

# Complete Healthcare Compliance Manual

## Resource: Sample Investigation Checklist

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| 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 |
|--------------------------|------------------------|

| 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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