clinician in your organization discuss patient care in a setting where others can easily hear? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps you have taken to reduce the risk from a clinician discussing patient care in a setting where others can easily hear.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Employee removes patient records from secure location or workplace without authorization

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

- A** Please indicate the last two times an employee in your organization removed patient records from a secure location or workplace without authorization:

Enter date in the format DD/MM/YY:

// and //

- B** Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when an employee in your organization removed patient records from a secure location or workplace without authorization:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

- C** How often does an employee in your organization remove patient records from a secure location or workplace without authorization? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
←	←	←	←	←	←	→
Negligible	Very Low	Low	Medium	High	Very High	Extreme

- D** List the steps you have taken to reduce the risk from an employee removing patient records from a secure location or workplace without authorization.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Employee views paper documents or manipulates computer passwords to view medical records of patients not under his/her care

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

- A** Please indicate the last two times an employee in your organization viewed paper documents or manipulated computer passwords to view medical records of patients not under his/her care:

Enter date in the format DD/MM/YY:

// and //

- B** Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when an employee in your organization viewed paper documents or manipulated computer passwords to view medical records of patients not under his/her care:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

- C** How often does an employee in your organization view paper documents or manipulate computer passwords to view medical records of patients not under his/her care? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

- D** List the steps you have taken to reduce the risk from an employee viewing paper documents or manipulating computer passwords to view medical records of patients not under his/her care.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: External infection of computers/password/network Systems (e.g. computer hacker)

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

- A** Please indicate the last two times your organization’s computers, password or network systems were infected by an external entity (e.g. Hacker):

Enter date in the format DD/MM/YY:

// and //

- B** Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when your organization’s computers, password or network systems were infected by an external entity (e.g. Hacker):

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

- C** How often are your organization’s computers, password or network systems infected by an external entity (e.g. Hacker)? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

- D** List the steps you have taken to reduce the risk from your organization’s computers, password or network systems becoming infected by an external entity (e.g. Hacker).

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Theft of computers or hard drives

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times computers or hard drives were stolen from your organization:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when computers or hard drives were stolen from your organization:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often are computers or hard drives stolen from your organization? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
←—————→						
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps you have taken to reduce the risk from theft of computers or hard drives being stolen from your organization.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Sale of patient records

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times an employee in your organization sold patient records:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when an employee in your organization sold patient records:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often does an employee in your organization sell patient records? (Please check one box)

Unlikely	once/ 2 years	once/ year	once/ 6 months	once/ month	once/ week	once/ day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
← Negligible	Very Low	Low	Medium	High	Very High	Extreme →

D List the steps you have taken to reduce the risk from an employee in your organization selling patient records.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Blackmail/Extortion of organization or an employee

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times a blackmail or extortion scheme was conducted against your organization or an employee:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when a blackmail or extortion scheme was conducted against your organization or an employee:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often are blackmail or extortion schemes conducted against your organization or an employee? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps you have taken to reduce the risk from blackmail or extortion schemes being conducted against your organization or an employee.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Patient using identity of another person to gain insurance benefits

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times when a patient used another person’s identity to gain insurance benefits:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when a patient used another person’s identity to gain insurance benefits:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often do patients use the identity of another person to gain insurance benefits? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps you have taken to reduce the risk from a patient using another person’s identity to gain insurance benefits.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Changes in custody or family relationships not revealed by the patient

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times when your organization provided care to patients who did not reveal changes in custody or family relationships:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when your organization provided care to patients who did not reveal changes in custody or family relationships:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often does your organization provide care to patients who do not reveal changes in custody or family relationships? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps your organization has taken to reduce the risk from providing care to patients who do not reveal changes in custody or family relationships.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Audit of business practices by outside firm without clinicians' approval

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times when an employee in your organization requested an outside firm to audit business practices without a clinician's approval:

Enter date in the format DD/MM/YY:

// and //

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when an employee in your organization requested an outside firm to audit business practices without a clinician's approval:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often does an employee in your organization request an outside firm to audit business practices without a clinician's approval? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps you have taken to reduce the risk from an employee in your organization requesting an outside firm to audit business practices without a clinician's approval.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: **Business Associate violates Chain of Trust Agreement**

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

- A** Please indicate the last two times when a Business Associate violated a Chain of Trust Agreement:

Enter date in the format DD/MM/YY:

/ / *and* / /

- B** Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when a Business Associate violated a Chain of Trust Agreement:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

- C** How often does a Business Associate violate a Chain of Trust Agreement? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

