

## 42 C.F.R. Part 2 \*NEW\* - UPDATED for the 2024 Final Rule

▲ = Part 2 Final Rule changes apply. Compliance deadline is [February 16, 2026](#).

### Tools & Checklists

v.2.2025	1A: Checklist: Part 2 Assessment: Does 42 CFR Part 2 Apply to Your Organization? ▲
v.2.2025	1B: Checklist: Part 2 Compliance: (1) Part 2 Programs (2) Lawful Holders (3) Qualified Services Organizations ▲
v.2.2025	1C: Checklist: Part 2 + HIPAA Compliance
v.2.2025	1D: Documentation: Part 2 Gap Self-Assessment
v.2.2025	1E: Documentation: Security Risk Analysis (Part 2 + HIPAA)
v.2.2025	1F: Checklist: HIPAA + Part 2 Notice of Privacy Practice - Required Elements ▲
v.2.2025	1G: Resource: Crosswalk - HIPAA & 42 CFR Part 2 Permitted Use & Disclosures ▲
v.2.2025	1H: Resource: Crosswalk - HIPAA & 42 CFR Part 2 BAA & QSOA Required Elements
v.2.2025	1I: Documentation: HIPAA BAA/QSOA Tracking Tool
v.2.2025	1J: Checklist: Required Elements for Organized Health Care Arrangements (OHCA)
v.2.2025	1K: Documentation: Accounting of Disclosures (AOD) Log
v.2.2025	1L: Documentation: Part 2 + HIPAA Security Incident Log
v.2.2025	1M: Documentation: Part 2 + HIPAA Breach Assessment (with "Low Probability" scoring tool) ▲
v.2.2025	1N: Checklist: De-Identification & Limited Data Set (LDS) Elements Checklist ▲
v.2.2025	1O: Checklist: Destruction of ePHI Checklist
v.2.2025	1P: Resource: Security Reminders (samples)
v.2.2025	1Q(i): Resource: PowerPoint: 42 CFR Part 2 Final Rule Workforce Training
v.2.2025	1Q(ii): Resource: PowerPoint: HIPAA Workforce Training
	1R: Resource: Reproductive Health Care Compliance Elements [VACATED. This requirement is no longer in effect.]
v.2.2025	1S: Resource: 42 CFR Part 2 Crosswalk with 2024 Amendments ▲
v.2.2025	1T: Checklist: Reviewing 3 <sup>rd</sup> Party BAA/QSOA
v.2.2025	1U: Checklist: Reviewing 3 <sup>rd</sup> Party HIPAA/Part 2 Consents ▲

### Sample Forms

v.2.2025	2A(i): Part 2 Consent for TPO (Treatment, Payment, Health Care Operations) ▲
v.2.2025	2A(ii): Part 2 Consent for Intermediary ▲
v.2.2025	2A(iii): Part 2 Consent for all non-TPO Uses ▲
v.2.2025	2B: HIPAA BAA/Qualified Service Organization Agreement (QSOA) ▲
v.2.2025	2C: Notice of Privacy Practices (Mixed Use Facility) ▲
v.2.2025	2D: Privacy Officer Job Description
v.2.2025	2E: Security Officer Job Description
v.2.2025	2F: Resolution of Board of Trustees
v.2.2025	2G: Workforce Acknowledgment and Agreement of Part 2 Obligations
v.2.2025	2H: Confidentiality Agreement for 3 <sup>rd</sup> Party to not Re-Disclose Part 2 Information
v.2.2025	2I: Certification by Entity to Destroy PHI
v.2.2025	2J: Request for Restriction by Individual
	2K: Sample Reproductive Health Care Model Attestation [VACATED. This requirement is no longer in effect.]
v.2.2025	2L: Sample Part 2 Notice to Recipient of Part 2 Records ▲

### POLICIES & PROCEDURES

#### 3A: General - Governance & Oversight

v.2.2025	Policy#G01: Privacy & Security Compliance Program
v.2.2025	Policy#G02: Privacy Officer
v.2.2025	Policy#G03: Security Officer
v.2.2025	Policy#G04: Training
v.2.2025	Policy#G05: Complaints and Reporting Non-Compliance ▲
v.2.2025	Policy#G06: Sanctions for Non-Compliance

