# 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 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 (<u>http://hsci.gmu.edu/ssh</u>). 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 <u>falemi@gmu.edu</u>.

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

**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
	ç

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.

Indicate the	e two most rec		party insurers te in the forma <i>and</i> (enter numbe			] ; or years) pr	or
to today wł to third par	• •		mmitted errors Days Weeks Months Years	s of patient i	dentity during Days Ueeks Months Years	g data transfe	r
	does your org insurers? (Ple once/		ommit errors o one box) once/	of patient id once/	entity during o once/	data transfer once/	to
Unlikely	2 years	year	6 months	month	week	day	
Negligible	Very Low	Low	Medium	High	Very High	Extreme	
of patient i		data transf	luce the risk fr er to third par		ganization co	mmitting erro	rs

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### 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.

e indica			hen a cliniciai e in the forma <i>and</i>			an unsecured	
		emailed a	(enter numbe message in a Days Veeks Months Years	•		• • •	or
ely	oes a clinicia lease check once/ 2 years U Very Low		rganization er once/ 6 months Medium	nail a mess once/ month High	age in an uns once/ week U Very High	once/ day Extreme	
	s you have ta nvironment.	aken to red	uce the risk fr	om clinician	is emailing a	message in a	เท

### 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		icate the last to family and/or t	friends of tl	•	-		information b	у
8		e two most rec nen a clinician ent:	gathered p	•	•		• • •	
C		does a clinicia of the patient?			ent informati	on by contact	ting family and	d/
	Unlikely	once/ 2 years	once/ year	once/ 6 months	once/ month	once/ week	once/ day	
	▲ Negligible	Very Low	Low	Medium	High	Very High	Extreme	
D		ps you have ta tacting family				ns gathering p	atient informa	a-
1. 2.								

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### 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.

•		icate the last to co-worker no	t engaged i				sed patient	
0		e two most rec nen an employ	vee discuss	•			• • •	
C		does an emplo ot engaged in c				tient care wit	h co-workers	
	Unlikely	once/ 2 years	once/ year	once/ 6 months	once/ month	once/ week	once/ day Extreme	
D		ps you have ta co-worker no			rom your em	nployees disc	ussing patien	t

### Hazard: Medical reports or records with wrong recipient information

•	Please ind recipient:	icate the last t	wo times p	atient records	or reports v	were sent to a	an incorrect
			Enter da	te in the forma	t DD/MM/YY	:	
				and			]
8				(enter numbe ports were ser			s or years) prior t:
				Days Weeks Months Years		Days Days Weeks Months Years	
C	How often one box)	are patient re	cords or re	oorts sent to a	n incorrect	recipient? (PI	ease check
	Unlikely	once/ 2 years	once/ year	once/ 6 months	once/ month	once/ week	once/ day
	▲						
	▲ Negligible	Very Low	Low	Medium	High	Very High	Extreme
D 1. 2.	List the ste to an incor	ps you have t rect recipient.	aken to rec	Medium luce the risk o	f patient red		
	List the ste to an incor	ps you have t rect recipient.	aken to rec	luce the risk o	f patient rec		
2.	List the ste to an incor	ps you have t rect recipient.	aken to rec	luce the risk o	f patient rec		

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

care outsid	icate the last t le of the work	environme		r your organ		
		Enter da	te in the forma	it DD/MM/YY	:	
			and			]
	e two most rec nen an employ		•	•		
			Days		Days	
		<u> </u>	Weeks		Weeks	
			Months		Months	
			<i>lears</i>		Years	
	does an emplo onment? (Plea		-	n discuss pa	atient care out	tside of the
	onment? (Plea	once/	one box) once/	once/	once/	once/
work enviro	onment? (Plea	ise check c	ne box)			
work enviro	onment? (Plea	once/	one box) once/	once/	once/	once/
work enviro	onment? (Plea once/ 2 years	once/ year	one box) once/ 6 months	once/ month	once/ week	once/ day
work enviro	onment? (Plea once/ 2 years	once/ year Low	one box) once/ 6 months Medium	once/ month	once/ week	once/ day Extreme

### Hazard: Benefit Organizations or employers request employee information

B	Indicate the to today wh		Enter da	te in the forma <i>and</i> (enter numbe	r of days, w	eeks, months	or years) prior oyee informa-
				Days Weeks Months Years		Days Days Weeks Months Years	
C		does a Benefi our organizati				equest emplo once/	yee informa- once/
	Unlikely	once/ 2 years	year	6 months	month	week	day
	Unlikely					week	

