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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. |