

Building Compliance into Your HIPAA Program

IMPLEMENTATION CHECKLIST

Project: Request for Amendment of PHI

Tasks	4	Issues
Workflow		<ul style="list-style-type: none">• Stakeholder departments/positions identified - what departments and positions will have responsibility to carry out a process• Workflow and responsibilities defined:<ul style="list-style-type: none">- how are forms routed,- internal communication of the request,- documentation of request and review,- communication with the individual- record amendment process- external communication process (Business Associates)- process to review and respond to denied amendment requests
Policy and Procedure		<ul style="list-style-type: none">• Developed based on workflow• Reviewed with staff assigned responsibilities in the policy/procedure, revised based on their input• Finalized and approved• Printed and distributed (policy manuals, internal website, etc.)
Forms		<ul style="list-style-type: none">• Request for Amendment form developed and tested with sample of staff, revised if needed• Form approval process (if organization has a formal process)• Form printed and distributed or available for download• If printed a process to re-order forms in place

Tasks	4	Issues
Education		<ul style="list-style-type: none"> ● Internal <ul style="list-style-type: none"> - Training materials developed - Staff involved in the process scheduled for training - Training conducted and evaluated ● External <ul style="list-style-type: none"> - Explanation tool for the public, defines organization's process, timeframes for review, how they will be notified, contact names and numbers.
Implementation Aids (tools to assist staff in implementing new procedures)		<ul style="list-style-type: none"> ● Request for Amendment Packet developed, contains: <ul style="list-style-type: none"> - Request form - Script for staff to use to explain the process to the individual - Handout for the individual that includes the timeframes for review and communication processes - Form routing instructions - Communication and documentation instructions.

PROJECT REQUEST

Project Description

Provide a brief description of what this project is designed to accomplish and how it meets the strategic business direction of your department and/or Denver Health.

I. Known Project Details

- Provide in as much detail as possible, the expected project deliverables, expected cost, hardware and software (if known) and proposed time frame for implementation of this project.
- Include any factors such as JACHO requirements or grant cutoff dates.

II. Proposed Interfaces to other applications

- Does this project require application data from other applications, list application(s)?
- Does this project need to provide data to other existing applications, list application(s)?

III. HIPAA Considerations

- Does the project require new roles that will access or use patient information?
- Does the project include implementation of or modification to systems that are used to access, store or transmit patient information; demographic, clinical or financial?
- Does the project require new workstations in patient care settings?

IV. Other Departments / Applications Affected by this project

- List other departments that may be impacted by this project or departments that may have need of the technology this project will implement.
- List any application which must have data converted due to this project implementation.

V. Estimated costs

Provide any cost information you may have concerning the proposed project such as those listed below:

- Software purchase, license fees
- Professional fees - Cost for vendor and/or contract personnel to implement and support application
- Training costs, includes training materials if applicable
- Interfaces/Custom Programming
- Maintenance - Annual recurring costs to support and maintain application / client licenses.
- Internal department resource(s) required, system administrator etc.
- Miscellaneous – any other expense you believe may be reasonably incurred during the implementation of this project.

Executive Sponsor Signature

Date