



**Mecklenburg County
Department of Internal Audit**

County Manager's Office
Public Records Request-HIPAA Investigation
Follow-Up Audit
Report 1831

October 10, 2018

**Internal Audit's
Mission**

To support key stakeholders in cultivating an environment of accountability, transparency and good governance.

Internal Audit Contacts

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**Staff
Acknowledgements**

Brian Roberts, CPA, CFE, Auditor-in-Charge

**Obtaining Copies of
Internal Audit Reports**

This report can be found in electronic format at
<https://www.mecknc.gov/audit/reports/pages/default.aspx>



MECKLENBURG COUNTY
Department of Internal Audit

To: Dena Diorio, County Manager

From: Joanne Prakapas, Director, Department of Internal Audit

Date: October 10, 2018

Subject: County Manager's Office Public Records Request-HIPAA Investigation Follow-Up Audit Report 1831

The Department of Internal Audit completed a follow-up audit on reported issues from the County Manager's Office Public Records Request-HIPAA Investigation Report 1703 issued September 1, 2017. The follow-up audit objective was to determine with reasonable but not absolute assurance whether management took effective corrective action on the issues presented in the audit report.

Internal Audit staff interviewed key personnel; observed operations; reviewed written policies, procedures, and other documents; and tested specific transactions where applicable. Internal Audit conducted this audit in conformance with The Institute of Internal Auditor's International Standards for the Professional Practice of Internal Auditing.

FOLLOW-UP SUMMARY

There were four recommendations in the County Manager's Office Public Records Request-HIPAA Investigation Report 1703. The following table provides the original number of recommendations and summarizes the follow-up audit results performed to date.

Fiscal Year	Audit Report	Implemented	Open	Not Implemented¹	Withdrawn	Total Carryforward
2018	1703 ²	N/A				4
2018	1831		4			4

¹ Management assuming risk for not taking corrective action

² Initial report

The attached **Follow-Up Results** matrix provides details for the most recent follow-up audit. Internal Audit will review any carryforward issues later to verify recommendations are fully implemented and working as intended.

The cooperation and assistance of the County Manager's Office staff are recognized and appreciated.

- c: Deputy County Manager
- Assistant County Managers
- Deputy County Attorney
- Senior County Attorney
- Board of County Commissioners
- Audit Review Committee
- Deputy County Attorney
- Chief Information Officer
- Director, Public Information Department

Follow-Up Results
County Manager’s Office Public Records Request–HIPAA Investigation Report 1703

- **Implemented** – Audit issue has been adequately addressed by implementing the original or alternative corrective action plan (**I**)
- **Open** – Corrective action for audit issue initiated but not completed (**P**); Implemented but not operating as intended (**IO**); Not been addressed but management fully intends to address issue (**O**)
- **Not Implemented** – Audit issue not addressed and management has assumed the risk of not taking corrective action (**NI**)
- **Withdrawn** – Audit issue no longer exist due to operational changes (**W**)

				Implementation Status	
Issue No.	Recommendation	Management’s Risk Mitigation Strategy	Original Implementation Date	Current Status	Comments
1.1	<p>Internal Audit recommends management update and develop as necessary formal, documented department-level and countywide public records request procedures.</p> <p>Internal Audit recommends management review and update as necessary all County public records request procedures to ensure a consistent approach across the organization to help mitigate the risk of unintentional disclosure of PHI or other personal or confidential information. Staff involved in the public request processes, including department management, should be trained accordingly.</p> <p>The updated and new procedures should be consistent with applicable County policies and procedures, and include at a minimum:</p> <ul style="list-style-type: none"> • Key public records request process steps, e.g., request receipt and acknowledgement; record identification, collection, and release; criteria for record requests requiring County Legal review; supporting documentation 	<p>County legal, Information Security (ITS) and Public Information (PI) will work together to update current public records policy. ITS will finalize the public records request policy that addresses the handling of emails from a technical perspective. The RFP for software has been issued. The revised policy will address handling emails and e-Discovery. PI will reconfigure/redesign the online public records portal to better control processing records requests. County legal has revised the review process to now require a three (3) level attorney review for emails that potentially contain personal identifiable information (PII) or protected health information (PHI), which has been implemented. ITS along with PI has begun a temporary process to document and track records requests until the new tool is implemented. This temporary process has been implemented.</p>	12/2017	P (2)	Management indicated the recommendation is partially implemented due to the vendor’s need to develop programs that can interface with County systems for the e-Discovery software.

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County Manager’s Office Public Records Request–HIPAA Investigation Report 1703

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				Implementation Status	
Issue No.	Recommendation	Management’s Risk Mitigation Strategy	Original Implementation Date	Current Status	Comments
	maintenance; multiple layer attorney and other reviews; record release authorization; and request monitoring and tracking <ul style="list-style-type: none"> • Staff roles and responsibilities • Staff training requirements • Periodic reviews and updates • Internal and external communication requirements 				
2.1	Internal Audit recommends management create a formal tracking and monitoring process to capture and document public records requests received by the County. The process should capture at a minimum: <ul style="list-style-type: none"> • The public records request method • Requester name • The date, time, and information requested • The employee receiving the request • All employees who work in the request • All requester communications, including dates and times • Request fulfillment method, e.g., paper, electronic media, etc. • The number of records mailed, viewed, etc. 	Funds have been allocated to ITS and PI to identify and purchase an electronic tool to better handle processing of emails, e-Discovery and text messages. ITS has advanced a RFP to procure software for e-Discovery Solution Business requirements. The RFP requirements include formal tracking and monitoring of documents. It is to have the capability to provide reports from the time of the request to the creation of document to final release including dates of activity/workflow/login/logout/routing status changes such as redactions, deletions etc. Among other things, the tool is to also have the capability to flag sensitive information in document and attachments such as personal identifiable information (PII), Criminal justice information (CJI), protected health information (PHI), social security	03/2018	P	Management indicated the recommendation is partially implemented due to the vendor’s need to develop programs that can interface with County systems for the e-Discovery software.

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Issue No.	Recommendation	Management’s Risk Mitigation Strategy	Original Implementation Date	Current Status	Comments
	<ul style="list-style-type: none"> • Request deadline • The resource cost to complete the request, e.g., employee hours spent on the request, as well as any cost recoveries 	numbers (SSN), and payment card information (PCI).			
2.2	Internal Audit recommends management develop and extend public records request training to department management and all staff likely to encounter members of the public requesting public records, e.g., front-line staff who have daily contact with the public. At a minimum, the training should include parameters to help department staff understand what constitutes a public records request, which requests may include potential confidential or protected information, and when they should contact Public Information and/or County Legal before fulfilling a request.	As a component of the plan, the ITS and PI public records policy will also address employee training. This will include revising training modules to include information on North Carolina public records laws for staff who might handle public records requests.	03/2018	P	Management indicated the recommendation is partially implemented due to the vendor’s need to develop programs that can interface with County systems for the e-Discovery software and develop training once the discovery tool is available for all staff.