

Dental Office

Backup Assessment Checklist

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|----------|---|----------|----------|
| 1 | I have a formal list of all data types and where they're stored. | Y | N |
| 2 | My server has 2 (mirrored or failover drives) and I have at least 2 forms of backup. | Y | N |
| 3 | I have all data sets backed up (patient database, xrays, personal files etc.) | Y | N |
| 4 | All my forms of backup are encrypted to protect PHI from unauthorized access. | Y | N |
| 5 | I test my backup at least twice per year. | Y | N |
| 6 | I have measured and am satisfied with our potential recovery time following any type of incident. | Y | N |
| 7 | I have a written disaster plan. | Y | N |

GLOSSARY



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8

I get daily proof of backup report.

Y N

9

If backing up to a drive, I disconnect external media once the backup has occurred.

Y N

GLOSSARY



