DPC Technology Hurricane Preparation Checklist

When unexpected or even catastrophic events occur, businesses must continue critical operations that support their communities.

To help in your preparedness efforts, the following checklist identifies important specific activities that businesses can do now to prepare for an event.

First priority would be to identify a coordinator – someone in your business that is the central contact for disaster recovery (Operations Manager, Business Owner, etc) and have them update and execute this checklist.

CHECKLIST

Complete Attached Forms Checklist	Started	Completed
*Print Your Schedule (Hard Copy for Next Two Weeks)		
Insurance Information		
Employee Contact Forms		
Facility Profile		
Computer Action Plan		
Business Continuity Plan		
Vendor List		
Technology Inventory		
HIPPA Privacy and Disclosures in Emergency Situations		
Checklist File Storage (Information to be stored in the Cloud)		

^{*}This is the most critical checklist step in case of a hurricane or other natural disaster. Because you are turning your server off you will not have access to your schedule. By printing a hard copy of your schedule you can take preemptive measures and contact patients in the event you are not able to return to your office for several days.



INSURANCE INFORMATION

Make sure to record up-to-date insurance information for Malpractice, Liability, Errors and Omissions, Fire and Theft, Shareholders, etc.

Insurance Informatio and Contacts	
Type of Insurance:	Type of Insurance:
Name of Insurance:	Name of Insurance:
Name of Policy Holder:	Name of Policy Holder:
Policy Number:	Policy Number:
Term:	Term:
Agency:	Agency:
Contact Info:	Contact Info:
Insurance Information and Contacts	
Type of Insurance:	Type of Insurance:
Name of Insurance:	Name of Insurance:
Name of Policy Holder:	Name of Policy Holder:
Policy Number:	Policy Number:
Term:	Term:
Agency:	Agency:
Contact Info:	Contact Info:



EMPLOYEE CONTACT FORMS

Emergency Contact Information	helpful in an emergency?
Your Name: Home Address:	□ ЕМТ
City: State: Zip: Business Cell Phone:	☐ First Aid
Home Phone: Personal Cell Phone:	☐ Volunteer Firefighter
Cell Phone Carrier (Verizon, AT&T, Sprint, etc.): Personal E-mail:	☐ Volunteer Ambulance
Car License Plate(s): State: Number(s): Local	☐ Ham Radio Operator
Family or Friend Contact Name: Home Address:	☐ Past Military Training
City: State: Zip: Home Phone:	☐ Active Military Reserve ☐
Cell Phone: Cell Phone Carrier (Verizon, AT&T, Sprint, etc.): Business E-Mail: Personal E-mail: Relationship:	Red Cross/ CERT/ Salvation Army Disaster Training Other
Out of State Family or Friend Contact	
Name: Home Address:	
City: State: Zip: Home Phone: Cell Phone: Business E-Mail:	Are you committed to any emergency organization during a disaster?
Personal E-mail: Relationship:	□ YES □ NO
Will you need any special assistance in an evacuation? \Box YES \Box	NO
Email to Text Service: Group List: Group Email list:	



Do you have any of the

following skills that might be

FACILITY PROFILE

Company:

Physical Street Address:

City:

Main Phone Emergency Phone
Number: Number:

Company Emergency Contact

Name:		
Work Email:	Personal Email:	
Cell Phone:	Home Phone:	

Alternate Company Emergency Contact

Name:		
Work Email:	Personal Email:	
Cell Phone:	Home Phone:	

Physical Properties

Own/Rent:	Construction:	(brick, block, wood)
Landlord:	Building Type:	(free Standing, row, etc)
Emergency Contact:	Phone Number:	

Utilities / Critical Services

Electric Utility	Account#	
Emergency Contact #	Codes/Passwords	



FACILITY PROFILE

Gas Utility	Account#
Emergency Contact #	Codes/Passwords
Water Utility	Account#
Emergency Contact #	Codes/Passwords
Phone Carrier	Account#
Emergency Contact #	Codes/Passwords
Internet Provider	Account#
Emergency Contact #	Codes/Passwords

Emergency Services (NON-Emergency Numbers, Dial 911 for Emergencies)

Fire Department: 904.630.0434

Ambulance: 904.721.0002

Non-Emergency Contact #

Police: 904.630.0500

Non-Emergency Contact #

Insurance

Malpractice, Liability, Errors and Omissions, Fire and theft, Shareholders, etc.

