



**INTENSIVE OUTPATIENT PROGRAM (IOP)
AND
OUTPATIENT PROGRAM (OP)**

ANNUAL REPORT 2022

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Annual Report 2022



Purpose of the Annual Report

The purpose of the Annual Report is to communicate with stakeholders and executive management the significant information regarding the operations and performance of COMPLETE WELLNESS RECOVERY.

The plan is for the report to be created and reviewed after the end of the calendar year of each year.

The prior annual review was based partially on information from 2021 and 2022. This particular report is based solely on 2022 data, January through December.

Mission Statement

COMPLETE WELLNESS RECOVERY recognizes the devastating impact of substance abuse and addiction to individuals, family, and friends. Our mission is to provide individuals and families that battle with addiction a path to recovery using evidenced-based treatment in a supportive intensive outpatient setting. COMPLETE WELLNESS RECOVERY believes that every individual deserves access to high quality treatment focused on the whole person for complete healing. Incorporating multiple paths to restorative health, we create relationship-based treatment protocols that are highly individualized addressing the vast number of needs that are created by the struggle with addiction.

Vision Statement

According to Medscape (June, 2015), 44,000 people in the United States die from drug overdoses every year, double the number 14 years ago. Half of these deaths are related to prescription drugs. Drug-related deaths now exceed death due to motor vehicle incidents in most states in the US. COMPLETE WELLNESS RECOVERY is committed to increasing the likelihood of successful addiction treatment. While focusing on evidenced-based treatment, we seek to innovate how individuals access treatment providing housing and connecting individuals to other needed services. Needs related to mental health, employment, access to health care, and other obstacles to functional living are incorporated into all programs.

Security Risk Assessment

An annual Security Risk Assessment will be conducted utilizing the tools provided by HealthIT.gov

Policy CLIN-014

The SRA Tool takes you through each HIPAA requirement by presenting a question about your organization's activities. Your "yes" or "no" answer will show you if you need to take corrective action for that particular item. There are a total of 156 questions.

The full security report is provided at the end of this report. It is recommended that the report be reviewed for any modifications or adjustments warranted to improve the security of all systems.

Security Report

Risk Management Review

The risk management plan is reviewed and if needed amended quarterly. The most recent quarterly review added several factors to be mitigated.

Policy OOP-014
Policy FIN-001

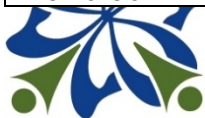
| Technical | | | | | |
|--|-----------|-----------------|-------------|---|--|
| Identified Risk | Type | Level (H, M, L) | Probability | Plan (Ignore, Mitigate, Transfer/Avoid) | Risk Action Plan |
| Completed Risk Assessment using SRA tool. A number of risks should be evaluated for impact and/or correction | Technical | ? | ? | Mitigate | Update Risk Action Plan following review |

| Technical | | | | |
|-----------------|-----------------|-------------|---|------------------|
| Identified Risk | Level (H, M, L) | Probability | Plan (Ignore, Mitigate, Transfer/Avoid) | Risk Action Plan |
| None identified | | | | |

| Development Process | | | | |
|--------------------------|-----------------|-------------|---|---|
| Identified Risk | Level (H, M, L) | Probability | Plan (Ignore, Mitigate, Transfer/Avoid) | Risk Action Plan |
| Building sale is ongoing | H | 100% | Mitigate | Develop a plan for acquiring a new facility and movement plan |



| Political | | | | |
|--|------------------------|--------------------|--|---|
| Identified Risk | Level (H, M, L) | Probability | Plan (Ignore, Mitigate, Transfer/Avoid) | Risk Action Plan |
| None identified | | | | Substance Abuse continues to be a high priority in the political climate of Maryland and Baltimore City |
| Business | | | | |
| Identified Risk | Level (H, M, L) | Probability | Plan (Ignore, Mitigate, Transfer/Avoid) | Risk Action Plan |
| Loss of referral source | H | 90% | Mitigate | Continuous efforts to develop new referral sources are created and executed |
| Economic | | | | |
| Identified Risk | Level (H, M, L) | Probability | Plan (Ignore, Mitigate, Transfer/Avoid) | Risk Action Plan |
| Unexpected costs (legal, mortgage) that exceed resources | H | 95% | Mitigate | Complete Wellness Incorporated has extended a line of credit to the company |
| Revenue generated continues to be unavailable by one of the owners | H | 100% | Mitigate | Continue to use resources from Complete Wellness while tracking the monies spent. |
| Legal | | | | |
| Identified Risk | Level (H, M, L) | Probability | Plan (Ignore, Mitigate, Transfer/Avoid) | Risk Action Plan |
| Conflict between business owners is progressing | H | 100% | Mitigate | Business will continue to be supported financially and administratively by owner of Complete Wellness, Incorporated |
| Neighborhood association can be unsupportive of having a substance abuse program in their area | M | 50% | Mitigate | Respond to complaints in a timely fashion and provide evidence of compliance with standards when required |



| | | | | |
|--|------------------------|--------------------|--|--|
| Complaints to BHA | H | 100% | Mitigate | Responses to BHA complaints have been met with positive feedback |
| Personnel | | | | |
| Identified Risk | Level (H, M, L) | Probability | Plan (Ignore, Mitigate, Transfer/Avoid) | Risk Action Plan |
| Loss of key personnel | M | 50% | Mitigate | Complete and maintain succession planning document |
| Conflict between personnel interferes with effective provision of services | H | 75% | Mitigate | Promote open communication during staff meetings and introduce communication protocols |
| High turnover of house managers | H | High | Mitigate | Identify a "substitute" house manager that can be hired permanently |
| Operational | | | | |
| Identified Risk | Level (H, M, L) | Probability | Plan (Ignore, Mitigate, Transfer/Avoid) | Risk Action Plan |
| Planned move to new facility increases down time | M | 50% | Mitigate | Create Move Plan that minimizes down time by scheduling move on Friday-Saturday |
| Clinical | | | | |
| Identified Risk | Level (H, M, L) | Probability | Plan (Ignore, Mitigate, Transfer/Avoid) | Risk Action Plan |
| None identified | | | | Clinical work remains sound and is in constant evaluation by the team |

Quarterly Record Reviews

This annual report covers the Quarterly Record Reviews for the 4 quarters of 2022 ending December 2022.

Generally the information collected is complete and the progress notes adequate. The greatest area of improvement is in discharge and transition planning when a client completes the program, discharges voluntarily, or is discharged due to

Overall Quarterly Record Review Findings



infractions or a persistent lack of compliance with treatment.

Additional training in discharge planning was warranted and provided during regular staff meetings.

Training was also provided to the clinicians on how to properly use the Record Review tool.

Performance Measures Analysis

COMPLETE WELLNESS RECOVERY received a 1-year accreditation by CARF in March 2022. The survey report from that visit identified a lack of significant performance measures consistent with CARF standards. Since that time, we have attempted to determine appropriate performance measures and document the analysis accordingly.

COMPLETE WELLNESS RECOVERY, INC. is committed to utilizing surveys, metrics, and data to identify ways to better address the needs of our participants are our business.