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

	icate the last tw wing in order to	uncover i		ceptable clir	nical or busine		
to today w	e two most rec hen an employ egal or unacce	ee in your ptable clin	organization	engaged in	whsitleblowing	or years) prior g in order to	
	does an emplo egal or unacce once/ 2 years U Very Low						
whsitleblov 1 2 3	eps you have ta ving in order to	uncover i	llegal or unac	ceptable clir	• •	•	

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

8	records (pa plain view o Indicate the to today wh		s) in unsea	aled envelope te in the forma <i>and</i> (enter numbe organization	s or in an in t DD/MM/YY	secure enviro	onment or in
	ments) in u	does an emplo nsealed envel eck one box) once/ 2 years Very Low	• •	-	• •		
	records (pa plain view c	ps you have ta per document of others.	s) in unsea	aled envelope	s or in an in		•

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

	cate the last t where others	could easil				d patient care	è
to today wł	e two most rec nen a clinician d easily hear:	in your org					or
		V	Days Veeks Aonths Years		Days Days Weeks Months Years		
	does a clinicia easily hear? (	•	•	scuss patie	nt care in a se	etting where	
Unlikely	once/ 2 years	once/ year	once/ 6 months	once/ month	once/ week	once/ day	
Negligible	Very Low	Low	Medium	High	Very High	Extreme	
	ps you have ta here others ca			rom a clinici	an discussing	patient care	in

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

A		cate the last t m a secure lo			• •		ved patient	
			Enter da	te in the forma	t DD/MM/YY	:		
				and			]	
8	to today wh	e two most rec nen an employ workplace wit	vee in your hout autho	organization i	•		• • •	
C		does an emplo workplace wit	hout autho	rization? (Plea	ase check o	ne box)		ſe
	Unlikely	once/ 2 years	once/ year	once/ 6 months	once/ month	once/ week	once/ day	
	Negligible	Very Low	Low	Medium	High	Very High	Extreme	
<ul> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ul>	records fro	ps you have ta m a secure lo	cation or w	orkplace with	but authoriz		ng patient	

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

<b>A</b>		cate the last tw nanipulated con e:	mputer pas		w medical r	ecords of pat		
8	to today wh	e two most rec nen an employ uter password	ee in your Is to view n D D C V V N	organization	viewed pape	er documents	or manipu-	ior
C		does an emplo basswords to v box) once/ 2 years Very Low	• •	-			•	
<ul> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ul>	ments or m his/her care	ps you have ta anipulating co e.	mputer pas	sswords to vie	ew medical i			

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

A		cate the last t ere infected by	•	•	•	ters, passwor	d or network	
			Enter da	te in the forma			]	
6	to today wh	e two most rec nen your organ n external ent	nization's c ity (e.g. Ha	omputers, pas				or
O		are your organ I entity (e.g. H once/ 2 years		• •		etwork systen once/ week	ns infected by once/ day	¥
	✓ Negligible	Very Low	Low	Medium	High	Very High	Extreme	
<ul> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ul>	password c	ps you have ta or network sys	tems beco	ming infected	by an exter			

### 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 indi	cate the last t	wo times co	omputers or h	ard drives v	vere stolen fro	om your organi	i-
	zation:						, ,	
			Enter dat	e in the forma		: ] <b>                                    </b>	]	
₿		e two most rec nen computers		•			or years) prio n:	r
				Days		Days		
				Veeks Nonths		Weeks		
				éars		Years		
C	How often one box)	are computers	s or hard dr	ives stolen fro	om your org	anization? (Pl	lease check	
	Unlikely	once/ 2 years	once/ year	once/ 6 months	once/ month	once/ week	once/ day	
	Negligible	Very Low	Low	Medium	High	Very High	Extreme	
D		ps you have ta n from your or			om theft of	computers or	hard drives	

### Hazard: Sale of patient records

A	Please ind	cate the last t	wo times a	n employee ir	n your orgar	ization sold p	atient records:
			Enter da	te in the forma	t DD/MM/YY	:	
				and			
8		e two most rec nen an employ					s or years) prior
				Days		Days	
				Veeks		Weeks	
				Vonths		Months	
				Years		Years	
C	How often one box)	does an empl	oyee in you	ur organizatior	n sell patien	t records? (Pl	ease check
	Uplikoly	once/	once/	once/	once/	once/	once/
	Unlikely	2 years	year	6 months	month	week	day
	←						
	Negligible	Very Low	Low	Medium	High	Very High	Extreme
D		ps you have ta ent records.	aken to red	luce the risk fr	rom an emp	loyee in your	organization
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2.							
3.							
4. 5							
5.							