Company:	
Type of Insurance:	
Policy Number:	Emergency Contact #
Company:	
Type of Insurance:	
Policy Number:	Emergency Contact #
Company:	
Type of Insurance:	



Policy Number:	Emergency Contact #	
Company:		
Type of Insurance:		
Policy Number:	Emergency Contact #	
Other Key Contacts		
Company Name:	Emergency Contact #	
Service Provided:	Codes/Passwords	
Company Name:	Emergency Contact #	
Service Provided:	Codes/Passwords	
Company Name:	Emergency Contact #	
Service Provided:	Codes/Passwords	
Company Name:	Emergency Contact #	
Service Provided:	Codes/Passwords	
Company Name:	Emergency Contact #	
Service Provided:	Codes/Passwords	
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Local Hazards (within 3 miles)		
\square State/Interstate Highway \square A	Manufacturing Plant Railroad Tracks Chemical Stora	ge



COMPUTER ACTION PLAN

These are our recommendations for your network in case of an impending hurricane.

CAUTION: Only follow the below action plan if a storm is eminent. Unplugging all your devices can cause issues when turning your hardware back on.

Physical Computer Action Plan

Make sure computers are off the floor raised up at least 3 inches
Turn computers off
Turn UPS (APC battery backups) off, Unplug UPS from wall
Unplug Printers from the wall (they should never be plugged into battery side of UPS)
Shut Down server
Turn server UPS off
Unplug network closet UPS from wall



BUSINESS CONTINUITY

To protect your business, planning is essential. As a business leader, you understand the strategic importance of a solid continuity plan. That's why Business Continuity Planning focuses multiple aspects of your business, making sure you can recover the technology and processes required to operate after an unforeseen failure in normal operations. It is important to recognize a team leader, a relocation site, manual processes, and who to notify externally in the event of a small, medium, and large disaster. Patient callback and notifications may change based on the length of disaster.

Large Disaster Duration 0 − 2 Days

Event involving a wide area of your community. Evacuations & travel restrictions may be in place. Recovery Time Objective: 72 hours

Response Team

-		
Team Leader	Alternate	
Continuity Team Members		
Responsible for Employee Notification	Alternate	
Responsible for Damage Assessment	Alternate	
Subject Matter Expert	Alternate	

Response Plan

-		
Assembly Location	Relocation Site	
Re-route Phones to	Responsibility	
Re-route Website	Responsibility	
Re-route E-mail	Responsibility	

Alternative Manual Processes

Responsibility			
Update website with situation info	YES/NO	Call Critical Customers	YES/NO
Re-route mail	YES/NO	Re-route deliveries	YES/NO



External Notifications

Responsibility			
Customers	YES/NO	Insurance	YES/NO
Vendors	YES/NO	Utilities	YES/NO
Landlord	YES/NO	Payroll Vendor	YES/NO
Recovery Resources	YES/NO	Bank	YES/NO
Others	YES/NO		

Comments

BUSINESS CONTINUITY cont'd

Large Disaster Duration 0 − 7 Days

Event involving a wide area of your community. Evacuations & travel restrictions may be in place. Recovery Time Objective: 72 hours

Response Team

Team Leader	Alternate	
Continuity Team Members		
Responsible for Employee Notification	Alternate	
Responsible for Damage Assessment	Alternate	
Subject Matter Expert	Alternate	



Response Plan

Assembly Location	Relocation Site
Re-route Phones to	Responsibility
Re-route Website	Responsibility
Re-route E-mail	Responsibility