Policy OOP-013

Financial and Budget

- Produce revenue to sustain program and generate positive revenue to facilitate growth
- Referral source development
- Establish Marketing needs

1. Early 2022 the program began to generate enough revenue in order to sustain without "borrowing"
2. Multiple referral sources have been cultivated from multiple agencies of various types
3. The working budget for 2022 was derived for examining actual expenses in the first 6 months of operation.

Actions Completed:

1. Maintain two Sober Living Houses in order to support the 15-base number
2. Per prior CARF survey, an outside accounting review is requested (this was not completed because it was deemed too costly at the present time)

To Be Completed:



1. A review of finances suggests that the program is able to easily cover expenses with 10 clients per week in the IOP Program. **Indicators:**
2. At 15 clients per week, the IOP program generates enough revenue to exceed its expenses and provide a return on the initial investment.

Human Resources

- All personnel job descriptions
 - Training in job related competencies
 - Performance Appraisals
 - Documentation of meeting attendance
1. All personnel have reviewed and signed a copy of the appropriate job description **Actions Completed**
 2. Required training has been provided and attendance documented.
 3. Self-evaluations have been collected by all personnel
1. Formal performance appraisals have yet to be completed for all staff **To Be Completed**
 2. Creation and implementation of employee satisfaction survey
1. All HR and personnel records are up-to-date **Indicators**
 2. Employees freely share their issues and concerns

Discharge, Transition Planning, Closing Charts

- Meet with clients and families for transition plans
 - Update discharge planning to include medications, strengths, abilities, preferences
 - Include transition plan in client records
1. Discharge summaries are now completed after each patient leaves regardless of reason **Actions Completed**
 2. If clients are willing to participate, they are provided referrals if they have not completed the program at discharge
1. Discharge summaries to include strengths, abilities, and preferences **To Be Completed**
1. Discharge planning begins at admission **Indicators**
 2. Clients are regularly referred to a facility when leaving the program
 3. Clients experience a smooth transition from the program



Service Delivery Quality

- Qualified clinicians administer treatment and provided regular supervision
- Interns are supervised closely and are provided feedback
- In-house clinical training provided as needs warranted
- Structure of how services are administered is maintained

1. Screening protocol for high quality interns adopted
 2. Provide internships for graduate level as well as undergraduate clinical interns
- Actions Completed**

1. Formalize clinical training provided (documented and signed)
 2. Develop and document clinical training plan for interns
- To Be Completed**

1. Treatment services maintain quality regardless of clinician
 2. Transitions between clinicians is smooth and planned
 3. Curriculum plan is maintained and followed by all clinicians
- Indicators**

Facilities

- Maintenance of facilities does not interfere with treatment
- Inspections are scheduled for timely submission
- Various drills are executed per policy

1. Fire inspection completed on time
 2. Elevator inspection completed on time
 3. Schedule for fire extinguisher check created
- Actions Completed**

1. Drills are executed but irregularly
 2. Plan for move if/when building sells
- To Be Completed**

1. Building facilitates treatment
 2. Supports current and proposed programs
 3. Multiple programs can operate simultaneously
- Indicators**

Strategic Plan

- Ensure quality of services in programs
- Develop new programs that provide new revenue stream(s)
- Establish plan for future of company



1. Original business has been converted to the Strategic plan.
- Actions Completed:**

1. Identification of new programs to implement
2. Publish a version of the plan to the website

To Be Completed:

1. Company direction in offering services is guided by the plan
2. Plan can be used to communicate with external organizations.
3. Business progresses according to the strategic plan

Indicators:

Outcome Measures

- Determine the quality of services provided
- Factors in predicting recovery success
- Evaluate length of stay as a possible factor

1. Client satisfaction survey data collected monthly
2. Statistics calculated from survey data

Actions Completed:

1. Deriving inferences from data collected
2. Review of updated literature on predictors of sustained recovery

To Be Completed:

1. Measurable data
2. Sustained length of stay in program

Indicators:

Business Operations

- Financial viability
- Stability in leadership
- Stability in clinical team
- Timely billing

1. Ownership and leadership issues have been stabilized
2. Determinants of positive revenue stream determined (per strategic plan)
3. Identified new location following building sell
4. Strategic plan update

Actions Completed:

1. Develop move plan for new location
2. Develop marketing plan with new name

To Be Completed:

1. Positive revenue contributes to reserves
2. Owner expenses are compensated
3. Future expansions are financed in advance

Indicators:



Client Satisfaction Survey

A 12-item survey is given to clients on a random basis though efforts are made to collect the survey on a roughly monthly basis.

has been given to the participants at least once during the first 6 months of operation. This survey will be administered to participants at least every 6 months.

Responses are forced-choice on a 4-point Likert scale with 1 reflecting a poor response and 4 the highest level of response.

Below is a list of the survey questions along with the average and standard deviation of all scores.

n = 54
 Male: 75%
 Female: 25%
 Average age: 38.75 ($\sigma=8.06$)

Participant Information

| Survey Questions | Avg | STDEV |
|---|------|-------|
| 1. How would you rate the quality of the service you have received? | 2.77 | 0.83 |
| 2. Did you get the kind of service you wanted? | 3.04 | 0.80 |
| 3. To what extent has our program met your needs? | 2.83 | 0.88 |
| 4. If a friend were in need of help, would you recommend our program to them? | 3.10 | 0.78 |
| 5. How satisfied are you with the help you have received? | 2.96 | 0.74 |
| 6. Have the services you received helped you to deal more effectively with your drug/alcohol problem? | 3.15 | 0.71 |
| 7. In an overall, general sense, how satisfied are you with the service you have received? | 2.81 | 0.76 |
| 8. In general, how satisfied are you with the comfort and attractiveness of our facility? | 2.85 | 0.87 |
| 9. In general, have the office staff seemed friendly and made you feel comfortable? | 3.25 | 0.79 |
| 10. If you were to seek help again, would you come back to our program? | 3.10 | 0.86 |
| 11. Do you feel the services you received were sensitive to your cultural background? | 3.23 | 0.78 |
| 12. Do you feel your treatment was sensitive to your gender needs? | 3.17 | 0.83 |

The average total is 36.27 from a possible 48.



Survey Findings

Strengths

Current results suggest relative strengths for the following questions:

6. Have the services you received helped you to deal more effectively with your drug/alcohol problem? ($\bar{x}=3.15, \sigma=0.17$)

This question had very little variability among respondents, so most participants appear to believe they are being help.

9. In general, have the office staff seemed friendly and made you feel comfortable? ($\bar{x}=3.25, \sigma=0.79$)

This question had moderate variability among respondents, so most participants experience the staff members as friendly and comfortable.

11. Do you feel the services you received were sensitive to your cultural background? ($\bar{x}=3.23, \sigma=0.78$)

This question had mild variability among respondents, so most participants believed their cultural background was considered in their treatment.

12. Do you feel your treatment was sensitive to your gender needs? ($\bar{x}=3.17, \sigma=0.83$)

This question had mild variability among respondents, so most participants believe any gender specific needs were addressed.

