

# Healthcare IT Vendor Compliance Risk Assessment Checklist

## Vendor Information

Vendor Name	Product	Price	Quantity	Total
ABC Company	Product A	100	5	500
ABC Company	Product B	200	3	600
DEF Company	Product A	150	4	600
DEF Company	Product B	250	2	500
GHI Company	Product A	120	6	720
GHI Company	Product B	180	3	540
JKL Company	Product A	90	7	630
JKL Company	Product B	160	4	640
MNO Company	Product A	110	5	550
MNO Company	Product B	190	3	570
PQR Company	Product A	130	4	520
PQR Company	Product B	210	2	420
STU Company	Product A	140	3	420
STU Company	Product B	220	2	440
VWX Company	Product A	160	2	320
VWX Company	Product B	240	1	240
YZA Company	Product A	170	1	170
YZA Company	Product B	260	1	260
BCD Company	Product A	180	1	180
BCD Company	Product B	270	1	270
EFG Company	Product A	190	1	190
EFG Company	Product B	280	1	280
HIJ Company	Product A	200	1	200
HIJ Company	Product B	290	1	290
KLM Company	Product A	210	1	210
KLM Company	Product B	300	1	300
NOP Company	Product A	220	1	220
NOP Company	Product B	310	1	310
QRS Company	Product A	230	1	230
QRS Company	Product B	320	1	320
TUV Company	Product A	240	1	240
TUV Company	Product B	330	1	330
WXY Company	Product A	250	1	250
WXY Company	Product B	340	1	340
ZAB Company	Product A	260	1	260
ZAB Company	Product B	350	1	350
CD E Company	Product A	270	1	270
CD E Company	Product B	360	1	360
FGH Company	Product A	280	1	280
FGH Company	Product B	370	1	370
IKL Company	Product A	290	1	290
IKL Company	Product B	380	1	380
JMN Company	Product A	300	1	300
JMN Company	Product B	390	1	390
OPQ Company	Product A	310	1	310
OPQ Company	Product B	400	1	400
RST Company	Product A	320	1	320
RST Company	Product B	410	1	410
UVW Company	Product A	330	1	330
UVW Company	Product B	420	1	420
XYZ Company	Product A	340	1	340
XYZ Company	Product B	430	1	430
ABC Company	Product A	350	1	350
ABC Company	Product B	440	1	440
DEF Company	Product A	360	1	360
DEF Company	Product B	450	1	450
GHI Company	Product A	370	1	370
GHI Company	Product B	460	1	460
JKL Company	Product A	380	1	380
JKL Company	Product B	470	1	470
MNO Company	Product A	390	1	390
MNO Company	Product B	480	1	480
PQR Company	Product A	400	1	400
PQR Company	Product B	490	1	490
STU Company	Product A	410	1	410
STU Company	Product B	500	1	500
VWX Company	Product A	420	1	420
VWX Company	Product B	510	1	510
YZA Company	Product A	430	1	430
YZA Company	Product B	520	1	520
BCD Company	Product A	440	1	440
BCD Company	Product B	530	1	530
EFG Company	Product A	450	1	450
EFG Company	Product B	540	1	540
HIJ Company	Product A	460	1	460
HIJ Company	Product B	550	1	550
KLM Company	Product A	470	1	470
KLM Company	Product B	560	1	560
NOP Company	Product A	480	1	480
NOP Company	Product B	570	1	570
QRS Company	Product A	490	1	490
QRS Company	Product B	580	1	580
TUV Company	Product A	500	1	500
TUV Company	Product B	59		

Contact Person	

Service/ Product	Revenue	Cost	Profit
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Date of Assessment

## Compliance Areas

Checklist Item	Yes	No	N/A
Does the vendor provide a signed Business Associate Agreement (BAA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the vendor HIPAA compliant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor perform regular risk assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are data encryption protocols used (at rest & in transit)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor provide breach notification procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employee background checks performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is access to PHI (Protected Health Information) limited by user roles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the vendor provide an incident response plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there data retention & deletion policies in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Additional Notes & Comments

Assessment completed by \_\_\_\_\_

Date \_\_\_\_\_