


 healthconnections®
Audit Report Attestation

Facility Name:

Name:

Title:

Date:

If any exceptions are found during your audit procedures, please contact info@healthconnections.org for guidance on how to proceed. By checking each box below, you attest that you have audited the following:

Patient Records Accessed Report: I verified that the patient records were accessed appropriately (such access was proper given the users' role in the organization, and patients were accessed for Level 1 Uses as defined by policy). If any exceptions were found, they have been communicated to HealtheConnections.

User Logins and Active Users Reports: I verified that the information is accurate (all employees who have/had access are/were working for the organization in roles that require such access). I have notified HealtheConnections to terminate access for any users who have left the organization and of any other exceptions.

Consent Sample Report: I verified that this organization has maintained a hard copy, electronic copy, or scanned image of the signed HealtheConnections Patient Consent form and verified that each consent form matches the information (patient name, DOB, and consent choice) HealtheConnections has on file. I acknowledge that, upon request, I must provide copies of these consents to HealtheConnections. I have notified HealtheConnections of any consent forms that could not be located and of any other exceptions.

By signing below, I verify that the information I have provided is true.

Electronic Signature Here

DD/MM/YYYY

Please return this completed form and, if requested, copies of consent forms by the due date provided in your audit notification email. Attestations may be sent to support@healthconnections.org.

Consent forms, if requested, should be sent securely via fax to 315-407-0053 or using Direct Mail.

Direct Mail users may securely send their attestation (and consent forms, if requested) to support@hiemail.healthconnections.org.

 HealtheConnections Use Only

HealtheConnections Authorized Signature

Date