

PHI Exchange Map

A working artifact from your 30-minute session

Date: _____

Organization: _____

☐ Hospital ☐ Specialty group ☐ Practice or clinic

Scope: how PHI leaves your organization, by email, fax, portals, file links and paper. Not who accesses records inside your EHR. Please don't write patient information on this worksheet.

1 Channel Inventory

One row per way PHI leaves. Rough answers are fine; "don't know" is an answer.

CHANNEL	HOW MUCH PHI HIGH / MED / LOW	MAIN RECIPIENTS	BAA IN PLACE? YES / NO / SOME	RECORD OF WHO OPENED IT? YES / NO	OWNER
Email attachments					
Fax					
Patient portal					
File-sharing links					
Payer / lab portals					
Paper / mail					
Other:					

2 Four Questions

Answer each in your own words during the briefing.

01 The channel we can't see into (from the grid: which one carries PHI with the least visibility, and why)

02 Recipients and BAAs (rough count of outside organizations; where the BAA list lives; when it was last checked against who actually receives PHI)

03 Evidence of who received or opened a record (what we could produce outside the EHR, how long it would take, which channels leave no record)

04 A misdirected email or fax this morning (who runs the risk assessment, the notification clock we'd be on, the part of the scope we'd struggle to prove first)

PHI Exchange Map continued

3 Compliance Scorecard

My criteria, independent of IT's technical criteria

The four answers below become the framework I take to our compliance committee, board or practice owner.

01 What our leadership needs to hear about how PHI leaves this year:

02 The complaint, audit finding or incident that would force urgency:

03 Our biggest current evidence gap:

04 What “good” looks like for us, vendor-agnostic:

4 Path

Three paths compliance teams in this position typically take. Mark the one your organization is closest to today.

☐ **Tighten What We Have**

Channels are sound; fix process. Reconcile the BAA list, turn on encryption we already pay for, tighten fax and minimum-necessary habits.

☐ **Close One or Two Channels**

Fix the channels that carry PHI with no record: a tracked channel, a portal setting, or retiring a fax line.

☐ **Consolidate How PHI Leaves**

Scope a program to bring external PHI exchange onto fewer channels we can evidence.

We're closest to:

Leadership would support:

The gap between those is:

5 Next Three Actions

	ACTION	OWNER	BY WHEN
1			
2			
3			