#### 4A: Privacy - Individual Rights

v.2.2025	Policy#PP-01: Right to Access ▲
v.2.2025	Policy#PP-02: Right to Amendment
v.2.2025	Policy#PP-03: Right to Accountings of Disclosures ▲
v.2.2025	Policy#PP-04: Right to Request Restrictions and Confidential Communications ▲
v.2.2025	Policy#PP-05: Right to HIPAA Notice of Privacy Practices
v.2.2025	Policy#PP-06: Personal Representatives ▲

# Legal HIE Membership Content

<b>4B: Privacy – Use &amp; Disclosure (All Part 2 Records + PHI)</b>	
v.2.2025	Policy#PP-07: Business Associates & Qualified Service Organizations ▲
v.2.2025	Policy#PP-08: Treatment ▲
v.2.2025	Policy#PP-09: Payment ▲
v.2.2025	Policy#PP-10: Health Care Operations ▲
v.2.2025	Policy#PP-11: Family Members, Relatives and Friends
v.2.2025	Policy#PP-12: Emergency Situations
v.2.2025	Policy#PP-13: Victims of Abuse, Neglect or Violence
v.2.2025	Policy#PP-14: Public Health ▲
v.2.2025	Policy#PP-15: Research
v.2.2025	Policy#PP-16: De-Identified Information ▲
v.2.2025	Policy#PP-17: Prohibition on “Sale of PHI”
v.2.2025	Policy#PP-18: Marketing
v.2.2025	Policy#PP-19: Healthcare Oversight
v.2.2025	Policy#PP-20: Required by Law
v.2.2025	Policy#PP-21: Judicial and Administrative requests
v.2.2025	Policy#PP-22: Law Enforcement Requests ▲
v.2.2025	Policy#PP-23: Minimum Necessary
v.2.2025	Policy#PP-24: Reasonable Safeguards
v.2.2025	Policy#PP-25: Information Subject to Special Protection
v.2.2025	Policy#PP-26: Deceased Individuals
v.2.2025	Policy#PP-27: Reproductive Health Care Privacy
v.2.2025	Policy#PP-28: Disposing Records When Part 2 Program is Discontinued or Acquired ▲
<b>5A: Security – Administrative Safeguards</b>	
v.2.2025	Policy#SAP-01: Security Management Process
v.2.2025	Policy#SAP-02: Security Risk Analysis
v.2.2025	Policy#SAP-03: Information Systems Activity Review
v.2.2025	Policy#SAP-04: Standard Workforce Security
v.2.2025	Policy#SAP-05: Information Access Management
v.2.2025	Policy#SAP-06: Scope of Access by Workforce
v.2.2025	Policy#SAP-07: Authentication & Verification of Person/Entity
v.2.2025	Policy#SAP-08: Security Incidents
v.2.2025	Policy#SAP-09: Breach Response & Notification ▲
v.2.2025	Policy#SAP-10: Contingency Plans
v.2.2025	Policy#SAP-11: Security Awareness & Training
<b>5B: Security – Administrative Safeguards</b>	
v.2.2025	Policy#STP-01: Access Controls
v.2.2025	Policy#STP-02: Audit Controls
v.2.2025	Policy#STP-03: Data Integrity
v.2.2025	Policy#STP-04: Person/Entity Authentication
v.2.2025	Policy#STP-05: Transmission & Encryption (incl. email)
<b>5C: Security – Physical Safeguards</b>	
v.2.2025	Policy#SPP-01: Facility Access Controls
v.2.2025	Policy#SPP-02: Workstation Use and Security
v.2.2025	Policy#SPP-03: Device and Media Control
v.2.2025	Policy#SPP-04: Data Backup and Recovery
v.2.2025	Policy#SPP-05: Disposal of Information & Records ▲
<b>Data Breaches</b>	
<b>Tools &amp; Checklists</b>	
v.4.2020	TOOL: HIPAA Incident Report with Log
v.4.2020	TOOL: HIPAA Breach Assessment (+Low Probability scoring Tool)
v.10.2020	TOOL: NJ-HIPAA Breach Decision Tree
v.10.2020	TOOL: NY-HIPAA Breach Decision Tree
v.10.2020	TOOL: PA-HIPAA Breach Decision Tree
v.10.2020	TOOL: Template_HIPAA-State Breach Law Decision Tree
<b>Sample Forms</b>	
v.4.2020	FORM: Breach Notification Letter to Patient (CE-HealthCare Provider)
v.4.2020	FORM: Certification by Entity PHI Destroyed (BA)
v.4.2020	FORM: Certification by Entity PHI Destroyed (CE-HealthCare Provider)