Relative weaknesses are suggested with the following questions: **Weaknesses**

1. How would you rate the quality of the service you have received? ($\bar{x}=2.77, \sigma=0.83$)



This question had mild variability among respondents, so most participants believed the quality of services provided was not high. Follow up

processing with the participants on how to improve the quality of service is warranted.

3. To what extent has our program met your needs? (\bar{x} =2.83, σ =0.88)

This question had mild variability among respondents, so most participants expressed that their needs were not being met. Follow up processing is warranted to clarify which needs are not being met.

7. In an overall, general sense, how satisfied are you with the service you have received? (\bar{x} =2.81, σ =0.76)

This question had mild variability among respondents, so, similar to question 1, there is a lack of satisfaction with the services received. Follow up examination is warranted.

8. In general, how satisfied are you with the comfort and attractiveness of our facility? (\bar{x} =2.85, σ =0.87)

This question had mild variability among respondents, so most participants did not find the facility highly attractive. Since there is a planned move, this issue will not be immediately addressed.

It would be useful to analyze other aspects of the information collected to determine:

- Any differences in responses and men and women compared to the group as a whole?
- Is there a relationship in responses to the length of stay in the program?
- Do any of the items correlate with each other?

Answers to these questions might provide additional insight on how to improve the quality of services offered.

Future Analysis Opportunities



Performance Measures – Persons Served

COMPLETE WELLNESS RECOVERY, INC. is committed to utilizing surveys, metrics, and data to identify ways

Policy OOP-013

to better address the needs of our participants are our business.

Provisions are available for any participant with limited mobility. To date, all participants have been able to navigate the steps in the physical facility.

Accessibility information

The biggest obstacle regarding resources is how the participants use their government allotted food stamps.

Resource allocation

Participants are now required to contribute to the food supply in the sober living house using their food stamps.

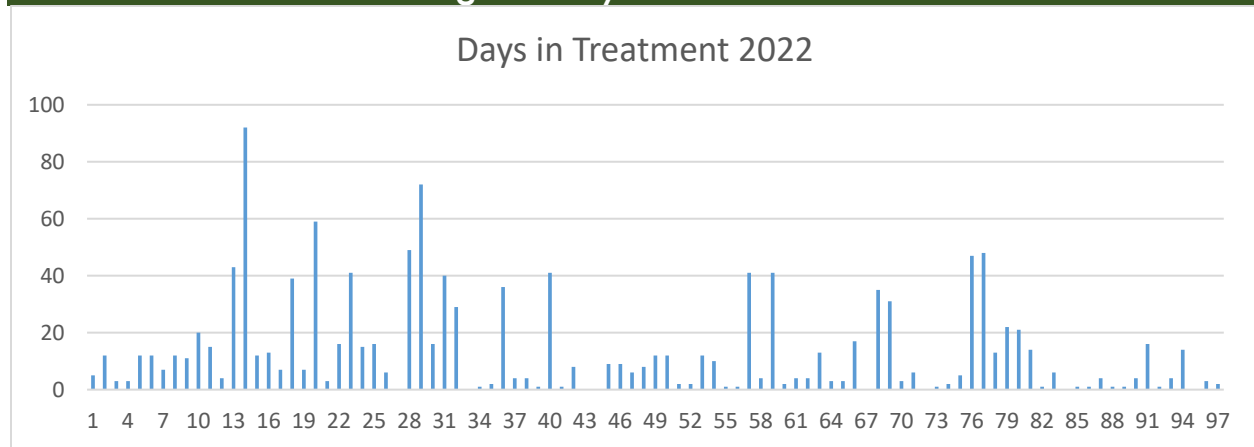
The following demographic information reflects all participants for the life of the program.

Participant Demographics

| | | |
|--------|-------------------|-----|
| Race | African American | 34% |
| | Hispanic/Latino | 2% |
| | European American | 63% |
| | Asian American | 1% |
| Gender | Male | 65% |
| | Female | 35% |

Average Age = 36 ($\sigma=8.88$)

Performance Measures – Length of Stay



The *Days in Treatment* chart for 2022 shows the number of days each of the participants remained in the program.



The data that produced this chart is sorted by admission date. The clients on the left of the chart were admitted earlier in the year than those on the right of the chart.

A performance measure is to increase the number of days participants are in the IOP. From examining the chart, there is no indication that adjustments to the program have influenced participants to remain in the program longer

| | Total | Average | St Dev |
|-----------------------|-------|---------|--------|
| 0 to 10 Days | 56 | 3.21 | 2.68 |
| 11 to 20 Days | 22 | 13.86 | 2.25 |
| 21 to 30 Days | 3 | 24.00 | 4.36 |
| 31 to 60 Days | 14 | 42.21 | 6.92 |
| 61 to 90+ Days | 2 | 82.00 | 14.14 |
| All Days | | 13.53 | 17.24 |

Days in Treatment Categorized

The table above shows the length of stay categorized by 10 Days, 20 Days, 30 Days, 60 Days, and 90 Days.

From the table above, it appears that most participants that enter the program (over 50%) leave within the first 10 days. The average length of stay in the program for this category is 3.21 days.

Retention

The combined total of participants that were in the program less than 30 days is 77 which accounts for 79.38% of all admissions in 2022.

Conversely, only 2 participants in 2022 remained in the IOP over 60 days.

Given the vast number of participants that are only briefly in the program, there are a few possible conclusions:

Length of Stay Conclusions

1. Determine factors for individuals that present for admission which may not be appropriate admissions. A decision has to be made as to whether we continue to accept an inappropriate referral or to refer them to a different program that might be more appropriate.
2. Given that some admissions have a high likelihood for leaving in less than 10 days, a different entry program may be needed that will help the admission move toward the "contemplative" stage in the stages of change rather than just the "precontemplative" stage.



Unsolicited Feedback

COMPLETE WELLNESS RECOVERY sometimes has the opportunity to obtain feedback on our operations from a variety of sources in which feedback was not solicited. While some of the feedback could be erroneous, all feedback is valuable and is examined for ways to improve.

For 2022 no unsolicited feedback was submitted.

Equal Opportunity Employer Report

Annual EOE reports will be used to monitor the plan. This report analyzes the workforce by race, national origin, gender, and EEO category. Accomplishments and shortcomings will be noted and corrective actions recommended to the President.

Policy HR-002

This report analyzes the workforce by race, national origin, gender, and EEO category. Accomplishments and shortcomings will be noted and corrective actions recommended to the President.

| | | |
|------------------|-------------------|----------------|
| Achey | PT | Clinical |
| Carter | PT | Admin |
| Johnson | PT | Admin |
| Duarte | FT | Clinical |
| Pence | PT | Admin |
| Whitten | Officer (PT) | Admin/Clinical |
| Total | 6 | |
| Full Time | 1 | |
| Part Time | 5 | |
| Race | African American | 2 |
| | Hispanic/Latino | 0 |
| | European American | 4 |
| | Mixed | |
| National Origin | USA | 6 |
| Gender | Male | 2 |
| | Female | 4 |
| | Nonbinary | 0 |
| Category | Full Time | 1 |
| | Part Time | 5 |
| | Administrative | 2.5 |
| | Clinical | 2.5 |



While the majority of participants are presently Caucasian, efforts to recruit a diverse work force remains a paramount priority, particularly in regards to clinical personnel.

