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| 1. | Notify Appropriate Individuals |
|  | Privacy Officer |
|  | Director |
|  | VP |
|  | CEO |
|  | Compliance Committee |
|  | Board of Directors |
|  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 2. | Timeline |
|  | Acknowledge Receipt of Complaint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Identify Involved Parties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Interview Complainant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Inform Accused Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Prepare Interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ | Notify Human Resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Inform Accused \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Patient Notification \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | OCR Breach Notification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 3. | Investigation Documentation |
|  | Interviews |
|  | Screen Shots |
|  | Photographs |
|  | Audits |
|  | Baseline/Behavior Analytics |
|  | Electronic Medical Record (EMR) Documentation |
|  | Business Associate Agreement |
|  | Department Processes/Procedures |
|  | Employee HIPAA Training |
|  | Breach Analysis/Risk Assessment |

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| 4. | Patient Notification Documentation |
|  | Breach Letter |
|  | No Breach Letter |
|  | Media/Web Notice |
|  | No Contact Letter |

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| 5. | Mitigation Documentation |
|  | Discipline |
|  | Training/Retraining |
|  | Process/Procedure Changes |
|  | Technical Changes |
|  | Corrective Action Plan |

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| 6. | Standard [Facility] Privacy Policies |
|  | Minimum Necessary Standard |
|  | Use and Disclosure of Protected Health Information with Authorization |
|  | Use and Disclosure of Protected Health Information Without Authorization |
|  | Use and Disclosure of Protected Health Information for Facility Directory |
|  | Use and Disclosure of PHI to Individuals involved in the Patient’s Care and for Notification |
|  | Sanctions for Failure to Comply with Privacy Standards |
|  | Breach Notification |

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| 7. | Other Request Documentation |
|  | Incident Discovery |
|  | Similar Cases |
|  | Previous Discipline for Similar Cases |
|  | Previous Training for Similar Cases |
|  | Previous Training for Department |
|  | Privacy Incident Investigation Process |
|  | Communications |
|  | Complete File |

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| 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. | |