# Legal HIE Membership Content

<b>Sample Policies</b>	
v.4.2020	POLICY: HIPAA Breach Response & Notification (BA)
v.4.2020	POLICY: HIPAA Breach Response & Notification (CE-HealthCare Provider)
<b>HIPAA Helper (Covered Entity - Health Care Provider)</b>	
<b>Tools &amp; Checklists</b>	
v.1.2020	1A: Health Care Provider HIPAA Compliance Checklist
v.1.2020	1B: Assessment of HIPAA "Covered Entity" Status
v.1.2020	1C: Hybrid Entity Designation ( <i>if applicable</i> )
v.1.2020	1D: HIPAA Gap Self-Assessment
v.1.2020	1E: Security Risk Analysis: Administrative Safeguards (OCR/ONC SRA Tool links)
v.1.2020	1F: Security Risk Analysis: Technical Safeguards (OCR/ONC SRA Tool links)
v.1.2020	1G: Security Risk Analysis: Physical Safeguards(OCR/ONC SRA Tool links)
v.1.2020	1H: Required Elements of a HIPAA Notice of Privacy Practices
v.1.2020	1I: Required Elements of a HIPAA Authorization
v.1.2020	1J: Required Elements of a HIPAA BAA
v.1.2020	1K: HIPAA BAA Tracking Tool
v.1.2020	1L: OHCA Required Elements
v.1.2020	1M Accounting of Disclosures (AOD) Log
v.1.2020	1N: HIPAA Incident Report <i>with</i> Log
v.1.2020	1O: HIPAA Breach Assessment ( <i>with "Low Probability" scoring tool</i> )
v.1.2020	1P: HIPAA De-Identification and Limited Data Set (LDS) Standards Checklist
v.1.2020	1Q: Destruction of ePHI Checklist
v.1.2020	1R: HIPAA Security Reminders ( <i>samples</i> )
v.1.2020	1S: HIPAA Workforce Training ( <i>PowerPoint</i> )
<b>Sample Forms</b>	
v.1.2020	2A: HIPAA Authorization to Disclose PHI
v.1.2020	2B: HIPAA Business Associate Agreement
v.1.2020	2C: HIPAA Data Use Agreement ( <i>for Limited Data Sets</i> )
v.1.2020	2D: HIPAA OHCA Agreement ( <i>for Organized Health Care Arrangements</i> )
v.6.2024	2E: HIPAA Notice of Privacy Practices
v.1.2020	2F: HIPAA Privacy Officer Job Description
v.1.2020	2G: HIPAA Security Officer Job Description
v.1.2020	2H: Resolution of Board of Trustees
v.1.2020	2I: Workforce Acknowledgment and Agreement of HIPAA Obligations
v.1.2020	2J: Confidentiality Agreement for 3 <sup>rd</sup> Party to not Re-Disclose PHI
v.1.2020	2K: Certification by Entity to Destroy PHI
v.1.2020	2L: Request for Restriction by Individual
<b>POLICIES &amp; PROCEDURES:</b>	
<b>General - Governance &amp; Oversight</b>	
v.1.2020	<i>Policy#G01: HIPAA Compliance Program</i>
v.1.2020	<i>Policy#G02: HIPAA Privacy Officer</i>
v.1.2020	<i>Policy#G03: HIPAA Security Officer</i>
v.1.2020	<i>Policy#G04: HIPAA Training (Workforce)</i>
v.1.2020	<i>Policy#G05: Complaints and Reporting HIPAA Non-Compliance</i>
v.1.2020	<i>Policy#G06: Sanctions</i>
<b>Privacy - Individual Rights</b>	
v.1.2020	<i>Policy#PP-01: Right to Access</i>
v.1.2020	<i>Policy#PP-02: Right to Request Amendment</i>
v.1.2020	<i>Policy#PP-03: Right to an Accountings of Disclosures</i>
v.1.2020	<i>Policy#PP-04: Right to Request Restrictions and Confidential Communications</i>
v.1.2020	<i>Policy#PP-05: Right to HIPAA Notice of Privacy Practices</i>
v.1.2020	<i>Policy#PP-06: Personal Representatives</i>
<b>Privacy - Uses &amp; Disclosures of PHI</b>	
v.1.2020	<i>Policy#PP-07: Business Associates (BA) and Business Associate Agreements (BAAs)</i>
v.1.2020	<i>Policy#PP-08: Treatment</i>
v.1.2020	<i>Policy#PP-09: Payment</i>
v.1.2020	<i>Policy#PP-10: Health Care Operations</i>
v.1.2020	<i>Policy#PP-11: Family Members, Friends and Others Involved in the Individual's Care</i>
v.1.2020	<i>Policy#PP-12: Emergency Situations</i>
v.1.2020	<i>Policy#PP-13: Victims of Abuse, Neglect or Violence</i>
v.6.2024	<i>Policy#PP-14: Public Health *UPDATED!for Reproductive Health Final Rule* [The Reproductive Rule is no longer in effect.]</i>

