

Healthcare Compliance Forms and Tools Privacy, Risk, and Discipline Assessment

By Jennifer McAleer and Ryan Stanberry

| | | HIPAA (45 CFR 164.530) | WA RCW 42.19.255/HB 1071 | Case #: | |
|--|---------------------------|------------------------|--------------------------|---------------|--|
| | | Definitions | Definitions | | |
| | | Exclusions | Exclusions | | |
| | Breach Risk Assessment | Breach | Breach | Case Name: | |
| | | Notification | Notification | | |
| | | Time Frame | Time Frame | | |
| | | Exceptions | Exceptions | | |

| DICK | ASSESSMENT |
|------|------------|
| MON | ASSESSMENT |

| Description | Choose Best Option | Score | Choose Best Option | Score | Comments |
|--|--------------------|-------|--------------------|-------|----------|
| Is Section Applicable? | Applicable | TRUE | Applicable | TRUE | |
| Content: Nature & Sensitivity of Info | Content | FALSE | Content | FALSE | |

| Person: Who was info disclosed to? | Person | FALSE | Person | FALSE | |
|--|--|-------|--|-------|--|
| Access: Was the info acquired or viewed? | Access | FALSE | Access | FALSE | |
| Mitigation: Has risk been mitigated? | Mitigation | FALSE | Mitigation | FALSE | |
| Calculation: Content + Person + Access - Mitigations = Risk Level | SUBMIT REPORT? -2 THROUGH 1: Lowest Risk, No Report 2 THROUGH 5: Low Risk, No Report 6 THROUGH 9: Moderate Risk, Consider Reporting (depending on LoProCo) 10 THROUGH 14: Highest Risk, Consider Reporting (depending on LoProCo) | 0 | SUBMIT REPORT? -2 THROUGH 1: Lowest Risk, No Report 2 THROUGH 5: Low Risk, No Report 6 THROUGH 9: Moderate Risk, Consider Reporting (depending on LoProCo) 10 THROUGH 14: Highest Risk, Consider Reporting (depending on LoProCo) | 0 | |
| BREACH EXCEP | TIONS | | | | |
| Description of Exceptions | Not Applicable | | Not Applicable | | |
| LO PRO CO ANA | LYSIS | | | | |
| Low Probability of Compromise? | | | | | |
| BREACH NOTIF | ICATION | | | | |

| Breach Notification? | | | | | |
|-------------------------------------|-------------------|--|------------|--|--|
| Notification Date Calculation | | | | | |
| Accounting of Disclosures? | | | | | |
| Other Reporting Requirements | | | | | |
| SUMMARY OF 1 | NCIDENT | | | | |
| PERSON COMP | LETING ASSESSMENT | | | | |
| Name: | | | | | |
| Title: | | | | | |
| Date: | | | | | |
| | | | Case #: | | |
| | | | Case Name: | | |
| SUMMARY OF ALLEGATION | | | | | |

| Violation Level (per Privacy Violation Guidance tool/HR Policy) | | Policy Link |
|---|-------|----------------|
| MITIGATING FACTORS | SCORE | NOTES |
| 1. Prompt voluntary reporting of the violation | | |
| 2. Cooperation with the investigation | | |
| 3. Role in the violation was small | | |
| 4. Action was taken based on a good faith reasonable belief that the action was lawful and consistent with Overlake policies and Code of Conduct | | |
| 5. Emergency circumstances where an individual's health and safety is at risk | | |
| 6. Flagged access involves someone the employee has legal medical record authority over (i.e., minor child, DPOA) | | |
| 7. Medical provider accessing record of family member with illness (should have proxy access) | | |
| 8. Employee accessed record for perceived business purposes (i.e., birthday list, home address) | | |
| 9. Honest error made by employee (i.e., sending PHI to wrong address) | | |
| Sub-Total: Mitigating Factors | 0 | |
| AGGRAVATING FACTORS | SCORE | NOTES |

| 1. Deliberately failing to check whether a particular course of action was prohibited | | | |
|---|-------|-------|--|
| 2. Engaging in an improper act after receiving education on appropriate standards | | | |
| 3. Failure to follow a formal HR disciplinary action | | | |
| 4. Attempting to conceal a violation | | | |
| 5. Benefiting from the inappropriate action (self, family, or close friends) | | | |
| 6. Dishonesty during an investigation | | | |
| 7. Pattern of misconduct (multiple patients impacted) | | | |
| 8. Whether the violation caused potential or serious damage to Overlake or to any patient or employee | | | |
| 9. Failure to report a known inappropriate action of other employee | | | |
| 10. Acts which are criminal in nature (beyond HIPAA) | | | |
| Sub-Total: Aggravating Factors | 0 | | |
| Mitigating & Aggravating Calculation | 0 | | |
| Risk Assessment - Reportable? | FALSE | FALSE | |
| TOTAL SCORE | 0 | | |
| RECOMMENDED DISCIPLINE | | | |

| Recommended Discipline = Initial: 0 – 2 points; Written: 3 – 5 points; Final Written: 6 – 8 points; Termination: 9 | + points |
|--|----------|
| PERSON COMPLETING ASSESSMENT | |
| | - Name |
| | - Title |
| | - Date |

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