PLATOPS

Evaluate HIPAA readiness gaps

PlatOps provides security-first DevOps, cloud, and managed IT services for small and mid-sized businesses. We help organizations achieve compliance certifications, secure their infrastructure, and modernize their operations — without the enterprise price tag.

From SOC 2 and HIPAA compliance to cloud migrations and 24/7 monitoring, our team of engineers delivers measurable results with a 100% audit pass rate across 60+ client engagements.

100%	**60+**	**8-12 wk**	**24/7**
AUDIT PASS RATE	ORGANIZATIONS	AVG. TO COMPLIANCE	MONITORING

HIPAA Readiness Assessment

Self-Assessment for Healthcare Organizations & Business Associates

Prepared by PlatOps Security Version 1.0 | January 2026

ASSESSMENT OVERVIEW

ATTRIBUTE	VALUE
Total Questions	60
Categories	Administrative, Physical, Technical Safeguards + Privacy
Time to Complete	45-60 minutes
Scoring	0-3 per question
Output	Compliance readiness score + risk level + priority gaps

Scoring Guide

- **0** = Not implemented / Not documented
- **1** = Partially implemented (< 50%)
- **2** = Mostly implemented (50-90%)
- **3** = Fully implemented with documentation

FIELD	RESPONSE
Organization Name	
Organization Type	[ ] Covered Entity [ ] Business Associate
Number of Employees	
Approximate ePHI Records	
Current HIPAA Status	[ ] New [ ] Renewing [ ] Remediation
Last Risk Assessment Date	

SECTION 1: ADMINISTRATIVE SAFEGUARDS (24 Questions)

1.1 Security Management Process

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
1	§164.308(a)(1)(i)	Have you conducted a comprehensive HIPAA risk analysis?	_____	
2	§164.308(a)(1)(ii)(A)	Is there a formal risk management program in place?	_____	
3	§164.308(a)(1)(ii)(B)	Is there a sanctions policy for workforce violations?	_____	
4	§164.308(a)(1)(ii)(D)	Is there a process to review system activity (audit logs)?	_____	

Subsection Score: _____ / 12

1.2 Assigned Security Responsibility

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
5	§164.308(a)(2)	Is there a designated Security Officer?	_____	
6	§164.308(a)(2)	Is there a designated Privacy Officer?	_____	

Subsection Score: _____ / 6

1.3 Workforce Security

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
7	§164.308(a)(3)(ii)(A)	Are authorization procedures documented for PHI access?	_____	
8	§164.308(a)(3)(ii)(B)	Is there a workforce clearance procedure?	_____	
9	§164.308(a)(3)(ii)(C)	Are termination procedures documented and followed?	_____	

Subsection Score: _____ / 9

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
10	§164.308(a)(4)(ii)(B)	Are access authorization policies in place?	_____	
11	§164.308(a)(4)(ii)(C)	Are access modification procedures documented?	_____	

Subsection Score: _____ / 6

1.5 Security Awareness & Training

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
12	§164.308(a)(5)(ii)(A)	Are periodic security reminders provided to workforce?	_____	
13	§164.308(a)(5)(ii)(B)	Is malware protection training provided?	_____	
14	§164.308(a)(5)(ii)(C)	Is login monitoring training provided?	_____	
15	§164.308(a)(5)(ii)(D)	Is password management training provided?	_____	
16	-	Is HIPAA training documented with completion records?	_____	

Subsection Score: _____ / 15

1.6 Security Incident Procedures

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
17	§164.308(a)(6)(ii)	Is there a documented incident response plan?	_____	
18	§164.308(a)(6)(ii)	Are security incidents tracked and documented?	_____	

Subsection Score: _____ / 6

1.7 Contingency Planning

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
19	§164.308(a)(7)(ii)(A)	Is there a data backup plan?	_____	
20	§164.308(a)(7)(ii)(B)	Is there a disaster recovery plan?	_____	
21	§164.308(a)(7)(ii)(C)	Is there an emergency mode operation plan?	_____	
22	§164.308(a)(7)(ii)(D)	Are contingency plans tested regularly?	_____	