# Legal HIE Membership Content

v.1.2020	Policy#PP-15: Research
v.1.2020	Policy#PP-16: De-Identified Information
v.1.2020	Policy#PP-17: Prohibition on "Sale" of PHI
v.1.2020	Policy#PP-18: Marketing
v.1.2020	Policy#PP-19: Healthcare Oversight Activities <i>*UPDATED!for Reproductive Health Final Rule*</i> <b>[The Reproductive Rule is no longer in effect.]</b>
v.1.2020	Policy#PP-20: Required by Law
v.6.2024	Policy#PP-21: Judicial and Administrative Requests <i>*UPDATED!for Reproductive Health Final Rule*</i> <b>[The Reproductive Rule is no longer in effect.]</b>
v.6.2024	Policy#PP-22: Law Enforcement Requests <i>*UPDATED!for Reproductive Health Final Rule*</i> <b>[The Reproductive Rule is no longer in effect.]</b>
v.1.2020	Policy#PP-23: Minimum Necessary
v.1.2020	Policy#PP-24: Reasonable Safeguards
v.1.2020	Policy#PP-25: Information Subject to Special Protection
v.6.2024	Policy#PP-26: Deceased Individuals <i>*UPDATED!for Reproductive Health Final Rule*</i> <b>[The Reproductive Rule is no longer in effect.]</b>
<b>Security - Administrative</b>	
v.1.2020	Policy#SAP-01: Security Management Process
v.1.2020	Policy#SAP-02: Security Risk Analysis
v.1.2020	Policy#SAP-03: Information System Activity Review
v.1.2020	Policy#SAP-04: Workforce Security
v.1.2020	Policy#SAP-05: Information Access Management
v.1.2020	Policy#SAP-06: Scope of Access by Workforce
v.1.2020	Policy#SAP-07: Authentication & Verification
v.1.2020	Policy#SAP-08: Security Incidents
v.1.2020	Policy#SAP-09: HIPAA Breach Response & Notification
v.1.2020	Policy#SAP-10: Contingency Plan
v.1.2020	Policy#SAP-11: Security Awareness & Training
<b>Security - Technical</b>	
v.1.2020	Policy#STP-01: Access Controls
v.1.2020	Policy#STP-02: Audit Controls
v.1.2020	Policy#STP-03: Data Integrity
v.1.2020	Policy#STP-04: Authentication
v.1.2020	Policy#STP-05: Transmission & Encryption
<b>Security - Physical</b>	
v.1.2020	Policy#SPP-01: Facility Access Controls
v.1.2020	Policy#SPP-02: Workstation Use and Security
v.1.2020	Policy#SPP-03: Device and Media Control
v.1.2020	Policy#SPP-04: Backup and Recovery
v.1.2020	Policy#SPP-05: Disposal of PHI and e-PHI
<b>HIPAA Helper (Business Associate)</b>	
<b>Tools &amp; Checklists</b>	
v.1.2020	1A: Business Associate HIPAA Compliance Checklist
v.1.2020	1B: HIPAA Gap Self-Assessment
v.1.2020	1C: Security Risk Analysis: Administrative Safeguards (OCR/ONC SRA Tool links)
v.1.2020	1D: Security Risk Analysis: Technical Safeguards (OCR/ONC SRA Tool links)
v.1.2020	1E: Security Risk Analysis: Physical Safeguards(OCR/ONC SRA Tool links)
v.1.2020	1F: Checklist - Reviewing 3 <sup>rd</sup> Party HIPAA Authorization
v.1.2020	1G: Checklist - Reviewing 3 <sup>rd</sup> party HIPAA BAAs
v.1.2020	1H: HIPAA BA Agreements Tracking Tool
v.1.2020	1I: Sub-Contractor BA Agreements Tracking Tool
v.1.2020	1J Accounting of Disclosures (AOD) Log
v.1.2020	1K: HIPAA Incident Report <i>with</i> Log
v.1.2020	1L: HIPAA Breach Assessment ( <i>with "Low Probability" scoring tool</i> )
v.1.2020	1M: HIPAA De-Identification and Limited Data Set (LDS) Standards Checklist
v.1.2020	1N: Destruction of ePHI Checklist
v.1.2020	1O: HIPAA Security Reminders ( <i>samples</i> )
v.1.2020	1P: HIPAA Workforce Training ( <i>PowerPoint</i> )
v.1.2020	1Q: Defining Your HIPAA Workforce (BA)
<b>Sample Forms</b>	
v.1.2020	2A: HIPAA Authorization to Disclose PHI to Business Associate
v.1.2020	2B: HIPAA Business Associate Agreement ( <i>from BAs shoes</i> )
v.1.2020	2C: Business Associate Sub-Vendor BA Addendum