Recommendations

Critical Incident Reports

A review of all incident reports suggests the following:

- ❑ The majority of incidents are attributable to participants leaving the program before their treatment is completed. It is a reality that many people enroll in an effort to obtain housing but not to discontinue their substance use/abuse.
- ❑ Some incidents are due to participants having drugs in the sober living house.

As a result of these incidents, the following changes have been made:

Recommendations

- ✓ House managers that are not able to maintain order in the sober living house are dismissed.
- ✓ Participants are not permitted the use of a car (if they have one) while in the program.
- ✓ The initial 2-week black-out period has been expanded to 30 days. If participants produce a "dirty urine" or drug paraphernalia is found in their possessions, an additional black out time is added.
- ✓ Regular searches for contraband in the Sober living house are performed more frequently.
- ✓ Participants that present for admission that are apparently under the influence of a substance are required to complete detox prior to admission.

Physical Accessibility



COMPLETE WELLNESS RECOVERY, INC will make an annual assessment of the existence of architectural, environmental, attitudinal, financial, human resource, communication, transportation,

Policy OOP-010

and other barriers by surveying staff, consumers and stakeholders.

Currently no barriers to access of treatment have been identified by any of the individuals surveyed

Safety Review

Annually the safety policy, SAFE-003, is reviewed for any changes that would increase the safety of staff and participants.

Review of Policy SAFE-003

After a careful review, no changes were made to the Safety policy.

However, Jack Pence, was identified as the Safety Officer.

If the current building is not habitable, the program will move to 10 West Madison Street.

Per policy, the organization must be prepared to shelter-in-place. However, the basic supplies per the policy have not yet been obtained:

Supplies Needed for Shelter in Place

Basic emergency supplies including a 5-day supply of water and food, at least one fully supplied first aid kit, basic tools, flashlight, batteries, scissors, battery powered radio with extra supplies will be stored in the basement, if possible.

Employee Grievances

No employee grievances have been submitted.

Participant Grievances

One grievance was submitted but the participant left the program immediately after filing the grievance. Though the author of the grievance was not available, the content was evaluated, and counseling was provided to the staff to avoid the problems described in the grievance (assuming the content was accurate).



Grievance forms are easily available in the Sober living houses and the base of operations at Chase Street.

Prepared by

Durwood Whitten, PhD
Vice President



Section 1, SRA Basics

Risk Score: 28 %

Threats & Vulnerabilities**Risk Rating**

Inadequate risk awareness or failure to identify new weaknesses

Non-physical threat(s) such as data corruption or information disclosure, interruption of system function and business processes, and/or legislation or security breaches

Medium

Physical threats such as unauthorized facility access, hardware or equipment malfunction, collisions, trip/fire hazards, and/or hazardous materials (chemicals, magnets, etc.)

Medium

Natural threat(s) such as damage from dust/particulates, extreme temperatures, severe weather events, and/or destruction from animals/insects

Low

Man-Made threat(s) such as insider carelessness, theft/vandalism, terrorism/civil unrest, toxic emissions, or hackers/computer criminals

Medium

Infrastructure threat(s) such as building/road hazards, power/telephone outages, water leakage (pipes, roof, sprinkler activation), unstable building conditions

Medium

| Question | Answer | Compliance | Username | Date/Time |
|--|--|------------|----------|------------------------------|
| Q1. Has your practice completed a security risk assessment (SRA) before? | Yes. | Required | Durwood | Mon Apr 03 15:52:41 EDT 2023 |
| Q2. Do you review and update your SRA? | Yes. | Required | Durwood | Mon Apr 03 15:52:46 EDT 2023 |
| Q3. How often do you review and update your SRA? | Periodically but not in response to operational changes and/or security incidents. | Required | Durwood | Mon Apr 03 15:52:56 EDT 2023 |
| Q4. Do you include all information systems containing, processing, and/or transmitting ePHI in your SRA? | Yes. | N/A | Durwood | Mon Apr 03 15:53:03 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|--|---|------------|----------|------------------------------|
| Q6. What do you include in your SRA documentation? | Our SRA documentation includes possible threats and vulnerabilities which we assign impact and likelihood ratings to. This allows us to determine severity. We develop corrective action plans as needed to mitigate identified security deficiencies according to which threats and vulnerabilities are most severe. | Required | Durwood | Mon Apr 03 15:53:17 EDT 2023 |
| Q7. Do you respond to the threats and vulnerabilities identified in your SRA? | Yes, we respond. We also maintain supporting documentation of our response. | Required | Durwood | Mon Apr 03 15:53:25 EDT 2023 |
| Q8. Do you identify specific personnel to respond to and mitigate the threats and vulnerabilities found in your SRA? | No. | Required | Durwood | Mon Apr 03 15:53:32 EDT 2023 |
| Section 2, Security Policies | | | | Risk Score: 12 % |
| Threats & Vulnerabilities | | | | Risk Rating |

| Question | Answer | Compliance | Username | Date/Time |
|--|--|------------|----------|------------------------------|
| Q1. Do you maintain documentation of policies and procedures regarding risk assessment, risk management and information security activities? | Yes, we have a process by which management develops, implements, reviews, and updates security policies and procedures. | Required | Durwood | Mon Apr 03 15:55:02 EDT 2023 |
| Q2. Do you review and update your security documentation, including policies and procedures? | Yes, we review and update our security documentation periodically and as necessary. | Required | Durwood | Mon Apr 03 15:55:08 EDT 2023 |
| Q3. How do you update your security program documentation, including policies and procedures? | We have a periodic review of information security policies that formally evaluates their effectiveness. Policies and procedures are updated as needed. | Required | Durwood | Mon Apr 03 15:55:14 EDT 2023 |
| Q4. Is the security officer involved in all security policy and procedure updates? | Yes. | Required | Durwood | Mon Apr 03 15:55:21 EDT 2023 |
| Q5. How does documentation for your risk management and security procedures compare to your actual business practices? | Our risk management and security documentation completely and accurately reflects our actual business practices. | Required | Durwood | Mon Apr 03 15:55:42 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|--|------------|----------|------------------------------|
| Q6. How long are information security management and risk management documents kept? | We maintain documents for at least six (6) years from the date of their creation or when they were last in effect, whichever is longer. These documents are not backed up. | Required | Durwood | Mon Apr 03 15:55:52 EDT 2023 |
| Q7. Do you make sure that information security and risk management documentation is available to those who need it? | Yes. Documentation is made available to appropriate workforce members in physical and/or electronic formats (for example, our practice's shared drive or intranet). | Required | Durwood | Mon Apr 03 15:56:08 EDT 2023 |
| Q8. How do you ensure that security and risk management documentation is available to those who need it? | Appropriate workforce members receive instruction on our information security documentation and where to find it as part of their periodic privacy and security training. Documentation is securely made available to workforce members in physical or electronic formats. | Required | Durwood | Mon Apr 03 15:56:16 EDT 2023 |