Subsection Score: _____ / 12

1.8 Evaluation & Business Associates

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
23	§164.308(a)(8)	Are periodic security evaluations conducted?	_____	
24	§164.308(b)(1)	Are BAAs executed with all business associates?	_____	

Subsection Score: _____ / 6

2.1 Facility Access Controls

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
25	§164.310(a)(2)(i)	Are contingency operations procedures for facility access documented?	_____	
26	§164.310(a)(2)(ii)	Is there a facility security plan?	_____	
27	§164.310(a)(2)(iii)	Are access control procedures (badges, keys) in place?	_____	
28	§164.310(a)(2)(iv)	Are maintenance records maintained?	_____	

Subsection Score: _____ / 12

2.2 Workstation & Device Security

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
29	§164.310(b)	Are workstation use policies documented?	_____	
30	§164.310(c)	Are physical safeguards for workstations implemented?	_____	
31	§164.310(d)(2)(i)	Are media disposal procedures documented?	_____	
32	§164.310(d)(2)(ii)	Are media re-use procedures documented?	_____	
33	§164.310(d)(2)(iii)	Is media accountability maintained?	_____	
34	§164.310(d)(2)(iv)	Are data backup and storage procedures documented?	_____	

Subsection Score: _____ / 18

PHYSICAL SAFEGUARDS TOTAL: _____ / 30

SECTION 3: TECHNICAL SAFEGUARDS (14 Questions)

3.1 Access Control

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
35	§164.312(a)(2)(i)	Are unique user IDs assigned to all users?	_____	
36	§164.312(a)(2)(ii)	Are emergency access procedures documented?	_____	
37	§164.312(a)(2)(iii)	Is automatic logoff implemented?	_____	
38	§164.312(a)(2)(iv)	Is encryption implemented for ePHI at rest?	_____	

Subsection Score: _____ / 12

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
39	§164.312(b)	Are audit controls implemented to record PHI access?	_____	
40	§164.312(b)	Are audit logs retained for at least 6 years?	_____	
41	§164.312(b)	Are audit logs reviewed regularly?	_____	

Subsection Score: _____ / 9

3.3 Integrity & Authentication

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
42	§164.312(c)(1)	Are mechanisms to protect ePHI integrity in place?	_____	
43	§164.312(d)	Is person/entity authentication implemented?	_____	
44	§164.312(d)	Is multi-factor authentication (MFA) implemented?	_____	

Subsection Score: _____ / 9

3.4 Transmission Security

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
45	§164.312(e)(2)(i)	Are integrity controls for ePHI transmission in place?	_____	
46	§164.312(e)(2)(ii)	Is encryption for ePHI transmission implemented (TLS 1.2+)?	_____	
47	-	Is email encryption available for PHI?	_____	
48	-	Is secure file transfer used for PHI?	_____	

Subsection Score: _____ / 12

TECHNICAL SAFEGUARDS TOTAL: _____ / 42

SECTION 4: PRIVACY RULE & BREACH NOTIFICATION (12 Questions)

4.1 Privacy Practices

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
49	§164.520	Is there a Notice of Privacy Practices (NPP)?	_____	
50	§164.520	Is the NPP provided to patients?	_____	
51	§164.530(b)	Are privacy policies documented?	_____	
52	§164.530(b)(1)	Is a Privacy Officer designated?	_____	

Subsection Score: _____ / 12

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
53	§164.524	Can patients access their PHI records?	_____	
54	§164.526	Can patients request amendments to PHI?	_____	
55	§164.528	Can patients receive accounting of disclosures?	_____	

Subsection Score: _____ / 9

4.3 Breach Notification

#	REQUIREMENT	QUESTION	SCORE (0-3)	NOTES
56	§164.402	Is there a process to identify potential breaches?	_____	
57	§164.404	Are individual notification procedures documented?	_____	
58	§164.406	Are HHS notification procedures documented?	_____	
59	§164.408	Are media notification procedures documented (500+)?	_____	
60	-	Are breach assessments documented?	_____	