v.1.2020	2D: HIPAA Data Use Agreement ( <i>for Limited Data Sets</i> )
v.1.2020	2E: HIPAA Compliance Officer Job Description
v.1.2020	2F: HIPAA Security Officer Job Description
v.1.2020	2G: Resolution of Board of Trustees to Adopt HIPAA Program & Appoint Officer(s)
v.1.2020	2H: Workforce Acknowledgment and Agreement of HIPAA Obligations
v.1.2020	2I: Confidentiality Agreement for 3 <sup>rd</sup> Party to not Re-Disclose PHI
v.1.2020	2J: Certification by Entity to Destroy PHI
<b>POLICIES &amp; PROCEDURES:</b>	
<b>General - Governance &amp; Oversight</b>	
v.1.2020	<i>Policy#G01: HIPAA Compliance Program</i>
v.1.2020	<i>Policy#G02: HIPAA Compliance Officer</i>
v.1.2020	<i>Policy#G03: HIPAA Security Officer</i>
v.1.2020	<i>Policy#G04: HIPAA Training (Workforce)</i>
v.1.2020	<i>Policy#G05: Complaints and Reporting HIPAA Non-Compliance</i>
v.1.2020	<i>Policy#G06: Sanctions</i>
<b>Privacy - Individual Rights</b>	
v.1.2020	<i>Policy#PP-01: Individual Rights – Responding to a Covered Entity’s Request</i>
v.1.2020	<i>Policy#PP-02: Access</i>
v.1.2020	<i>Policy#PP-03: Amendment</i>
v.1.2020	<i>Policy#PP-04: Accounting of Disclosures</i>
v.1.2020	<i>Policy#PP-05: Personal Representatives</i>
<b>Privacy - Uses &amp; Disclosures of PHI</b>	
v.1.2020	<i>Policy#PP-06: Business Associates (BA) and Business Associate Agreements (BAAs)</i>
v.1.2020	<i>Policy#PP-07: Treatment, Payment, Health Care Operations</i>
v.1.2020	<i>Policy#PP-08: De-Identified Information</i>
v.1.2020	<i>Policy#PP-09: Prohibition on “Sale” of PHI</i>
v.1.2020	<i>Policy#PP-10: Marketing</i>
v.6.2024	<i>Policy#PP-11: Healthcare Oversight Activities <del>*UPDATED!for Reproductive Health Final Rule*</del> [The Reproductive Rule is no longer in effect.]</i>
v.1.2020	<i>Policy#PP-12: Required by Law</i>
