

HIPAA COMPLIANCE PROCEDURES OVERSIGHT

On _____ it became apparent that an oversight had
(Date)
occurred regarding proper HIPAA compliance procedures for the
following client: _____. This oversight was
(Name of client)
discovered by _____.
(Name of employee or clinician)

NATURE OF THE OVERSIGHT

The following form(s) were noted to be missing:

____ Receipt of notice of privacy practices (NOPP)

____ Consent to use or Disclose Protected Health Information For
Treatment, Payment, Health Care Operations and Other Limited
Purposes.

The following violation occurred (description):

CURRENT STATUS

Action taken:

Missing signed forms (if any) received and filed on: _____
(Date)

**NOTE: PLACE ORIGINAL IN CLIENT FILE, A PHOTOCOPY MUST BE
GIVEN TO BUSINESS MANAGER**