Section 3, Security & Workforce

Risk Score: 37 %

Threats & Vulnerabilities

Risk Rating

Inadequate cyber security & IT training

Information disclosure (ePHI, proprietary, intellectual, or confidential)

High

Disruption of business processes or information system function

Medium

| | |
|---|--------|
| Social engineering attack or email phishing attack | Low |
| Misuse of information systems and/or hardware | Medium |
| Information system or facility access granted to unauthorized personnel | Medium |
| Installation of unauthorized software or applications | Medium |

| Question | Answer | Compliance | Username | Date/Time |
|---|---|------------|----------|------------------------------|
| Q1. Who within your practice is responsible for developing and implementing information security policies and procedures? | The security officer is a member of the workforce identified by name in policy documents. | Required | Durwood | Mon Apr 03 16:04:13 EDT 2023 |
| Q2. Do you identify and document the role and responsibilities of the security officer? | Yes. The security officer is identified by role and this is documented in our practice's information security policies, which describes the role's responsibilities. | Required | Durwood | Mon Apr 03 16:04:19 EDT 2023 |
| Q3. Is your security officer qualified for the position? | Yes. The security officer is an assigned member of the workforce familiar with security and has the ability to design, implement, and enforce security policies and procedures. | Required | Durwood | Mon Apr 03 16:04:24 EDT 2023 |
| Q4. Do workforce members know who the security officer is? | No. Not all workforce members know who our security officer is. | Required | Durwood | Mon Apr 03 16:04:31 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|--|-------------|----------|------------------------------|
| Q7. How are roles and job duties defined as pertained to accessing ePHI? | We have written job descriptions, roles, and required qualifications documented for all workforce members with access to ePHI. | Required | Durwood | Mon Apr 03 16:04:36 EDT 2023 |
| Q8. Do you screen your workforce members to verify trustworthiness? | Yes. | Addressable | Durwood | Mon Apr 03 16:04:41 EDT 2023 |
| Q9. How are your workforce members screened to verify trustworthiness? | Professional references are collected and verified. Criminal background checks are performed in addition to verifying licenses, credentials, and certifications . | Addressable | Durwood | Mon Apr 03 16:04:50 EDT 2023 |
| Q10. Do you ensure that all workforce members (including management) are given security training? | Yes, we ensure all workforce members complete security training on a periodic basis. | Required | Durwood | Mon Apr 03 16:04:55 EDT 2023 |
| Q11. How do you ensure that all workforce members are given security training? | We keep a list of workforce members who have completed security training. Trainings are provided upon hire and periodically thereafter. The list is reviewed and verified by the security officer. | Required | Durwood | Mon Apr 03 16:05:04 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|--|-------------|----------|------------------------------|
| Q12. How long are records of workforce member security training kept? | Records documenting the completion of required security trainings are kept for all workforce members. Records are only retained for less than six (6) years. | Required | Durwood | Mon Apr 03 16:05:12 EDT 2023 |
| Q13. Are procedures in place for monitoring log-in attempts and reporting discrepancies? | Yes, we have procedures, but these do not include all of the elements listed above. | Addressable | Durwood | Mon Apr 03 16:05:25 EDT 2023 |
| Q14. Is protection from malicious software (including timely antivirus/security updates and malware protection) covered in your procedures? | Yes. Software protection is included in our procedures. This includes a review of our procedures for guarding against malware, and the mechanisms in place for protection, and how procedures for workforce members to follow can to detect and report malicious software. | Addressable | Durwood | Mon Apr 03 16:05:34 EDT 2023 |
| Q15. What password security elements are covered in your security training? | Our security procedures include some but not all of the items noted above. | Addressable | Durwood | Mon Apr 03 16:05:45 EDT 2023 |
| Q16. Do you ensure workforce members maintain ongoing awareness of security requirements? | Yes. | Addressable | Durwood | Mon Apr 03 16:05:52 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|---|-------------|----------|------------------------------|
| Q17. How does your practice ensure workforce members maintain ongoing awareness of security requirements? | Either formal trainings or periodic security reminders, but not both. | Addressable | Durwood | Mon Apr 03 16:06:03 EDT 2023 |
| Q18. Do you have a sanction policy to enforce security procedures? | No. | Required | Durwood | Mon Apr 03 16:06:09 EDT 2023 |