v.6.2024	<i>Policy#PP-13: Judicial and Administrative Requests <del>*UPDATED!for Reproductive Health Final Rule*</del> [The Reproductive Rule is no longer in effect.]</i>
v.6.2024	<i>Policy#PP-14: Law Enforcement Requests <del>*UPDATED!for Reproductive Health Final Rule*</del> [The Reproductive Rule is no longer in effect.]</i>
v.1.2020	<i>Policy#PP-15: Minimum Necessary</i>
v.1.2020	<i>Policy#PP-16: Reasonable Safeguards</i>
v.1.2020	<i>Policy#PP-17: Information Subject to Special Protection</i>
v.1.2020	<i>Policy#PP-18: Research</i>
v.6.2024	<i>Policy#PP-19: Public Health <del>*UPDATED!for Reproductive Health Final Rule*</del> [The Reproductive Rule is no longer in effect.]</i>
v.1.2020	<i>Policy#PP-20: Emergency Situations</i>
<b>Security - Administrative</b>	
v.1.2020	<i>Policy#SAP-01: Security Management Process</i>
v.1.2020	<i>Policy#SAP-02: Security Risk Analysis</i>
v.1.2020	<i>Policy#SAP-03: Information System Activity Review</i>
v.1.2020	<i>Policy#SAP-04: Workforce Security</i>
v.1.2020	<i>Policy#SAP-05: Information Access Management</i>
v.1.2020	<i>Policy#SAP-06: Scope of Access by Workforce</i>
v.1.2020	<i>Policy#SAP-07: Authentication &amp; Verification</i>
v.1.2020	<i>Policy#SAP-08: Security Incidents</i>
v.1.2020	<i>Policy#SAP-09: HIPAA Breach Response &amp; Notification</i>
v.1.2020	<i>Policy#SAP-10: Contingency Plan</i>
v.1.2020	<i>Policy#SAP-11: Security Awareness &amp; Training</i>
<b>Security - Technical</b>	
v.1.2020	<i>Policy#STP-01: Access Controls</i>
v.1.2020	<i>Policy#STP-02: Audit Controls</i>
v.1.2020	<i>Policy#STP-03: Data Integrity</i>
v.1.2020	<i>Policy#STP-04: Authentication</i>
v.1.2020	<i>Policy#STP-05: Transmission &amp; Encryption</i>
<b>Security - Physical</b>	
v.1.2020	<i>Policy#SPP-01: Facility Access Controls</i>
v.1.2020	<i>Policy#SPP-02: Workstation Use and Security</i>
v.1.2020	<i>Policy#SPP-03: Device and Media Control</i>
v.1.2020	<i>Policy#SPP-04: Backup and Recovery</i>

