

# Healthcare IT Vendor Compliance Risk Assessment Checklist

## Vendor Information

Vendor Name

Contact Person

Service/ Product

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