**Compliance Self-Audit Report: Sample**[[1]](#footnote-1)

***To be completed by Audit Staff***

Area of audit/audit standard:

Scope of audit:

Date initiated:

Date completed:

Name of audit staff members: Department:

Audit methodology:

Summary:

Standard:

Sample:

Brief description of audit results:[[2]](#footnote-2)

Recommended action (Description should include individuals responsible and resources required for implementation):

This report was prepared by:

Name Signature and date

***To be completed by Compliance Officer***

This report was received and reviewed by the Compliance Officer/Contacts:

Name Signature and date

Recommended action:

The results of this audit:

Were reported to and reviewed by the Compliance Committee of the Board.

Did not /Contactrise to the level of review by the Compliance Committee of the Board.

Name Signature and date

Comments:

1. The Authors of these materials include attorneys at the law firm of Feldesman Tucker Leifer Fidell LLP. The sample documents offer general guidance based on federal law and regulations and do not necessarily apply to all health centers under all facts and circumstances. Further, these materials do not replace, and are not a substitute for, legal advice from qualified legal counsel. [↑](#footnote-ref-1)
2. Health centers should establish a protocol for the documentation of compliance issues, whether in the context of logging complaints, tracking the completion of trainings or recording the results of audits or investigations. Such protocol should explain the sensitive nature of the contents of such documentation and that such contents may not be protected by any privileges—such as the attorney-client privilege—that would protect them from disclosure to other parties, such as government enforcement agencies or civil litigants. The protocol also should set forth general guidelines for the types of information that should or should not be included in Compliance Program records. [↑](#footnote-ref-2)