v.1.2020	Policy#SPP-05: Disposal of PHI and e-PHI
<b>HIPAA Resources (general)</b>	
<b>Tools &amp; Checklists</b>	
v.6.2024	TOOL: Checklist for Reproductive Health (NJ & HIPAA) <i>*NEW*</i> [The Reproductive Rule is no longer in effect. State Laws remain in effect.]
v.6.2024	TOOL: Crosswalk HIPAA and NJ Reproductive Health Law <i>*NEW*</i> [The Reproductive Rule is no longer in effect. State Laws remain in effect].
v.1.2023	CHECKLIST: HIPAA Compliance Assessment Mitigation for Use of Online Tracking Technologies
v.4.2020	CHECKLIST: Assessing your Organization for HIPAA Covered Entity Status
v.4.2020	CHECKLIST: Business Associates & When a HIPAA BAA is Needed
v.4.2020	CHECKLIST: Business Associate HIPAA Compliance Checklist
v.4.2020	CHECKLIST: Destruction of ePHI Checklist
v.4.2020	CHECKLIST: Health Care Provider HIPAA Compliance Checklist
v.4.2020	CHECKLIST: De-Identification of PHI and Limited Data Set (LDS) Standards
v.4.2020	CHECKLIST: Required Elements of a HIPAA Authorization
v.4.2020	CHECKLIST: Required Elements of a HIPAA BAA
v.3.2020	CHECKLIST: Identifying Business Associates and Need for BAA
v.4.2020	TOOL: Security Reminders (samples)
v.3.2020	TOOL: HIPAA Primer and "Train the Trainer"
<b>Sample Forms &amp; Policies</b>	
v.6.2024	FORM: Reproductive Health Care Template Attestation <i>*NEW*</i> [The Reproductive Rule is no longer in effect.]
v.4.2020	FORM: Workforce Acknowledgement of HIPAA Obligations
v.4.2020	POLICY: Business Associates (BA) and BAAs
v.4.2020	POLICY: HIPAA Compliance Program (CE-Health Care Provider)
v.4.2020	POLICY: HIPAA Compliance Program (BA)
v.4.2020	POLICY: Use of Email to transmit ePHI
v.4.2020	POLICY: Use of Mobile Devices
<b>PowerPoints</b>	
v.6.2024	PPT: Workforce Training – HIPAA Final Rule on Reproductive Health <i>*NEW*</i> [The Reproductive Rule is no longer in effect.]
4.2020	PPT: HIPAA Workforce Training (PowerPoint)
<b>Whitepapers</b>	
v.6.2013	Granting Access to Care Coordinators in Accordance with HIPAA
v.10.2012	Workforce Access to Personal PHI & Family PHI from Covered Entity's EHR (prepared October 2012)
v.2.2012	Patient Consent & Opt-Out Under the Medicare ACO Rule (prepared Feb 2012)
<b>Information Blocking</b>	
<b>Checklists</b>	
v.5.2021	CHECKLIST: Information Blocking Rule (IBR) Decision Tree (Health Care Provider)
v.12.2022	CHECKLIST: Compliance with the Information Blocking Rule
<b>Tools</b>	
v.03.2019	TOOL: CMS Cures Act Proposed Rule Chart
v.03.2019	TOOL: ONC Info Blocking Proposed Rule Chart
v.10.2020	TOOL: Preventing Harm Exception (Final Rule Text & Preamble Excerpts)
v.10.2020	TOOL: Privacy Exception (Final Rule Text & Preamble Excerpts)
v.10.2020	TOOL: Security Exception (Final Rule Text & Preamble Excerpts)
v.10.2020	TOOL: Infeasibility Exception (Final Rule Text & Preamble Excerpts)
v.10.2020	TOOL: Health IT Performance Exception (Final Rule Text & Preamble Excerpts)
v.10.2020	TOOL: Content & Manner Exception (Final Rule Text & Preamble Excerpts)
v.10.2020	TOOL: Fees Exception (Final Rule Text & Preamble Excerpts)
v.10.2020	TOOL: Licensing Exception (Final Rule Text & Preamble Excerpts)
v.2.2021	TOOL: Privacy Exception – HIPAA Personal Representative" Decision Tree
<b>Tip Sheets</b>	
v.2.2021	TIP SHEET: Health Care Professionals determining "Risk of Harm" under Info Blocking
v.4.2021	TIP SHEET: Patient Portals
v.4.2021 v.12.2021	TIP SHEET: IBR Use Case Questions (v.4.2021) TIP SHEET: IBR Use Case Questions (v.12.2021)
<b>Sample Forms</b>	
v.2.2021	FORM: Documentation of Factors for Infeasibility Under the Circumstances (§171.204(a)(3)(i))
v.2.2021	FORM: Notice of Infeasibility (§171.204(b))
v.5.2021	FORM: IBR Amendment to HIPAA BAA (2-page "quick solution" to amend existing BAAs for compliance with IBR)
v.5.2021	FORM: HIPAA BAA Form (updated for IBR compliance)

