

## Survey of Information Systems

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For each of the information systems that the practice uses to conduct electronic transactions or store, process or transmit electronic protected health information, provide the following information:

Name of System: \_\_\_\_\_

Vendor/Developer: \_\_\_\_\_

HIPAA Contact: \_\_\_\_\_

Name of person responsible for HIPAA compliance

\_\_\_\_\_  
Telephone number of HIPAA contact

### Compliance Questions

1. Transactions processed using this system:

Claims (including coordination of benefits)

Claims status inquiries

Remittance and electronic funds transfer

Eligibility inquiries

Referral authorization

Health plan enrollment

Premium payment

2. Is the system capable of conducting the transaction using the relevant HIPAA transaction standard?

Yes. \_\_\_\_\_  
Date of Successful HIPAA Compliance Test

No. Continue with question 3.

3. Are efforts underway to achieve compliance with the HIPAA standard?

Yes. \_\_\_\_\_  
Date of Scheduled HIPAA Compliance Test

No. Contact developer/vendor and determine status of HIPAA compliance plans.