- D** List the steps you have taken to reduce the risk from a Business Associate violating a Chain of Trust Agreement.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Legal System/Law Enforcement requests, subpoenas or seizes patient records

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

- A** Please indicate the last two times when a legal entity, (e.g. Court) or law enforcement agency requested, subpoenaed or seized patient records:

Enter date in the format DD/MM/YY:

// and //

- B** Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when a legal entity, (e.g. Court) or law enforcement agency requested, subpoenaed or seized patient records:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

- C** How often does a legal entity, (e.g. Court) or law enforcement agency request, subpoena or seize patient records? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

- D** List the steps you have taken to reduce the risk from a legal entity, (e.g. Court) or law enforcement agency requesting, subpoenaing or seizing patient records.

1. _____
2. _____
3. _____
4. _____
5. _____

Hazard: Error in patient identity during data transfer to third party insurers

Please answer one and only one of the three following questions, (A, B or C) and then answer question D.

A Please indicate the last two times when your organization committed errors of patient identity during data transfer to third party insurers:

Enter date in the format DD/MM/YY:

/ / and / /

B Indicate the two most recent times, (enter number of days, weeks, months or years) prior to today when your organization committed errors of patient identity during data transfer to third party insurers:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Days
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weeks
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years

C How often does your organization commit errors of patient identity during data transfer to third party insurers? (Please check one box)

Unlikely <input type="checkbox"/>	once/ 2 years <input type="checkbox"/>	once/ year <input type="checkbox"/>	once/ 6 months <input type="checkbox"/>	once/ month <input type="checkbox"/>	once/ week <input type="checkbox"/>	once/ day <input type="checkbox"/>
Negligible	Very Low	Low	Medium	High	Very High	Extreme

D List the steps you have taken to reduce the risk from your organization committing errors of patient identity during data transfer to third party insurers.

1. _____
2. _____
3. _____
4. _____
5. _____

Please provide the following information:

Organization Code:

Interviewer Code:

Interviewee Code:

Date of Interview:

Total Organization Budget (in \$ millions) please check one box:

- <1 1-2 2-3 3-4 4-5
 5-10 10-50 50-100 >100

Core of Organization's business (from which most revenues are derived):

- Inpatient Outpatient Nursing home care
 Assisted Living Other: _____

Number of patients seen in the core of organization's business:

Number of people reporting to Chief Compliance Officer:

Number of employees:

Organization's tax status (please check one box):

- For Profit Not for profit Government agency

Last year's budget of IT department (in \$ millions) please check one box:

- <1 1-2 2-3
 3-4 4-5 >5

Percent of clinicians who use electronic medical records:

Do you submit bills electronically to the Center for Medicare Services or any other insurers?
(Please check one of the boxes)

- Yes No Not Yet

Time between Unauthorized Disclosures

Question 1: When were the last two times there was an unauthorized disclosure at your facility or organization?

____ / ____ / ____ ____ / ____ / ____
Month Day Year Month Day Year

Question 2: On what date did you start collecting data regarding unauthorized disclosures at your organization?

____ / ____ / ____
Month Day Year

Question 3: How many clients were affected by the last two incidences? _____

Question 4: Describe in your own words the nature of the incidence, its possible causes, the number and nature of clients affected by it:

Question 5: Check which one of the following hazards best explains the incidence:

- Clinician using unsecured email environment
- Clinician attempting to gather information from patients' family and friends
- Discussion of patient care with co-workers not engaged in care
- Medical reports or records with wrong recipient information
- Caring for employees' friends and family members
- Benefit Organizations or employers request employee information
- Employees engaged in whistleblowing to uncover illegal or unacceptable business or clinical practices
- Patient records (paper documents) not kept in secure environment or sealed envelope; or documents displayed in plain view of others
- Clinician discusses patient care in a setting where others can easily hear
- Employee removes patient records from secure location or workplace without authorization
- Employee views paper documents or manipulates computer passwords to view medical records of patients not under his/her care
- External infection of computers/password/network Systems (e.g. computer hacker)
- Theft of computers or hard drives
- Sale of patient records
- Blackmail/Extortion of organization or an employee
- Patient using identity of another person to gain insurance benefits
- Changes in custody or family relationships not revealed by the patient
- Audit of business practices by outside firm without clinicians' approval
- Business Associate violates Chain of Trust Agreement
- Legal System/Law Enforcement requests, subpoenas or seizes patient records
- Error in patient identity during data transfer to third party insurers

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