



**Mecklenburg County  
Department of Internal Audit**

County Manager's Office  
Public Records Request-HIPAA Investigation  
Follow-Up Report 2116

September 8, 2021

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**Internal Audit's  
Mission**

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

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**Internal Audit Contacts**

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**Staff  
Acknowledgements**

Quintavias King, Auditor-in-Charge

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**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  
County Manager's Office

**From:** Joanne Prakapas, Director  
Department of Internal Audit

**Date:** September 8, 2021

**Subject:** County Manager's Office Public Records Request-HIPAA Investigation Follow-Up Report 2116

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 1919 issued October 18, 2018. 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 and reviewed written policies, procedures, and other documents. 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.

<b>Fiscal Year</b>	<b>Audit Report</b>	<b>Implemented</b>	<b>Open</b>	<b>Not Implemented<sup>1</sup></b>	<b>Withdrawn</b>	<b>Total Carryforward</b>
2018	1703 <sup>2</sup>	N/A				4
2018	1831		4			4
2019	1919	2	2			2
2021	2116	2				0

<sup>1</sup> Management assuming risk for not taking corrective action

<sup>2</sup> 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 Managers
- County Attorney
- Deputy County Attorney
- Board of County Commissioners
- Audit Review Committee
- 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. We also recommend 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"> <li>• Key public records request process steps, e.g., request receipt and acknowledgement; record identification,</li> </ul>	<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	I (2)	

**Follow-Up Results**  
**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
	collection, and release; criteria for record requests requiring County Legal review; supporting documentation maintenance; multiple layer attorney and other reviews; record release authorization; and request monitoring and tracking <ul style="list-style-type: none"> <li>• Staff roles and responsibilities</li> <li>• Staff training requirements</li> <li>• Periodic reviews and updates</li> <li>• Internal and external communication requirements</li> </ul>				