### Hazard: Blackmail/Extortion of organization or an employee

	icate the last t ur organizatior	n or an emp				nducted	
						_	
	e two most red hen a blackma oyee:	il or extortio	•	•		• • •	
	are blackmail ? (Please chec		i schemes co	nducted aga	ainst your orga	anization or a	เท
Unlikely	once/ 2 years	once/ year	once/ 6 months	once/ month	once/ week	once/ day	
Negligible	Very Low	Low	Medium	High	Very High	Extreme	
	eps you have ta lucted against				ail or extortior	n schemes	

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

A	Please indi insurance b	cate the last tw penefits:	vo times w	rhen a patient	used anoth	er person's ic	lentity to gain	
			Enter da	te in the forma	t DD/MM/YY	: ,, <b>/</b> ,_	1	
				anu				
B		e two most rec nen a patient u		•	•		• • •	or
				Days		Days		
			<u>ا ا ا</u>	Neeks		Weeks		
				Months		Months		
				Years		Years		
G		do patients us eck one box)	e the ident	ity of another	person to g	ain insurance	benefits?	
	Unlikely	once/	once/	once/	once/	once/	once/	
		2 years	year	6 months	month	week	day	
	▲ Negligible	Very Low	Low	Medium	High	Very High	Extreme	
D	List the ste	na yau haya ta	kon to rod	luce the rick fr	iom o potior	t using snoth		
U		ps you have ta gain insurance		iuce the fisk if	om a paller	it using anoth	ier person s	
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		cate the last to eal changes in	custody o		onships:		patients who	
				and			]	
8	to today wh	e two most rec nen your organ family relation	hization pro ships: C V	•			• • •	
G		does your orga family relation				no do not reve	eal changes in	1
	Unlikely	once/ 2 years	once/ year	once/ 6 months	once/ month	once/ week	once/ day	
		,						
D		ps your organ 10 do not revea					g care to	
1.								
2.								
3.								

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

						requested an	
		Enter da	te in the forma	t DD/MM/YY	:		
			and			]	
to today wh	nen an employ	ree in your ut a clinicia	organization i in's approval: Days Weeks Months	•		• / •	or
	•	• •	•	•		to audit busi- once/ day Extreme	
requesting	an outside firr	n to audit b	ousiness pract	tices withou	• •	•	
	outside firm Indicate the to today we business p How often ness practi Unlikely Negligible List the ste requesting	outside firm to audit busin         Indicate the two most rectors to today when an employ business practices without         How often does an employ ness practices without and the steps without and the steps you have tarequesting an outside firm	outside firm to audit business practi         Enter date         Indicate the two most recent times, to today when an employee in your business practices without a clinician         How often does an employee in your ness practices without a clinician's and the steps you have taken to red year         Unlikely       once/ 2 years         Negligible       Very Low         List the steps you have taken to red requesting an outside firm to audit be	outside firm to audit business practices without a Enter date in the formation of the formatio	outside firm to audit business practices without a clinician's a         Enter date in the format DD/MM/YY         Indicate the two most recent times, (enter number of days, w         to today when an employee in your organization requested a         business practices without a clinician's approval:         Image: Days         Days         Days         Days         Days         Days         Days         Veeks         Months         Years         Unlikely         Once/         Years         Once/         Years         Unlikely         Once/         Years         Once/         Years <td>outside firm to audit business practices without a clinician's approval:         Enter date in the format DD/MM/YY:         Indicate the two most recent times, (enter number of days, weeks, months to today when an employee in your organization requested an outside firm business practices without a clinician's approval:         Indicate the two most recent times, (enter number of days, weeks, months to today when an employee in your organization requested an outside firm business practices without a clinician's approval:         Indicate the two most recent times, (enter number of days, weeks, months to today when an employee in your organization requested an outside firm business practices without a clinician's approval:         Indicate the two most recent times, (enter number of days, weeks, months to today when an employee in your organization request an outside firm mess practices without a clinician's approval? (Please check one box)         How often does an employee in your organization request an outside firm ness practices without a clinician's approval? (Please check one box)         Unlikely       Once/ 2 years       Once/ year       Once/ month       Once/ week         Negligible       Very Low       Low       Medium       High       Very High</td> <td>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:         Image: Im</td>	outside firm to audit business practices without a clinician's approval:         Enter date in the format DD/MM/YY:         Indicate the two most recent times, (enter number of days, weeks, months to today when an employee in your organization requested an outside firm business practices without a clinician's approval:         Indicate the two most recent times, (enter number of days, weeks, months to today when an employee in your organization requested an outside firm business practices without a clinician's approval:         Indicate the two most recent times, (enter number of days, weeks, months to today when an employee in your organization requested an outside firm business practices without a clinician's approval:         Indicate the two most recent times, (enter number of days, weeks, months to today when an employee in your organization request an outside firm mess practices without a clinician's approval? (Please check one box)         How often does an employee in your organization request an outside firm ness practices without a clinician's approval? (Please check one box)         Unlikely       Once/ 2 years       Once/ year       Once/ month       Once/ week         Negligible       Very Low       Low       Medium       High       Very High	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:         Image: Im

