**annual hipaa report template**

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| **Annual HIPAA Report****Compliance Efforts of each HIPAA Health Care Component****Submit to the Office of the President** |
| Date:  |  |
| Name of Health Care Component: |
| Name of Privacy Official: |
| Name of University Privacy Officer (if different from above): |
| 1. | Results of audits and/or gap analysis performed: |
| 2. | Topics of issues raised in regular consultation with the Office of General Counsel: |
| 3. | Results of annual review and report on privacy and security safeguards by the appropriate Computer Services personnel: |
| 4. | Compliance efforts for this reporting period: |
| 1. Revision to policies, procedures, and practices required by HIPAA privacy regulations, or changes in practices:
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| 1. Actions taken to ensure that there are no prohibited uses or disclosures of Protected Health Information (PHI) to non-designated Health Care Component workforces, or outside entities (as noted in Section 7. f. below):
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| 1. Complaints received and their resolution, if any (clarify between those that are open vs. closed):
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| 1. Employee violations (specify level) and their resolution. Include sanctions, if any, and actions taken to reduce or eliminate likelihood violations will be repeated:
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| 5. | List and explain outreach and training efforts to increase awareness and compliance: |
| 6. | Describe plans for future improvements in enforcement and compliance efforts: |
| 7. | **Attach one copy of each of the following documents to your Annual HIPAA Report:** |
| 1. Notice of Privacy Practices.
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| 1. Policies and Procedures developed or updated for HIPAA compliance:
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| 1. Copies of updated templates, forms and documents used in compliance with HIPAA:
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| 1. Attestation of training for the HIPAA workforce:
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| 1. List of departments and personnel outside your Health Care Component that perform functions for your Health Care Component:
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| 1. List of current Business Associates, include a copy of the Business Agreement:
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| **I declare that the information I am submitting in this Annual HIPAA Report is true and accurate to the best of my knowledge and belief.** |
| Signature: | Date: |
| **Submit this report with attachments to:**Office of the President**Submit a copy of this report with attachments to:**Privacy OfficerOffice of the General CounselIf you are submitting this report electronically, select the Submit Report button above and attach the additional required documents to the email before sending. |