TRAINING UPDATE

Lab Location: Department:

GEC, SGMC & WOMC QA & Mgmt

Date Distributed:
Due Date:
Implementation:

4/30/2020 5/20/2020 **5/18/2020**

DESCRIPTION OF REVISION

Name of procedure:

HIPAA Audit SGAH.QA920 v2

Description of change(s):

Header: changed WAH to WOMC

Section 5: Updated documentation to store on electronic document system

This revised SOP will be implemented May 18, 2020

Document your compliance with this training update by taking the quiz in the MTS system.

Site: Shady Grove Medical Center, White Oak Medical Center,
Germantown Emergency Center
Title: HIPAA Audit

Non-Technical SOP

Title	HIPAA Audit	
Prepared by	Leslie Barrett	Date: 7/17/2015
Owner	Cynthia Bowman-Gholston	Date: 7/17/2015

Laboratory Approval					
Print Name and Title	Signature	Date			
Refer to the electronic signature page for					
approval and approval dates.					
Local Issue Date:	Local Effective Date:				

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1. PURPOSE

This procedure outlines the process to monitor compliance with the patient privacy policy.

2. SCOPE

This procedure applies to annual HIPAA audits

3. RESPONSIBILITY

Laboratory management and quality assurance staff may perform this procedure.

4. **DEFINITIONS**

HIPPA - Health Insurance Portability and Accountability Act

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Site: Shady Grove Medical Center, White Oak Medical Center,

Title: HIPAA Audit Germantown Emergency Center

5. **PROCEDURE**

A. Audit

- 1. Obtain the HIPAA Compliance Assessment form
- 2. Observe and assess work practices listed on the form
- 3. Record findings

B. Corrective Action

- 1. If any confidentiality or compliance failures are identified, corrective action must be initiated
- 2. The auditor will report findings to the director and area supervisor via email.
- 3. The supervisor will submit an email corrective action response including a timeline for completion.

C. Documentation

1. File the assessment form and correction action email electronically on the electronic document control system under Quality Documents.

6. RELATED DOCUMENTS

HIPAA Compliance Assessment (AG.F331) HIPAA Policy, general laboratory policy

7. REFERENCES

N/A

8. **REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By
0	5/11/18	Header: Added other sites	L Barrett	C Bowman- Gholston
1	4/28/20	Header: Changed WAH to WOMC Section 5: Updated documentation to store on electronic document system	L Barrett	C Bowman- Gholston

9. ADDENDA AND APPENDICES

None

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