

SAMPLE ENGAGEMENT LETTER

DATE

ADDRESS

DEAR _____

RE: REQUEST TO CONDUCT A HIPAA PRIVACY COMPLIANCE REVIEW OF

This is to inform you that this Office will conduct a Health Insurance Portability and Accountability Act (HIPAA) review of the (CERTAIN HOSPITAL/FACILITY/PROGRAM). The entrance conference and review will begin on (DATE AND TIME), at a conference room designated by you at the facility. If the proposed review date or time poses a problem, please contact me so we can arrange a mutually acceptable alternate date and time.

The onsite review is expected to be completed within five (5) days. However, it may require additional days, depending on the facility's documented self-audit efforts and their staff's ability to provide the requested information. The review will evaluate the (HOSPITAL/FACILITY/PROGRAM'S) internal controls and compliance with the HIPAA Privacy Rule and policies and procedures, including applicable Security Rule policies and procedures that correspond with the Privacy Rule. We will also review the facility's controls to safeguard protected health information (PHI). Please note that while certain safeguard controls will be examined, the purpose of the review is not to assess the overall controls of the facility. Only those controls that directly affect the proper safeguarding of PHI, as mandated by the Privacy Rule will be reviewed.

The HIPAA Privacy Compliance Audit Tool is attached. Please complete it with as much detail as possible. The completed tool must be presented at the entrance conference as it will help guide us through the review. In addition, the completion of the tool and review will require coordination with (HOSPITAL/FACILITY/PROGRAM) management and staff, including the compliance officer, medical records' manager, Health Information Management staff, and Information Technology staff. Please provide the following information at least two weeks (DATE) prior to the review:

1. Confirmation of the scheduled review start date (DATE)
2. Location/conference room for the entrance conference
3. An organization chart of key facility staff
4. Identification of the facility coordinator(s) who will be assisting in providing a tour of the facility, access to the requested information, intake areas, Compliance Officer's office area, and medical records' room and storage areas, etc.
5. Copies of Department's/facility's HIPAA Privacy Rule policies

6. Reports/records that track facility's workforce members' compliance with the mandatory HIPAA training.

Please note that we plan to review the medical records' room and related areas on **(DATE)**. We will randomly select **(NUMBER)** medical records to review and determine whether those selected records include the Department's or facility's Notice of Privacy Practices' Acknowledgement of Receipt form and the Accounting of Disclosures' log. Again, if this date poses a problem with you or the facility, please provide alternative dates for this part of the review.

Should you or your staff have any questions regarding this review, please do not hesitate to contact me at **(PHONE NUMBER, EMAIL)**.

Sincerely,

NAME

Attachment