Section 4, Security & Data

Risk Score: 44 %

Threats & Vulnerabilities

Risk Rating

| Question | Answer | Compliance | Username | Date/Time |
|---|---|-------------|----------|------------------------------|
| Q1. Do you manage and control personnel access to ePHI, systems, and facilities? | Yes. | Required | Durwood | Mon Apr 03 16:07:29 EDT 2023 |
| Q2. How do you manage and control personnel access to ePHI, systems, and facilities? | Detailed log of personnel and access levels based on role. Updates are reviewed by the security officer. | Required | Durwood | Mon Apr 03 16:07:38 EDT 2023 |
| Q3. What is your process for authorizing, establishing, and modifying access to ePHI? | Our security procedures designate personnel authorized to grant, review, modify, and terminate access. Access levels are reviewed and modified as needed. | Addressable | Durwood | Mon Apr 03 16:07:46 EDT 2023 |
| Q4. How much access to ePHI is granted to users or other entities? | Minimum access necessary based on the user's formal role. | Required | Durwood | Mon Apr 03 16:07:58 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|--|--|-------------|----------|------------------------------|
| Q5. How are individual users identified when accessing ePHI ? | Unique IDs and individual passwords are created for authorized workforce members and contractors in order access ePHI. | Required | Durwood | Mon Apr 03 16:08:04 EDT 2023 |
| Q6. Do you ensure all of your workforce members have appropriate access to ePHI? | Yes. We have written procedures to ensure workforce members' access privileges are minimum necessary (i.e. "need to know") based on their roles. These access privileges are approved by the security officer. | Required | Durwood | Mon Apr 03 16:08:20 EDT 2023 |
| Q7. How do you make sure that your workforce's designated access to ePHI is logical, consistent, and appropriate ? | Workforce members are granted access based on the minimum amount necessary for their role. This is consistently applied across the practice and any changes must be formally approved and documented. | Required | Durwood | Mon Apr 03 16:08:27 EDT 2023 |
| Q8. Do you use encryption to control access to ePHI? | We have not comprehensively evaluated whether encryption is reasonable or appropriate to implement on our devices and information systems. | Addressable | Durwood | Mon Apr 03 16:08:53 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|--|--------------------|-------------|----------|------------------------------|
| Q10. Do you use alternative safeguards in place of encryption? | I don't know. | Addressable | Durwood | Mon Apr 03 16:09:07 EDT 2023 |
| Q11. When encryption is deemed unreasonable or inappropriate to implement, do you document the use of an alternative safeguard? | I don't know. | Addressable | Durwood | Mon Apr 03 16:09:15 EDT 2023 |
| Q12. Have you evaluated implementing any of the following encryption solutions in your local environment? (Full disk encryption, file/folder encryption, encryption of thumb drives or other external media) | I don't know. | Addressable | Durwood | Mon Apr 03 16:09:24 EDT 2023 |
| Q13. Have you evaluated implementing encryption solutions for any of the following cloud services? (Email service, file storage, web applications, remote system backups) | Some of the above. | Addressable | Durwood | Mon Apr 03 16:09:38 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|--|---|-------------|----------|------------------------------|
| Q14. Have you evaluated implementing any of the following encryption solutions for data in transit? (Encryption of internet traffic by means of a VPN, web traffic over HTTP encrypted email, or secure file transfer) | None of the above. | Addressable | Durwood | Mon Apr 03 16:09:50 EDT 2023 |
| Q15. Do you periodically review your information systems for how security settings can be implemented to safeguard ePHI? | No. | Required | Durwood | Mon Apr 03 16:09:57 EDT 2023 |
| Q16. How are you aware of the security settings for information systems which process, store, or transmit ePHI? | All systems which create, receive, maintain, or transmit ePHI (including any firewalls, databases, servers, and networked devices) have been examined to determine how security settings can be implemented to most appropriately protect ePHI. | Required | Durwood | Mon Apr 03 16:10:09 EDT 2023 |
| Q17. Do you use security settings and mechanisms to record and examine system activity? | No. | Required | Durwood | Mon Apr 03 16:10:20 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|--|--|-------------|----------|------------------------------|
| Q18. What mechanisms are in place to monitor or log system activity? | Monitoring of system users, access attempts, and modifications. This includes a date/time stamp. | Required | Durwood | Mon Apr 03 16:10:29 EDT 2023 |
| Q19. How do you monitor or track ePHI system activity? | System activity records are reviewed on a regular basis. The frequency of reviews is documented within our procedures. Results of activity reviews are also maintained, including activities which may prompt further investigation. | Required | Durwood | Mon Apr 03 16:10:38 EDT 2023 |
| Q20. Do you have automatic logoff enabled on devices and platforms accessing ePHI? | Yes, automatic logoff is enabled on all devices and platforms to terminate access to ePHI after a set time of inactivity. | Addressable | Durwood | Mon Apr 03 16:10:44 EDT 2023 |
| Q21. Do you ensure users accessing ePHI are who they claim to be? | I don't know. | Required | Durwood | Mon Apr 03 16:10:51 EDT 2023 |
| Q23. How do you determine the means by which ePHI is accessed? | All systems, devices, and applications which access ePHI are identified, evaluated, approved, and inventoried. Users can only access ePHI through these approved systems, devices, and applications. | Required | Durwood | Mon Apr 03 16:11:03 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|---|-------------|----------|------------------------------|
| Q24. Do you protect ePHI from unauthorized modification or destruction? | Yes. We have developed and implemented policies and procedures to protect ePHI from improper alteration or destruction. | Required | Durwood | Mon Apr 03 16:11:09 EDT 2023 |
| Q25. How do you confirm that ePHI has not been modified or destroyed without authorization? | We manually monitor changes made to ePHI in systems with audit log functionality, but do not have automated systems. | Addressable | Durwood | Mon Apr 03 16:11:20 EDT 2023 |
| Q26. Do you protect against unauthorized access to or modification of ePHI when it is being transmitted electronically? | We have developed policies and procedures to guide workforce members on the secure transmission of ePHI, but no resources are in place (e.g. encrypted email). | Required | Durwood | Mon Apr 03 16:11:35 EDT 2023 |
| Q27. Have you implemented mechanisms to record activity on information systems which create or use ePHI ? | Yes. Activity on systems which create or use ePHI should be recorded and examined per our procedures, but we do not have actual hardware, software or procedural mechanisms in place. | Required | Durwood | Mon Apr 03 16:11:48 EDT 2023 |

