COSMOS
Navigate the Compliance Universe

# Complete Healthcare Compliance Manual Resource: Privacy, Risk, and Discipline Assessment

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|---|---|---|---|---|
| **Breach Risk Assessment** | HIPAA (45 CFR 164.530) | WA RCW 42.19.255/HB 1071 | **Case #:** | |
| | Definitions | Definitions | | |
| | Exclusions | Exclusions | | |
| | Breach | Breach | **Case Name:** | |
| | Notification | Notification | | |
| | Time Frame | Time Frame | | |
| | Exceptions | Exceptions | | |

| RISK ASSESSMENT | | | | | |
|---|---|---|---|---|---|
| Description | Choose Best Option | Score | Choose Best Option | Score | Comments |
| **Is Section Applicable?** | Applicable | **TRUE** | Applicable | **TRUE** | |
| **Content: Nature & Sensitivity of Info** | Content | FALSE | Content | FALSE | |

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| | | | | | |
|---|---|---|---|---|---|
| **Person: Who was info disclosed to?** | Person | FALSE | Person | FALSE | |
| **Access: Was the info acquired or viewed?** | Access | FALSE | Access | FALSE | |
| **Mitigation: Has risk been mitigated?** | Mitigation | FALSE | Mitigation | FALSE | |
| **Calculation: Content + Person + Access - Mitigations = Risk Level** | **SUBMIT REPORT?** -2 THROUGH 1: Lowest Risk, No Report 2 THROUGH 5: Low Risk, No Report 6 THROUGH 9: Moderate Risk, Consider Reporting (depending on LoProCo) 10 THROUGH 14: Highest Risk, Consider Reporting (depending on LoProCo) | 0 | **SUBMIT REPORT?** -2 THROUGH 1: Lowest Risk, No Report 2 THROUGH 5: Low Risk, No Report 6 THROUGH 9: Moderate Risk, Consider Reporting (depending on LoProCo) 10 THROUGH 14: Highest Risk, Consider Reporting (depending on LoProCo) | 0 | |
| BREACH EXCEPTIONS | | | | | |
| Description of Exceptions | Not Applicable | | Not Applicable | | |
| LO PRO CO ANALYSIS | | | | | |
| Low Probability of Compromise? | | | | | |
| BREACH NOTIFICATION | | | | | |

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| | | | |
|---|---|---|---|
| Breach Notification? | | | |
| Notification Date Calculation | | | |
| Accounting of Disclosures? | | | |
| Other Reporting Requirements | | | |

| SUMMARY OF INCIDENT |
|---|
| |

| PERSON COMPLETING ASSESSMENT | |
|---|---|
| **Name:** | |
| **Title:** | |
| **Date:** | |

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