





**Section 3: Description of PHI to be stored on the HIPAA Compliant Storage Drive, including the types of identifiers present. Mark all that apply.**

<input type="checkbox"/> Patient Names <input type="checkbox"/> All elements (except years) of dates related to a patient (including birthdate, admission date, discharge date, date of death, and exact age if over 89) <input type="checkbox"/> Patient Telephone numbers <input type="checkbox"/> Patient Fax numbers <input type="checkbox"/> Patient Email addresses <input type="checkbox"/> Patient Social Security Numbers <input type="checkbox"/> Patient Medical record numbers <input type="checkbox"/> Patient Finger or voice prints <input type="checkbox"/> Patient Device identifiers and serial numbers	<input type="checkbox"/> Patient Addresses (all geographic subdivisions smaller than state, including street address, city county, and zip code) <input type="checkbox"/> Patient Health plan beneficiary numbers <input type="checkbox"/> Patient Account numbers <input type="checkbox"/> Patient Certificate or license numbers <input type="checkbox"/> Patient Any vehicle or other device serial numbers <input type="checkbox"/> Patient Web URLs <input type="checkbox"/> Patient Internet Protocol (IP) Addresses <input type="checkbox"/> Patient Photographic images <input type="checkbox"/> Any other unique identifying number, characteristic or code that might identify a Patient
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Please provide a brief description of the PHI that will be maintained on the HIPAA Drive.

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Please provide a brief explanation as to why this PHI cannot be maintained inside the electronic medical record system.

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\_\_\_\_\_  
[signature of Folder administrator]

\_\_\_\_\_  
[date]

\_\_\_\_\_  
[signature of Department Chair or Dean]

\_\_\_\_\_  
[date]

**If you need additional information or have questions, please contact the HIPAA Compliance Office at 423.439.8533.**

**This section for use by HIPAA Compliance Office.**

Date Received: _____ <input type="checkbox"/> HIPAA training verified    Date Forwarded to ITS: _____ Folder Name Assigned: _____ Date Folder Administrator Notified of Access: _____ Notes:
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