Alternative Manual Processes

Responsibility			
Update website with situation info	YES/NO	Call Critical Customers	YES/NO
Re-route mail	YES/NO	Re-route deliveries	YES/NO

External Notifications

Responsibility			
Customers	YES/NO	Insurance	YES/NO
Vendors	YES/NO	Utilities	YES/NO
Landlord	YES/NO	Payroll Vendor	YES/NO
Recovery Resources	YES/NO	Bank	YES/NO
Others	YES/NO		

Comments



Large Disaster Duration 0 – 14 Days

Event involving a wide area of your community. Evacuations & travel restrictions may be in place. Recovery Time Objective: 72 hours

Response Team

-		
Team Leader	Alternate	
Continuity Team Members		
Responsible for Employee Notification	Alternate	
Responsible for Damage Assessment	Alternate	
Subject Matter Expert	Alternate	

Response Plan

Assembly Location	Relocation Site
Re-route Phones to	Responsibility
Re-route Website	Responsibility
Re-route E-mail	Responsibility

Alternative Manual Processes

Responsibility			
Update website with situation info	YES/NO	Call Critical Customers	YES/NO
Re-route mail	YES/NO	Re-route deliveries	YES/NO



External Notifications

Responsibility			
Customers	YES/NO	Insurance	YES/NO
Vendors	YES/NO	Utilities	YES/NO
Landlord	YES/NO	Payroll Vendor	YES/NO
Recovery Resources	YES/NO	Bank	YES/NO
Others	YES/NO		

Comments



VENDOR LIST

Fill in your critical vendor contact information such as your supply vendors, equipment manufacturers, and other mission critical vendors.

Vendor	Contact	Phone	Manager	Manager Phone	Services Provided	Contract Terms
DPC Technology	Marty Cortines	(904) 443-6046	Clay Archer	(904) 443-6046	I.T. Services	Complete Care



TECHNOLOGY INVENTORY

If you are a Complete Care client we will provide the below information to you.

Device	Use
Server:	Example: Practice Management Software, Imaging Database,
Credit Card Machines:	Example: Make Model, bank number to replace Serial Number
X-RAY Sensors:	Example: Schick Ultra 33 X-ray Sensors (4) Serial Number
IntraOral Cameras:	Example: Schick USB CAMs (3) Serial Number
Pan:	Example: OP100D Serial Number



TECHNOLOGY INVENTORY cont'd

Use



HIPAA PRIVACY & DISCLOSURES IN EMERGENCY SITUATIONS





OFFICE OF THE SECRETARY

Director Office for Civil Rights 200 Independence Ave., SW Rm 509F Washington, DC 20201

September 2, 2005

U.S. Department of Health and Human Services Office for Civil Rights

HURRICANE KATRINA BULLETIN: HIPAA PRIVACY and DISCLOSURES IN EMERGENCY SITUATIONS

Persons who are displaced and in need of health care as a result of a severe disaster – such as Hurricane Katrina – need ready access to health care and the means of contacting family and caregivers. We provide this bulletin to emphasize how the HIPAA Privacy Rule allows patient information to be shared to assist in disaster relief efforts, and to assist patients in receiving the care they need.

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all the following ways:

- **TREATMENT.** Health care providers can share patient information as necessary to provide treatment.
 - Treatment includes
 - 3 sharing information with other providers (including hospitals and clinics),
 - ③ referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
 - 3 coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).
 - o Providers can also share patient information to the extent necessary to seek payment for these health care services.
- MOTIFICATION. Health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.
 - o The health care provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may



share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

3 Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise

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notify family members and others as to the location and general condition of their loved ones.

- o In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.
- IMMINENT DANGER. Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct.
- FACILITY DIRECTORY. Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.



CHECKLIST FILE STORAGE

Once you have completed the Document Checklist you should store your files in a Cloud Environment.

We recommend utilizing Office 365 Sharepoint or Drop Box to store your completed checklist files. In the event of a natural disaster you will need to have these records stored off-site.



Thanks for Reviewing our Hurricane Preparation Checklist!