Subsection Score: _____ / 15

PRIVACY & BREACH TOTAL: _____ / 36

SCORING SUMMARY

Your Readiness Scores

SECTION	YOUR SCORE	MAX SCORE	%	STATUS
Administrative Safeguards	_____	72	___%	_____
Physical Safeguards	_____	30	___%	_____
Technical Safeguards	_____	42	___%	_____
Privacy & Breach	_____	36	___%	_____
TOTAL	**_____**	**180**	**___%**	_____

Compliance Status Guide

SCORE %	STATUS	RISK LEVEL	ACTION REQUIRED
0-25%	**Non-Compliant**	Critical	Immediate remediation required
26-50%	**Partially Compliant**	High	Major gaps need addressing
51-75%	**Substantially Compliant**	Medium	Address remaining gaps
76-90%	**Mostly Compliant**	Low	Fine-tune and document

High-Risk Gaps (Score = 0)

QUESTION #	REQUIREMENT	GAP DESCRIPTION	RISK LEVEL
			Critical / High
			Critical / High
			Critical / High
			Critical / High
			Critical / High

Medium-Risk Gaps (Score = 1)

QUESTION #	REQUIREMENT	GAP DESCRIPTION	RISK LEVEL
			Medium
			Medium
			Medium

BAA INVENTORY

Business Associates Handling PHI

VENDOR NAME	SERVICE TYPE	BAA STATUS	LAST REVIEW
		Signed / Pending / None	
		Signed / Pending / None	
		Signed / Pending / None	
		Signed / Pending / None	
		Signed / Pending / None	

Total BAs with Signed BAAs: _____ / _____

Systems Containing ePHI

SYSTEM NAME	TYPE	LOCATION	ENCRYPTED?	ACCESS LOGGING?
	EHR / Database / Storage	Cloud / On-prem	Y / N	Y / N
	EHR / Database / Storage	Cloud / On-prem	Y / N	Y / N
	EHR / Database / Storage	Cloud / On-prem	Y / N	Y / N
	EHR / Database / Storage	Cloud / On-prem	Y / N	Y / N

DOCUMENTATION CHECKLIST

Required HIPAA Documentation

DOCUMENT	STATUS	LAST UPDATED
Risk Analysis Report	None / Draft / Final	
Risk Management Plan	None / Draft / Final	
Security Policies & Procedures	None / Draft / Final	
Privacy Policies & Procedures	None / Draft / Final	
Notice of Privacy Practices	None / Draft / Final	
Incident Response Plan	None / Draft / Final	
Disaster Recovery Plan	None / Draft / Final	
Training Records	None / Draft / Final	
BAA Template	None / Draft / Final	
BAA Inventory	None / Draft / Final	

REMEDIATION PRIORITIES

Based on your assessment, prioritize these areas:

Tier 1 - Critical (Address within 30 days)

1.

2.

3.

Tier 2 - High (Address within 90 days)

Tier 3 - Medium (Address within 6 months)

1.

2.

NEXT STEPS

Ready to Achieve HIPAA Compliance?

Step 1: Schedule a free HIPAA consultation → platops.com/book-call

Step 2: Get a professional risk analysis → platops.com/assessment

Step 3: Implement with expert guidance

PlatOps HIPAA Services

- **Risk Analysis** - Comprehensive assessment
- **Gap Remediation** - Control implementation
- **Policy Development** - Documentation creation
- **Training Program** - Workforce education
- **Ongoing Compliance** - Continuous monitoring

Our Healthcare Track Record

- **100%** HIPAA audit pass rate
- **50+** Healthcare organizations served
- **10+** Years healthcare IT experience

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Let our team of security and infrastructure experts help you achieve your goals faster.

100%	**60+**	**8-12 wk**	**24/7**
AUDIT PASS RATE	ORGANIZATIONS SERVED	AVG. TIME TO COMPLIANCE	MONITORING & SUPPORT

Get Free Assessment   Book Strategy Call   HIPAA Compliance Services

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