Healthcare IT Vendor HIPAA Assessment Template Vendor Name Contact Person Contact Email Assessment Date **General Information Description of Services Provided** Does the vendor access, transmit or store PHI? Is there a signed Business Associate Agreement (BAA)? **HIPAA Security Rule Safeguards** Safeguard Implemented? Comments Administrative Safeguards Physical Safeguards **Technical Safeguards Policies & Procedures** Summary of HIPAA-Related Policies

Risk & Incident Management

Date of Last HIPAA Risk Assessment	
Breach Notification/Incident Response Procedure	
Notes & Additional Comments	