OpsAuditHub opsauditihub.com	DOC ID: **SAF-0154**	REVISION: **Rev 2.4 (2026)**
	STANDARD: **HIPAA Privacy Rule 45 CFR Part 160 and Part 164, Subparts A and E**	AUDIT FREQUENCY: **Monthly Audit**

Hipaa Privacy Compliance Audit Safety Audit Checklist

Operational Scope: This checklist establishes a rigorous framework for evaluating administrative, physical, and technical safeguards within medical clinics. The objective is to mitigate the risk of Protected Health Information (PHI) breaches and ensure mandatory compliance with federal healthcare privacy regulations.

MANDATORY PPE:	Nitrile Gloves (ASTM D6319), Disposable Isolation Gowns, Medical Face Masks / Procedural Masks, Employee Identification Badges, Visitor ID Badges
PREREQUISITES:	Verify auditor credentials and signed confidentiality agreement. | Notify clinic practice manager and IT security officer prior to initiating inspection. | Ensure access keys/codes for secure archive areas are readily available.

PHYSICAL SECURITY & FACILITY SAFEGUARDS

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
1	**Reception & Check-In Desk**	Computer monitor privacy filters are installed and positioned away from patient line-of-sight; physical sign-in sheets do not display full medical details.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
2	**Medical Records & Archive Room**	Storage room doors remain locked when unattended; physical paper charts are never left exposed on desks or in common areas.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
3	**Visitor and Vendor Control**	All third-party vendors and visitors are required to sign in, wear visible identification, and remain escorted while in clinical areas containing PHI.	**Warning**	[ ] PASS [ ] FAIL [ ] N/A
4	**Secure Disposal Bins**	Console shredding bins for physical PHI are locked, securely anchored, and not overflowing; no documents are sitting unsecured next to bins.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A

TECHNICAL & WORKSTATION SECURITY

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
5	**Workstation Auto-Lock Feature**	All clinical and administrative computer terminals automatically lock after no more than 5 minutes of inactivity.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
6	**Password and Credential Hygiene**	No sticky notes, whiteboards, or unencrypted documents contain active user login credentials, system passwords, or shared PINs near workstations.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
7	**Printer and Fax Security**	Shared network printers and fax machines are located in secure staff-only zones; printed documents containing PHI are retrieved immediately.	**Warning**	[ ] PASS [ ] FAIL [ ] N/A
8	**Mobile Devices and Laptops**	All portable devices, tablets, and laptops used for clinical documentation are encrypted, asset-tagged, and stored in locked charging bays when off-site.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A

ADMINISTRATIVE PRACTICES & PATIENT RIGHTS

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
9	**Notice of Privacy Practices (NPP)**	Current NPP is visibly posted in the waiting area, and acknowledgment forms are accessible in patient intake packets.	**Standard**	[ ] PASS [ ] FAIL [ ] N/A
10	**Staff HIPAA Training Verification**	All active clinical and administrative personnel have documentation of completed annual HIPAA privacy and security awareness training.	**Warning**	[ ] PASS [ ] FAIL [ ] N/A
11	**Verbal Communication Protocols**	Staff utilize low voices and closed doors when discussing patient diagnoses, treatment plans, or scheduling in semi-private clinical spaces.	**Standard**	[ ] PASS [ ] FAIL [ ] N/A

Certified Inspector / Compliance Officer Signature: _____	**Date / Time:** _____	**Badge / Cert #:** _____
Site Safety Supervisor / Operations Manager Sign-off: _____	**Review Date:** _____	**Audit Status:** [ ] Approved [ ] Rectify

COMPLIANCE NOTICE: This document must be archived for a minimum of 12 months in accordance with workplace safety recordkeeping guidelines.

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