OpsAuditHub opsauditihub.com	DOC ID: **SAF-0156**	REVISION: **Rev 2.4 (2026)**
	STANDARD: **HIPAA Privacy Rule 45 CFR Part 160 and Subparts A and E of Part 164**	AUDIT FREQUENCY: **Daily Pre-Shift**

Hipaa Privacy Compliance Audit Daily Log Sheet

Operational Scope: This daily log sheet mandates the systematic inspection of physical and electronic Protected Health Information (PHI) safeguards within healthcare facilities. Its objective is to mitigate data breach vulnerabilities and enforce strict adherence to HIPAA privacy standards across all patient care zones.

MANDATORY PPE:	Facility Security Badge (Mandatory ID), Visitor Identification Lanyard, Anti-Static ESD Wrist Strap (Server Room), Confidential Document Shredder Key
PREREQUISITES:	Designated Privacy Officer or authorized auditor must be on-site. | Access granted to restricted clinical areas and administrative record rooms.

PHYSICAL SECURITY AND WORKSTATION PRIVACY

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
1	**Workstation Screen Positioning**	All computer monitors displaying PHI are angled away from public viewing areas and waiting rooms.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
2	**Automatic Screen Lock Configuration**	Terminals and workstations activate automatic password-protected screen savers after a maximum of 5 minutes of inactivity.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
3	**Physical Chart and Paper Record Storage**	Paper charts, intake forms, and billing sheets are stored in locked file cabinets or behind restricted-access nursing station doors.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
4	**Visitor Log and Sign-In Sheets**	Front desk sign-in logs conceal previously entered patient names to prevent unauthorized viewing by subsequent visitors.	**Standard**	**[ ] PASS [ ] FAIL [ ] N/A**

DISPOSAL, PRINTING, AND AUDIO PRIVACY

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
5	**Confidential Waste Receptacles**	Consolidated shredding bins and locked collection consoles are securely locked and not overflowing with exposed documents.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
6	**Shared Printer and Fax Output Trays**	Centralized printing areas are clear of abandoned PHI printouts; secure print release mechanisms are functioning properly.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
7	**Oral Communication Safeguards**	Staff utilize lowered voices during patient consultations, and acoustic privacy barriers are maintained in triage and reception areas.	**Standard**	**[ ] PASS [ ] FAIL [ ] N/A**
8	**Whiteboards and Scheduling Displays**	Publicly visible tracking boards display minimal necessary information (e.g., room number or first name only) without sensitive diagnoses.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**

Certified Privacy Compliance Officer / Auditor Signature: _____	**Date / Time:** _____	**Badge / Cert #:** _____
Clinic Operations Manager / Chief Compliance Officer Sign-off: _____	**Review Date:** _____	**Audit Status:** [ ] Approved [ ] Rectify

COMPLIANCE NOTICE: This document must be archived for a minimum of 6 years in accordance with HIPAA administrative simplification recordkeeping guidelines.

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