### 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 indi Agreement	cate the last t		hen a Busine te in the forma <i>and</i>			hain of Trust	
8		e two most rec nen a Busines	s Associate		•		or years) pri	ior
C	How often one box) Unlikely Negligible	does a Busine once/ 2 years Very Low	ess Associa once/ year Low	te violate a C once/ 6 months Medium	hain of Trus once/ month High	t Agreement? once/ week U Very High	° (Please che once/ day Extreme	eck
<b>D</b> 1.		ps you have ta rust Agreemen		uce the risk fr	om a Busin	ess Associate	e violating a	

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

A		cate the last t juested, subpo		-		ourt) or law e	nforcement	
			Enter da	te in the forma	t DD/MM/YY	:		
				and			]	
8	to today wh	e two most red nen a legal en ized patient re	tity, (e.g. C cords:	•		•	· / ·	
				rears		Years		
G		does a legal e tient records? once/ 2 years				once/ week	uest, subpoe once/ day	na
	← Negligible	Very Low	Low	Medium	High	Very High	Extreme	
<ul> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ul>	enforceme	ps you have tant agency req	uesting, su	bpoenaing or	seizing pati		ourt) or law	

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

		Enter dat	te in the forma		: ] <b>  /</b>   [ [	]
	e two most rec nen your orgar ty insurers:		•	•		• • •
			Days		Days	
		<u> </u>	Weeks		Weeks	
			Months		Months	
			lears		Years	
	does your orga insurers? (Plea			of patient id	entity during o	data transfer t
		once/	once/	once/	once/	once/
Unlikely	once/		Cmantha	maanth		
Unlikely	once/ 2 years	year	6 months	month	week	day
Unlikely Negligible		year	6 months Medium	month High	Very High	Extreme
	2 years					

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 pro	ofit Go	overnment ag	gency			
Last year's budget of IT department (in \$ millions) please check one box:							
<1	1-2	2-3	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?



**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?

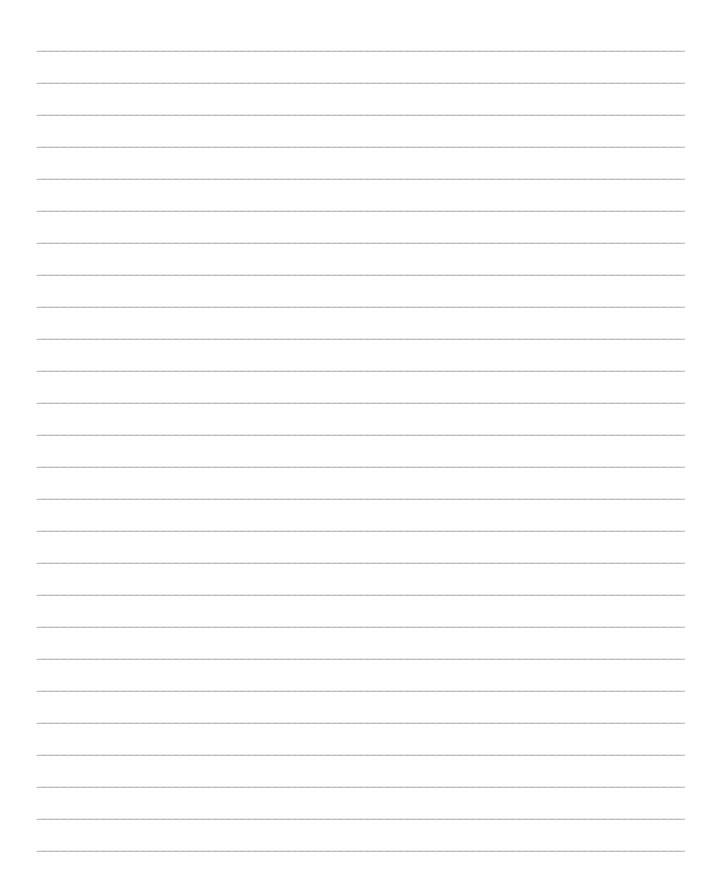
**Question 4:** Describe in your own words the nature of the incidence, its possible causes, the number and nature of clients affected by it:

**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

### We appreciate your comments and feedback.

Please use the provided space for suggestions on how we may improve this survey instrument.



### George Mason University

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