

Hospital HIPAA Compliance Training Checklist

Onboarding & Training

EMPLOYEE NAME	DATE ____/____/____	DEPARTMENT	TRAINER / FACILITATOR
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DATA PRIVACY FUNDAMENTALS

- | | |
|--|--|
| <input type="checkbox"/> Legal basis for data protection explained | <input type="checkbox"/> Lawful purposes for data processing |
| <input type="checkbox"/> Definition of personal health data | <input type="checkbox"/> Data minimisation principle |
| <input type="checkbox"/> Patient rights regarding their data | <input type="checkbox"/> Consequences of non-compliance |

PATIENT DATA HANDLING

- | | |
|---|---|
| <input type="checkbox"/> Appropriate use of patient information | <input type="checkbox"/> Sharing data with other providers |
| <input type="checkbox"/> Verbal confidentiality (public areas) | <input type="checkbox"/> Patient consent for data sharing |
| <input type="checkbox"/> Screen privacy and clean desk policy | <input type="checkbox"/> Handling patient data requests |
| <input type="checkbox"/> Secure disposal of paper records | <input type="checkbox"/> Social media and patient information |

ACCESS CONTROLS & SECURITY

- | | |
|--|---|
| <input type="checkbox"/> Password policy and management | <input type="checkbox"/> Prohibition on sharing login credentials |
| <input type="checkbox"/> Role-based access principles | <input type="checkbox"/> Secure remote access procedures |
| <input type="checkbox"/> Screen locking when leaving workstation | <input type="checkbox"/> Mobile device security requirements |

BREACH IDENTIFICATION & RESPONSE

- | | |
|--|---|
| <input type="checkbox"/> How to identify a data breach | <input type="checkbox"/> Who to notify and when |
| <input type="checkbox"/> Immediate steps upon discovering a breach | <input type="checkbox"/> Documentation requirements |
| <input type="checkbox"/> Internal reporting procedure | <input type="checkbox"/> Common breach scenarios discussed
<small>Misdirected fax, lost device, email error, verbal disclosure</small> |

TRAINING COMPLETION

 Knowledge assessment passed Pass Needs retake

 Confidentiality agreement signed

Next annual refresher due _____

Employee signature _____

Trainer signature _____

Notes

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