

# HIPAA Compliance Audit Checklist Form

## General Information

Organization Name

Auditor Name

Audit Date

Contact Email

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## 1. Administrative Safeguards

Is there a designated HIPAA Privacy Officer?

☐ Yes ☐ No

Are HIPAA policies and procedures documented and reviewed annually?

☐ Yes ☐ No

Comments

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## 2. Physical Safeguards

Are physical access controls in place for areas with ePHI?

☐ Yes ☐ No

Are device/media controls used for ePHI?

☐ Yes ☐ No

Comments

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## 3. Technical Safeguards

Are access controls (unique user IDs, passwords) implemented?

☐ Yes ☐ No

Is ePHI encrypted in transit and at rest?

☐ Yes ☐ No

Comments

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## 4. Breach Notification

Is there a documented breach notification policy?

☐ Yes ☐ No

Have staff received breach notification training?

☐ Yes ☐ No

Comments

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## 5. Other Notes / Actions Required

Additional Notes

Actions Required