

Report on Medicare Compliance Volume 32, Number 14. April 10, 2023

Privacy Incident Questionnaire: A Sample

This tool, which was developed by Melissa Andrews, appears in the Health Care Compliance Association's *Healthcare Compliance Forms and Tools*.^[1]

Privacy Incident Questionnaire

Reference Number: _____

Date: _____

Instructions: Pursuant to the organization's privacy policy, "Reporting Violations and Mitigation of Harm," the Privacy Department is responsible for conducting an investigation once a privacy incident has been discovered and/or reported. In order for a thorough investigation to be conducted, please provide all information requested below. In addition, retaliation against any person involved or believed to be involved with this investigation is a serious violation of Human Resources' "Anti-Harassment and Retaliation Policy" and may be cause for immediate termination of employment.

1. Employee Name: _____
 2. Employee Title: _____
 3. Primary Department: _____
 4. Supervisor: _____
 5. Name of Patient: _____ Relationship: _____
 6. Do you understand that it is your obligation to provide truthful, accurate, and complete answers, and that if we discover that you did not provide truthful and complete answers, it will be grounds for discipline, up to and including termination? ___ Yes ___ No
 7. Have you reviewed the organization's Health Insurance Portability and Accountability Act privacy policies and procedures? ___ Yes ___ No
 8. Do you understand that any person is considered a "patient" when the person consults or is seen by a physician and/or is in this facility to receive medical care? ___ Yes ___ No
 9. Do you understand that a patient's protected health information (PHI) is confidential and may not be disclosed except with the patient's valid, written authorization, or when necessary to provide treatment to the patient, to secure payment for the treatment services, or to enable operational support related to those services? ___ Yes ___ No
 10. Do you understand that PHI means information records in any form or medium that identify a patient and/or relates to the past, present, or future physical or mental health condition of the patient or relates to the payment for the healthcare of the patient? PHI may include, but is not limited to, the patient's name,
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address, telephone number, diagnosis, physician's evaluation, medical treatment, and billing information.
____ Yes ____ No

11. Were you a person called on to participate in the diagnosis and treatment of above-named patient under the direction of the attending physician? ____ Yes ____ No
12. Were you within the course of your job duties as assigned to you by your supervisor a person reasonably necessary for the transmission of communications regarding the above-named patient? ____ Yes ____ No
13. Were you within the course of your job duties as assigned to you by your supervisor a person present or necessary to further the interest of the above-named patient in consultation, examination, or interview? ____ Yes ____ No
14. Did you access or obtain any records or information, either hard copy, verbal, or electronic, in order to view, know, or discuss the above-named patient's PHI? ____ Yes ____ No

a. If yes, please explain:

15. Has anyone, other than the patient, disclosed the patient's information to you? ____ Yes ____ No

a. If so, who, and what did they tell you?

16. Have you disclosed any of the patient's PHI to anyone? ____ Yes ____ No

a. If yes, to whom?

17. Do you agree and understand that you are not entitled to any information on any patient unless you have been assigned to care or provide clerical or other support to the patient? ____ Yes ____ No
18. Do you understand that all communications between the patient and any workforce member are confidential and are not intended to be disclosed to a third person, including members of the patient's family? ____ Yes ____ No
19. Do you understand that an employee or agent of the organization may only disclose a patient's PHI with the patient's, or the patient's legally authorized representative's, consent or written authorization? ____ Yes ____ No

20. What electronic medical records systems do you have access to?

21. Do you understand that your username and password are to be guarded and not shared with any other person and that you are not allowed to let any other person access the electronic medical record systems using your username and password? ____ Yes ____ No

22. Please provide any additional information that may be helpful to our investigation into this matter:

I confirm that all above information provided, answers, and the comments I have made are truthful, complete, and accurate. I also understand that if it is determined or if there is reason to believe that I have provided

incorrect, misleading, or false information, or that I have not conducted myself as required by the organization's Code of Ethics and Business Conduct, there will be disciplinary action up to and including termination of my employment.

Respondent's Signature _____ Date:

Interviewer's Signature _____ Date:

Witness's Signature _____ Date:

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