

Sample of Completed Compliance Assurance Plan

Date of Plan:	Prepared by:
Compliance goal: Ensure compliance with HIPAA's requirements for treatment of personal representatives and for providing individuals an opportunity to object to disclosures for involvement in care and notification purposes	
Standards: 45 CFR 164.502(g) Treat personal representatives as individual. 45 CFR 164.510(b) Uses and disclosures for involvement in care and notification purposes.	
Owner(s): Information privacy official is responsible for developing and implementing policies and procedures for compliance with the HIPAA Privacy Rule. Legal counsel may offer specific advice with respect to state statutes. Clinician affairs personnel can provide information on training and performance/credentialing review.	
Risk: Risk is ranked medium because clinicians are very familiar with these requirements, although they can always use reminders and support.	
Current controls: <i>Identify the policies and procedures covering these standards in your organization. Annotate the training you provide workers specific to these standards. Identify any other specific measures you take, such as IT support, forms, and scripts.</i>	
Compliance Process(es):	Schedule
1. Determine whether there is organizational philosophy and whether it is reflected in policy.	Annual review
2. Determine whether procedures incorporate sufficient guidance for various scenarios; look for criteria, scripts, and how to flag in information systems.	Annual review
3. Conduct records review within 48 hours of discharge to: a. Ascertain volume of events b. Determine adequacy of documentation c. Review decisions for consistency with policy and procedure	Random, periodic, to be determined by results
4. Triggered review of privacy complaints	Upon occurrence
Resources: The IPO should oversee the compliance processes, using a random sample of members of the workforce to review policy and procedures. Records review should be conducted in a confidential manner. This may be made a part of a routine analysis of records upon discharge, or in an audit by IPO, clinician supervisors, or random sample of clinicians if records can be de-identified.	
Results:	
Recommendations:	
Follow-up:	