Section 5, Security and the Practice

Risk Score: 16 %

Threats & Vulnerabilities

Risk Rating

| Question | Answer | Compliance | Username | Date/Time |
|--|--|-------------|----------|------------------------------|
| Q1. Do you manage access to and use of your facility or facilities [i.e. that house information systems and ePHI]? | Yes. We have written procedures in place restricting access to and use of our facilities. | Required | Durwood | Mon Apr 03 16:12:12 EDT 2023 |
| Q2. What physical protections do you have in place to manage facility security risks? | We have methods for controlling and managing physical access to our facility such as, keypads, locks, security cameras, etc. We also have an inventory of our practice's facilities that house equipment that create, maintain, receive, and transmit ePHI. Our policies and procedures outline managements' involvement in facility access control and how authorization credentials for facility access are issued and removed for our workforce members and/or visitors. Workforce members' roles and responsibilities in facility access control procedures are documented and communicated. | Addressable | Durwood | Mon Apr 03 16:12:22 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|---|------------|----------|------------------------------|
| Q3. Do you restrict physical access to and use of your equipment [i.e. equipment that house ePHI]? | Yes. We have written policies and implemented procedures restricting access to equipment that house ePHI to authorized users only. | Required | Durwood | Mon Apr 03 16:12:37 EDT 2023 |
| Q4. Do you manage workforce member, visitor, and third party access to electronic devices? | Yes. We have written procedures for classifying electronic devices, based on their capabilities, connection, and allowable activities; access to electronic devices by workforce members, visitors, and/or third parties is determined based on their classification. | Required | Durwood | Mon Apr 03 16:12:42 EDT 2023 |
| Q5. Do you have physical protections in place, such as cable locks for portable laptops, screen filters for screen visible in high traffic areas, to manage electronic device security risks? | Yes. We have physical protections in place for all electronic devices and this is documented in policy and procedure. | Required | Durwood | Mon Apr 03 16:12:46 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|--|-------------|----------|------------------------------|
| Q6. What physical protections do you have in place for electronic devices with access to ePHI? | We have robust procedures for electronic device access control such as, authorization for issuing new electronic device access and removing electronic device access. We also use screen filters, docking stations with locks, and/or cable locks for portable devices, privacy screens [walls or partitions], and/or secured proximity for servers and network equipment. | Required | Durwood | Mon Apr 03 16:12:53 EDT 2023 |
| Q7. Do you keep an inventory and a location record of all of its electronic devices? | Yes. Our inventory list of all electronic devices and their functions is currently documented and updated on a periodic basis. | Required | Durwood | Mon Apr 03 16:13:02 EDT 2023 |
| Q8. Do you have an authorized user who approves access levels within information systems and locations that use ePHI? | Yes. We have written procedures outlining who has the authorization to approve access to information systems, location, and ePHI; how access requests are submitted; and how access is granted. | Addressable | Durwood | Mon Apr 03 16:13:11 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|--|--|-------------|----------|------------------------------|
| Q9. Do you validate a person's access to facilities (including workforce members and visitors) based on their role or function? | Yes. We have procedures for validating access to our facility. Access levels are based on role or function. We also have strict requirements for validating workforce members or visitors who seek access to our critical systems and software programs. | Addressable | Durwood | Mon Apr 03 16:13:16 EDT 2023 |
| Q10. How do you validate a person's access to your facility? | We maintain lists of authorized persons and have controls in place to identify persons attempting to access the practice, grant access to authorized persons, and prevent access by unauthorized persons. | Addressable | Durwood | Mon Apr 03 16:13:21 EDT 2023 |
| Q11. Do you have access validation requirements for personnel and visitors seeking access to your critical systems (such as IT, software developers, or network admins)? | Yes. | Addressable | Durwood | Mon Apr 03 16:13:32 EDT 2023 |
| Q12. Does this include controlling access to your software programs for testing and revisions? | Yes. | Addressable | Durwood | Mon Apr 03 16:13:37 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|---|-------------|----------|------------------------------|
| Q13. Do you have procedures for validating a third party person's access to the facility based on their role or function? | Yes. | Addressable | Durwood | Mon Apr 03 16:13:43 EDT 2023 |
| Q14. Do you have hardware, software, or other mechanisms that record and examine activity on information systems with access to ePHI? | Yes. | Required | Durwood | Mon Apr 03 16:13:47 EDT 2023 |
| Q15. What requirements are in place for retention of audit reports? | Requirements are in place to retain records of audit report review, but not for a minimum of six (6) years . | Required | Durwood | Mon Apr 03 16:13:54 EDT 2023 |
| Q16. Do you maintain records of physical changes, upgrades, and modifications to your facility? | Yes. We have written procedures to document modifications to our facility. This includes documenting when physical security component repairs, modifications, or updates are needed. Any changes to our facility's security components go through an authorization process. | Addressable | Durwood | Mon Apr 03 16:14:06 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|--|-------------|----------|------------------------------|
| Q17. How do you maintain awareness of the movement of electronic devices and media? | We maintain a detailed inventory of all electronic devices and media which contain ePHI, including where they are located, which workforce members are authorized to access or possess the devices, and to where they are moved. | Addressable | Durwood | Mon Apr 03 16:14:13 EDT 2023 |
| Q18. Are electronic devices secured? | We secure electronic devices, but do not have documented procedures for these safeguards. | Required | Durwood | Mon Apr 03 16:14:21 EDT 2023 |
| Q19. Do you back up ePHI to ensure availability when devices are moved? | Yes. Our critical data and ePHI is centrally stored (such as in a cloud or active directory server) that can be accessed from any authorized device. | Addressable | Durwood | Mon Apr 03 16:14:32 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|--|--|------------|----------|------------------------------|
| Q20. Do you ensure devices which created, maintained, received, or transmitted ePHI are effectively sanitized when they are disposed of? | Yes. We remove any data storage or memory component from the device and then store it in a secure location. Data is wiped from the device prior to disposing of the device using a method that conforms to guidelines in NIST SP 800-88 and OCR Guidance to Render Unsecured Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals. | Required | Durwood | Mon Apr 03 16:14:42 EDT 2023 |
| Q21. How do you determine what is considered appropriate use of electronic devices and connected network devices? | We have documented policies and procedures in place outlining proper functions to be performed on electronic devices and devices (e.g. whether or not they should access ePHI), how those functions will be performed, who is authorized to use the devices, and the physical surroundings of the devices. | Required | Durwood | Mon Apr 03 16:14:58 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|--|-------------|----------|------------------------------|
| Q22. Do you ensure access to ePHI is terminated when employment or other arrangements with the workforce member ends? | Yes. We have written procedures documenting termination or change of access to ePHI upon termination or change of employment, including recovery of access control devices (including organization-owned devices, media, and equipment), deactivation of information system access, appropriate changes in access levels and/or privileges pursuant to job description changes that necessitate more or less access to ePHI, time frames to terminate access to ePHI, and exit interviews that include a discussion of privacy and security topics regarding ePHI. | Addressable | Durwood | Mon Apr 03 16:15:14 EDT 2023 |
| Q23. Do you have procedures for terminating or changing third-party access when the contract, business associate agreement, or other arrangement with the third party ends or is changed? | Yes | Addressable | Durwood | Mon Apr 03 16:15:22 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|--|--|------------|----------|------------------------------|
| Q24. How do you ensure media is sanitized prior to re-use? | We sometimes remove ePHI from devices using a method that conforms to guidelines in NIST SP 800-88 and OCR Guidance to Render Unsecured Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals, but not always, prior to re-use. | Required | Durwood | Mon Apr 03 16:15:31 EDT 2023 |

| Section 6, Security and Business Associates | | Risk Score: 38 % |
|---|--|------------------|
| Threats & Vulnerabilities | | Risk Rating |
| Inadequate business associate/vendor agreements | | |
| Inability to hold third parties accountable to securing your ePHI | | High |
| Breach goes unreported due to lack of established communication requirements with third-party | | Medium |
| Provide sensitive information and ePHI without authorization | | Low |
| Loss of support services or contracts | | High |
| Damage to public reputation or litigation | | Medium |

| Question | Answer | Compliance | Username | Date/Time |
|--|--------|------------|----------|------------------------------|
| Q1. Do you contract with business associates or other third-party vendors? | Yes. | Required | Durwood | Mon Apr 03 16:15:47 EDT 2023 |
| Q2. Do you allow third-party vendors to access your information systems and/or ePHI? | No. | Required | Durwood | Mon Apr 03 16:15:55 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|--|--|------------|----------|------------------------------|
| Q3. How do you identify which business associates need access to create, receive, maintain, or transmit ePHI? | We review business associate contracts to determine which vendors or contractors require access to ePHI and we include a Business Associate Agreement (BAA) in our contract with them. | Required | Durwood | Mon Apr 03 16:16:01 EDT 2023 |
| Q4. How does your practice enforce or monitor access for each of these business associates? | We determine degree of access based on the amount of ePHI accessed, the types of devices or mechanisms used for access, and our ability to control and monitor third-party access. | Required | Durwood | Mon Apr 03 16:16:09 EDT 2023 |
| Q5. How do business associates communicate important changes in security practices, personnel, etc. to you? | Our BAAs include language describing how security-relevant changes should be communicated to our organization. | Required | Durwood | Mon Apr 03 16:16:17 EDT 2023 |
| Q6. Have you executed business associate agreements with all business associates who create, receive, maintain, or transmit ePHI on your behalf? | Yes. We ensure all business associates have a fully executed BAA with us before creating, receiving, maintaining, or transmitting ePHI on our behalf. | Required | Durwood | Mon Apr 03 16:16:25 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|--|------------|----------|------------------------------|
| Q7. How do you maintain awareness of business associate security practices? (e.g. in addition to Business Associate Agreements) | We rely on the language of our BAAs to ensure that business associates are securing ePHI. | Required | Durwood | Mon Apr 03 16:21:41 EDT 2023 |
| Q8. Do you include satisfactory assurances within your Business Associate Agreements pertaining to how your business associates safeguard ePHI? | Yes. Our Business Associate Agreements include specifications on authorized use and disclosure of ePHI as well as other requirements as required by the Omnibus Rule updates to HIPAA. | Required | Durwood | Mon Apr 03 16:21:50 EDT 2023 |
| Q9. What terms are in your BAA's to outline how your business associates ensure subcontractors access ePHI securely? | Our BAAs include language requiring the business associate to obtain satisfactory assurances from subcontractors as to how they protect ePHI. | Required | Durwood | Mon Apr 03 16:22:00 EDT 2023 |
| Q10. Do your BAA's require your third-party vendors to report security incidents to your practice in a timely manner? | No. We are not sure how this requirement is described within our BAAs. | Required | Durwood | Mon Apr 03 16:22:08 EDT 2023 |
| Q11. Have you updated all your BAA's to reflect the requirements in the 2013 Omnibus Rule updates to HIPAA? | We have reviewed all BAAs and are in the process of updating formerly out-of-date BAAs. | Required | Durwood | Mon Apr 03 16:22:16 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|---|------------|----------|------------------------------|
| Q12. How does your practice document all of its business associates requiring access to ePHI? | We maintain a current listing of all business associates with access to ePHI in addition to having Business Associate Agreements (BAAs) on file with any business associates with access to ePHI. | Required | Durwood | Mon Apr 03 16:22:22 EDT 2023 |
| Q13. Do you obtain Business Associate Agreements (BAAs) from business associates who access another covered entity's ePHI on your behalf? | Yes. We make sure to have BAAs in place with covered entities for which we are Business Associates as well as subcontractors to those covered entities who contract with us. | Required | Durwood | Mon Apr 03 16:22:32 EDT 2023 |

