UHealth
UNIVERSITY OF MIAMI HEALTH SYSTEM

UNIVERSITY OF MIAMI
MILLER SCHOOL of MEDICINE

Medical Equipment PHI / PII Risk Assessment Form

1 Medical Equipment Information

Manufacturer: _____ Model: _____

Serial Number: _____ Department: _____

Name: _____ Date: _____

2 Does the Medical Equipment...

Create PHI/PII YES ☐ NO ☐

Transmit PHI/PII YES ☐ NO ☐

Store PHI/PII YES ☐ NO ☐

**If "NO" is selected on all, then move to step #9

3 What PHI/PII elements does the Medical Equipment Create, Transmit, or Store (i.e. Name, DOB, SSN, etc.)?

_____

4 How is PHI/PII stored on the device (i.e. HDD, Flash Memory/RAM, Network)?

_____

5 How is PHI/PII transmitted from the device (i.e. Wi-Fi, Network connection, USB)?

_____

6 Is access to PHI/PII restricted or locked out? YES ☐ NO ☐

7 Recommended Sensitization Method for Medical Equipment:

Clearing ☐ Purging ☐ Removal ☐ Destruction ☐

Clearing - uses software or hardware to over-ride the media with non-sensitive data meeting minimum HHS data destruction standards

Purging - degaussing or exposing the media to a strong magnetic field meeting minimum HHS data destruction standards

Removal - removing a physical hard drive or flash memory from the medical equipment

Destroying - disintegration, pulverization, melting, or any similar method to destroy the physical storage device.

8 Sensitization of Medical Equipment Responsibility (as outlined in Purchase/Service Contract)?

Manufacturer/OEM ☐

Vendor ☐

Third-party Qualified Technician ☐

Internal Qualified Technician ☐

9 Form Completed By:

_____ Name

_____ Title/Company

_____ Date

Notes:

_____

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