Pharmacy HIPAA Compliance Checklist

Quality Control

DATE	AUDITOR	PHARMACY
____ / ____ / _____		

COUNTER & CONSULTATION PRIVACY

	OK	NOT OK		OK	NOT OK
Conversations not overheard by others	○	○	Private consultation area available	○	○
Prescription labels not visible to others	○	○	Waiting patients at appropriate distance	○	○

PRESCRIPTION HANDLING

	OK	NOT OK		OK	NOT OK
Completed prescriptions stored securely	○	○	Uncollected scripts not visible to others	○	○
Return-to-stock process maintains privacy	○	○	Delivery bags sealed and labelled discreetly	○	○

DIGITAL SECURITY

	OK	NOT OK		OK	NOT OK
Screens not visible to customers	○	○	User accounts individual (no shared logins)	○	○
Auto-lock / screen saver on terminals	○	○	Patient data not on unsecured devices	○	○

PHYSICAL RECORDS

	OK	NOT OK
Paper records stored in locked area	○	○
Shredder available for confidential waste	○	○
No patient info on desks visible to public	○	○

STAFF & TRAINING

	OK	NOT OK
Privacy training completed (all staff)	○	○
Staff aware of breach reporting procedure	○	○
Confidentiality agreements signed	○	○

ACTION PLAN

Issues found

PIC signature _____

Notes

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