Section 7, Contingency Planning

Risk Score: 31 %

Threats & Vulnerabilities

Risk Rating

| Question | Answer | Compliance | Username | Date/Time |
|--|---|------------|----------|------------------------------|
| Q1. Does your practice have a contingency plan in the event of an emergency? | Yes. | Required | Durwood | Mon Apr 03 16:23:23 EDT 2023 |
| Q2. Is your contingency plan documented? | Yes. | Required | Durwood | Mon Apr 03 16:23:27 EDT 2023 |
| Q3. Do you periodically update your contingency plan? | Yes, but only if there are changes in our practice. | Required | Durwood | Mon Apr 03 16:23:33 EDT 2023 |
| Q4. How do you ensure that your contingency plan is effective and updated appropriately? | We periodically review the plan's contents but do not perform any tests or exercises of the plan's effectiveness. | Required | Durwood | Mon Apr 03 16:23:41 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|--|--|------------|----------|------------------------------|
| Q5. Have you considered what kind of emergencies could damage critical information systems or prevent access to ePHI within your practice? | Yes. | Required | Durwood | Mon Apr 03 16:23:46 EDT 2023 |
| Q6. What types of emergencies have you considered? | We have considered natural disasters, such as wildfire, damaging winds, floods, hurricanes, tornadoes, or earthquakes. | Required | Durwood | Mon Apr 03 16:23:50 EDT 2023 |
| Q7. Have you documented in your policies and procedures various emergency types and how you would respond to them? | Yes. | Required | Durwood | Mon Apr 03 16:23:56 EDT 2023 |
| Q8. Does your practice have policies and procedures in place to prevent, detect, and respond to security incidents? | Yes. | Required | Durwood | Mon Apr 03 16:24:08 EDT 2023 |
| Q9. How does your practice prevent, detect, and respond to security incidents? | We have a security incident response plan documented in our policies and procedures. | Required | Durwood | Mon Apr 03 16:24:14 EDT 2023 |
| Q10. Has your practice identified specific personnel as your incident response team? | Yes. | Required | Durwood | Mon Apr 03 16:24:22 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|--|---|------------|----------|------------------------------|
| Q11. How are members of your incident response team identified and trained? | Workforce members are trained on their role and responsibilities as part of the incident response team (upon hire) as well as periodic reminders of our internal policies and procedures and testing exercises. | Required | Durwood | Mon Apr 03 16:24:26 EDT 2023 |
| Q12. Has your practice evaluated and determined which systems and ePHI are necessary for maintaining business-as-usual in the event of an emergency? | Yes, we have a process of evaluating all hardware and software systems, including those of business associates, to determine criticality of the systems and ePHI that would be accessed by executing our contingency plan. This is documented along with our asset inventory. | Required | Durwood | Mon Apr 03 16:24:51 EDT 2023 |
| Q13. How would your practice maintain access to ePHI in the event of an emergency, system failure, or physical disaster? | We have established procedures and mechanisms for obtaining necessary electronic protected health information during an emergency. | Required | Durwood | Mon Apr 03 16:24:58 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|---|------------------------|----------|------------------------------|
| Q14. How would your practice maintain security of ePHI and crucial business processes before, during, and after an emergency? | We have robust contingency plans which provide for alternate site or other means for continued access to ePHI. We test them periodically to ensure continuity of security processes in an emergency setting. | Required | Durwood | Mon Apr 03 16:25:04 EDT 2023 |
| Q15. Do you have a plan for backing up and restoring critical data? | Yes, we have a plan for determining which data is critically needed, creating retrievable, exact copies of critical data and how to restore that data, including from alternate locations. We also test and revise the plan, as needed. | Required & Addressable | Durwood | Mon Apr 03 16:25:12 EDT 2023 |
| Q16. How is your practice's emergency procedure activated? | Upon identification or initiation of an emergency situation, emergency procedures are activated according to documented procedure, such as by formal communication from the security officer or other designated personnel. | Required | Durwood | Mon Apr 03 16:25:21 EDT 2023 |

| Question | Answer | Compliance | Username | Date/Time |
|---|--|-------------|----------|------------------------------|
| Q17. How is access to your facility coordinated in the event of disasters or emergency situations? | We have written policies and procedures outlining facility access for the restoration of lost data under the Disaster Recovery Plan and Emergency Mode Operations Plan in the event of an emergency, but it does not include all of the variables described above. | Addressable | Durwood | Mon Apr 03 16:25:32 EDT 2023 |
| Q18. How is your emergency procedure terminated after the emergency circumstance is over? | Upon the conclusion of the emergency situation, normal operations are resumed according to documented procedure, such as by formal communication from the security officer or other designated personnel. | Required | Durwood | Mon Apr 03 16:25:40 EDT 2023 |
| Q19. Do you formally evaluate the effectiveness of your security safeguards, including physical safeguards? | No. | Required | Durwood | Mon Apr 03 16:25:48 EDT 2023 |

Practice Information (1 location)

| | |
|------------------|----------------------------|
| Practice Name | Complete Wellness Recovery |
| Address | 11 1/2 West Chase Street |
| City, State, Zip | Baltimore, MD, 21201 |
| Phone, Fax | 4439613050 4439579485 |
| Point of Contact | Durwood Whitten, PhD |
| Title/Role | Vice President |

| | |
|-------|-------------------------------|
| Phone | 4439613050 |
| Email | Durwood.Whitten@CompleteW.com |

Asset Information (2 total)

| Risk | ID# | Type | Status | ePHI | Encryption | Assignment | Location |
|------|-----|----------|--------|------|------------|---------------|---------------|
| No | | Computer | Active | | | Jack Pence | Front Office |
| No | | Laptop | Active | | | Kathryn Achey | Middle Office |

Business Associates and Vendors (3 total)

| Vendor Name | Vendor Type | Satisfactory Assurances | Risk Assessed |
|----------------------|-------------|-------------------------|---------------|
| ICANotes | Ehr | true | false |
| Isaacs Accounting PC | Accounting | true | false |
| Michael Perrone | Lab | true | false |