



COMPLIANCE INVESTIGATION TOOLKIT: USER GUIDE & INTRODUCTION

WELCOME

Thank you for choosing Succora for your Compliance Investigation process.

This Toolkit provides streamlined risk management solutions designed to simplify, organize, and de-stress the investigative process. The templates guide you through each step with clarity & structure. Our goal is to support you in conducting objective, consistent and defensible investigations—with confidence & without overwhelm.

These flexible templates are adaptable to your workflow and intended to compliment—not replace—your organization's existing processes & case management software.

IMPORTANT NOTICES

- This toolkit is licensed for internal use only. See full License Agreement included.
- Use of this toolkit does NOT create an attorney-client relationship.
- Nothing contained within this Toolkit should be construed as legal advice.

GETTING STARTED: USING THE TOOLKIT

- Keep a clean, master copy of each template and save a new version for each investigation.
- Not every field or document will apply to every situation—use your discretion.
- These forms are meant to prompt ideas, organize facts, and streamline your process. Don't overthink them!
- Always be guided by the goals of your investigation: to substantiate a violation or breach; to assess current safeguards; and identify risk improvements.
- Maintain confidentiality at all stages.
- When completing the forms, avoid including protected health information (PHI), where possible.
- Use your organization's secure systems and folders for saving investigations.
- **REMEMBER:** Your first step when a compliance report is received should be to assess whether immediate action is needed to prevent or mitigate harm.



TOOLKIT CONTENTS

INVESTIGATION TEMPLATES

- 1. Compliance Investigation Checklist (Fillable)**
 - All investigation steps on one page
- 2. Internal Investigation Plan (Template)**
 - Use to develop a unique comprehensive plan for each report
- 3. Interview Report (Template)**
 - Document details of each interview conducted
- 4. Investigation Final Report (Template)**
 - Use at the conclusion of the investigation to document investigative actions taken, information received, and outcome

HIPAA BREACH FORMS

- 5. HIPAA Breach Tracking Form (Template)**
 - Document HIPAA breaches for ease of reporting to HHS. This form mirrors the HHS HIPAA breach reporting prompts.
- 6. HIPAA Breach Notification Letter (Template)**
 - Inform individual(s) affected by a HIPAA privacy breach

ADDITIONAL GUIDES

- 7. Interview Guidance**
 - Tips for conducting fair and effective interviews from a Certified Forensic Interviewer
- 8. Sample Investigation Plan with Examples**
 - A partially completed sample for reference

CUSTOMIZATION, TRAINING & ADD-ONS

This toolkit has been designed as a generic, flexible, and adaptable system. However, every organization is unique—and if you'd like a more tailored experience, we offer customization, consultation, and training options to support your needs, such as:

- **Customized Toolkit**, tailored to your organizational structure, branding, and existing workflows.
- **Live training sessions** (virtual) to walk you or your team through the Toolkit and the investigation and interview process.
- **Policy & Procedure development** for Compliance Investigations and Handling HIPAA Breaches to strengthen your internal compliance framework.

If you are interested in adding any of these services, please contact Succora Investigations at www.SuccoraLaw.com.



COMPLIANCE INVESTIGATIONS CHECKLIST

(Please note that not all items will apply)

Report Received

- ☐ Acknowledged receipt of report to the reporter
- ☐ Compliance Officer notified

Compliance Officer Initial Duties

- ☐ Assigned to the correct department? If not, report forwarded to correct department
- ☐ [Redacted]
- ☐ [Redacted]

Case Management Software (Opening Case)

- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]

Immediate Action

- ☐ [Redacted]

Internal Investigation Plan

- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]

Conducting Investigation

- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]

Analyzing Information Obtained

- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]

Investigation Final Report

- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]

Conclusion

- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]

Case Management Software (Closing Case)

- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]

Add'l Steps for HIPAA Investigations Only

- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]
- ☐ [Redacted]



COMPLIANCE INTERNAL INVESTIGATION PLAN

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Case No.: [REDACTED]

Investigation Plan Information		Investigator Information
Who Completed Plan: [REDACTED]		Principal Investigator: [REDACTED]
Date Plan Completed: [REDACTED]		Other Investigators: [REDACTED]
Investigation Deadlines	Goal Date of Completion: [REDACTED] HIPAA Breach Notification Letter D/L: [REDACTED] Other: [REDACTED]	
Summary of Report/Background	[REDACTED]	
Relevant Dates	Date(s) of Alleged Misconduct and/or Potential HIPAA Breach:	[REDACTED]
	Date of Discovery:	[REDACTED]
	Date Reported:	[REDACTED]

**COMPLIANCE INVESTIGATION FINAL REPORT*****CONFIDENTIAL***

The information contained in this report is confidential and may contain PHI. The recipient of this report shall maintain strict confidentiality of the information in this report and will not share or discuss this report or any information in this report with anyone else, without the prior consent of the Compliance Officer.

Report Information		Investigation Information	
Name of Person Completing Report: 		Concurrent HR Misconduct Investigation? ☐ Yes ☐ No	
Date Report Completed:		Case #:	
		Principal Investigator:	
		Other Investigators:	
1) Individual(s), Department, or Organization that Committed Potential Violation/Breach	Name:		
	Position:		
	Dept./Location:		
	Supervisor:		
	Organization:		
2) Individual(s) or Organization that Reported Potential Violation/Breach	Name:		
	Position:		
	Dept./Location:		
	Organization:		
	Report Date & Method:		