<b>Sample Policies</b>	
<b>Health Care Providers</b>	
v.10.2020	POLICY: Hospital ADT Notification – New CMS Medicare COP
v.10.2020	POLICY: Preventing Harm Exception
v.10.2020	POLICY: Privacy Exception
v.10.2020	POLICY: Security Exception
v.10.2020	POLICY: Infeasibility Exception
v.10.2020	POLICY: Health IT Performance Exception
v.10.2020	POLICY: Content & Manner Exception
v.10.2020	POLICY: Fees Exception
v.10.2020	POLICY: Licensing Exception
v.2.2021	POLICY: HIPAA Privacy – Individual Right to Access - ADULTS (HIPAA CE-HCP) (amended for Info Blocking)
v.2.2021	POLICY: HIPAA Privacy – MINORS (HIPAA CE-HCP) (amended for Info Blocking)
<b>PowerPoints</b>	
v.10.2020	PPT: CMS Final Rule: Encounter Notification as Medicare Condition of Participation
v.10.2020	PPT: ONC Final Rule on Information Blocking (Preventing Harm; Privacy; Content & Manner)
v.10.2020	PPT: ONC Final Rule on Information Blocking (Security; Infeasibility; Health IT Performance; Fees; Licensing)
<b>Whitepapers</b>	
v.12.2018	WHITEPAPER: 21 <sup>st</sup> Century CURES Act & MACRA
v.2.2021	WHITEPAPER: How the 21 <sup>st</sup> Century Cures Act & its IB Rule Could Change Access to EHI by Organ Procurement Organizations
v.2.2021	WHITEPAPER: Blocking EHI to Prevent Harm under the HIPAA & Information Blocking
v.4.2021	WHITEPAPER: Analyzing Minors’ Consent Rights under HIPAA (NJ law)
v.4.2021	WHITEPAPER: Patient Portals
<b>Data Exchange Networks (HIEs/HINs)</b>	
<b>Checklists &amp; Tools</b>	
v.3.2020	TOOL_Incorporating Part 2 Records in HIOs
v.4.2020	TOOL_Pro Pros & Cons Worksheet for Selecting a Governing HIO Entity
v.4.2020	CHECKLIST: Participant HIE Readiness
v.4.2020	CHECKLIST: Evaluating HIT Vendor Contracts
v.4.2020	CHECKLIST: Evaluating Cyber Insurance for HIE
v.4.2020	CHECKLIST: Decision Matrix for Developing Policies for Health Information Exchange
v.4.2020	CHECKLIST: Considerations for Development of an HIO or HIE
v.4.2020	CHECKLIST: Decision Matrix for Organizations Evaluating HIE Activities
v.4.2020	CHECKLIST: De-identifying PHI and Creating Limited Data Sets
v.4.2020	CHECKLIST: Identifying Business Associates and Need for BAA
<b>PowerPoints</b>	
v.4.2020	HIE Registration Training and End User Agreement (Clinician)
<b>Whitepapers</b>	
v.7.2015	Minors Emancipated Treatment Challenges with Electronic HIE and Patient Portals (written July 2015)
v.4.2014	When do HIE Conduits Cross the HIPAA BA Line? (prepared April 2014)
v.2014	Sensitive Information, Consent and HIE (prepared in 2014)
v.10.2012	Workforce Access to Personal PHI & FamilyPHI from Covered entity HER (prepared October 2012)
v.9.2012	Recommendations for Patient HIE Education and “Meaningful Consent” (prepared September 2012)
v.5.2012	Implementing an Opt-Out Consent Framework for HIE – a Case Example (prepared May 2012)
v.2.2012	Patient Consent & Opt-Out Under the Medicare ACO Rule (prepared Feb 2012)
v.2012	HIEs as Bas for Data Loading and Storage (prepared in 2012)
v.2011	Sequestration of Sensitive Information (prepared in 2011)
v.2011	Starting up Electronic Health Information Exchange (prepared in 2011)