**PRIVACY AUDIT FORM**

Patient Name: Doctor:

Medical Record # Invoice #

Place of Service: Date of Service:

Type of Service:

Auditor’s Name and Telephone Number:

Compliance Officer’s Name and Telephone Number:

Does this file have a signed NPP acknowledgment? Yes No

Is all the PHI (except the patient’s name) on the inside of the chart? Yes No

Is the patient’s file properly protected and marked confidential? Yes No

**If the answer to any of the above questions was No, complete the following.**

Non-Compliance resulted from:

People Contacted:

 .

What was discussed?

Steps taken to correct this now and in the future:

Compliance Officers Name (Type/Print): Date

Compliance Officers Signature:

Auditor Name (Type/Print): Date

#### Auditor Signature: