

Complete Healthcare Compliance Manual Resource: Sample Investigation Checklist

By Melissa Andrews^[1]

1. Notify Appropriate Individuals

<input type="checkbox"/>	Privacy Officer
<input type="checkbox"/>	Director
<input type="checkbox"/>	VP
<input type="checkbox"/>	CEO
<input type="checkbox"/>	Compliance Committee
<input type="checkbox"/>	Board of Directors
<input type="checkbox"/>	Other:

2. Timeline

<input type="checkbox"/>	Acknowledge Receipt of Complaint
<input type="checkbox"/>	Identify Involved Parties

<input type="checkbox"/>	Interview Complainant
<input type="checkbox"/>	Inform Accused Supervisor
<input type="checkbox"/>	Prepare Interview
<input type="checkbox"/>	Notify Human Resources
<input type="checkbox"/>	Inform Accused
<input type="checkbox"/>	Patient Notification
<input type="checkbox"/>	OCR Breach Notification

3. Investigation Documentation

<input type="checkbox"/>	Interviews
<input type="checkbox"/>	Screen Shots
<input type="checkbox"/>	Photographs
<input type="checkbox"/>	Audits
<input type="checkbox"/>	Baseline/Behavior Analytics
<input type="checkbox"/>	Electronic Medical Record (EMR) Documentation

<input type="checkbox"/>	Business Associate Agreement
<input type="checkbox"/>	Department Processes/Procedures
<input type="checkbox"/>	Employee HIPAA Training
<input type="checkbox"/>	Breach Analysis/Risk Assessment

4. Patient Notification Documentation

<input type="checkbox"/>	Breach Letter
<input type="checkbox"/>	No Breach Letter
<input type="checkbox"/>	Media/Web Notice
<input type="checkbox"/>	No Contact Letter

5. Mitigation Documentation

<input type="checkbox"/>	Discipline
<input type="checkbox"/>	Training/Retraining
<input type="checkbox"/>	Process/Procedure Changes
<input type="checkbox"/>	Technical Changes

<input type="checkbox"/>	Corrective Action Plan
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6. Standard [Facility] Privacy Policies

<input type="checkbox"/>	Minimum Necessary Standard
<input type="checkbox"/>	Use and Disclosure of Protected Health Information with Authorization
<input type="checkbox"/>	Use and Disclosure of Protected Health Information Without Authorization
<input type="checkbox"/>	Use and Disclosure of Protected Health Information for Facility Directory
<input type="checkbox"/>	Use and Disclosure of PHI to Individuals involved in the Patient's Care and for Notification
<input type="checkbox"/>	Sanctions for Failure to Comply with Privacy Standards
<input type="checkbox"/>	Breach Notification

7. Other Request Documentation

<input type="checkbox"/>	Incident Discovery
<input type="checkbox"/>	Similar Cases
<input type="checkbox"/>	Previous Discipline for Similar Cases
<input type="checkbox"/>	Previous Training for Similar Cases

<input type="checkbox"/>	Previous Training for Department
<input type="checkbox"/>	Privacy Incident Investigation Process
<input type="checkbox"/>	Communications
<input type="checkbox"/>	Complete File

8. TIPS

Make sure everyone knows what to do if they receive an Office for Civil Rights (OCR) letter.

Do Not Mix Cases.

Consider whether Attorney-Client Privilege is necessary.

Define Scope of Investigation early and follow it.

Do not label an incident a Breach until after Breach Analysis/Risk Assessment is completed.

Collect documentation early at time of investigation.

Treat every investigation as an OCR investigation.

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