



DATE: \_\_\_\_\_

TO: **Medicolegal Section, Health Information Management Dept., 10/1N205, (301) 496-3331, FAX (301) 480-9982**

FROM: \_\_\_\_\_

SUBJECT: **Memorandum of Monitoring Audit**

Name of Auditing Group: \_\_\_\_\_

Scheduled Date(s) of Audit: \_\_\_\_\_ to \_\_\_\_\_ Institute: \_\_\_\_\_

Name of Principal Investigator(s): \_\_\_\_\_

Protocol Number(s): \_\_\_\_\_

Name(s) of Auditor(s) [auditor's full legal names are required for CRIS access]:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
- 3) \_\_\_\_\_ 4) \_\_\_\_\_
- 5) \_\_\_\_\_ 6) \_\_\_\_\_

Approximate Number of Medical Records Needed: \_\_\_\_\_

Is a Curriculum Vitae (submitted within the last year for each auditor): 1) Enclosed? or 2) On File with Medicolegal?

NIH Point-of-Contact:

Name: \_\_\_\_\_ NIH Telephone: \_\_\_\_\_

NIH Address: \_\_\_\_\_ NIH e-mail Address: \_\_\_\_\_

*By initialing this, I recognize that I am responsible for briefing and monitoring the performance of each auditor, particularly as it pertains to the handling of confidential patient information, as well as obtaining needed records currently charged out to patient care areas. In addition, prior to the commencement of auditing activities, I will provide all abstracting documents to the Section Head, Medicolegal Section or their designee for review. Patient names, medical record numbers or other unique patient identifiers such as social security number, patient address or telephone number are not to be abstracted or otherwise collected by auditing personnel. Photocopying of medical documents is not permitted.*

**Patient medical records must be requested by submitting a list via the Audit Record Request Form to the Medicolegal Section, Building 10, Room 1N205 in typewritten form by 3:00 pm the Wednesday prior to the week of the scheduled audit that indicates the following: a) the name of the auditing group, b) the name and NIH address, telephone number, address and e-mail address of the NIH point-of-contact, c) the date(s) of the audit, d) each patient name and medical record number. Please contact the Medicolegal Section at (301) 496-3331 for a template of this list. Please do not email patient names to anyone unless you have encrypted email. It is a violation of policy to email patient identifying information in a non-encrypted email.**

This completed memorandum must be submitted to the Medicolegal Section, Building 10, Room 1N205 before audits will be scheduled. Due to space limitations, it is recommended that audit rooms be reserved and this memorandum be delivered to the Medicolegal Section at least one month prior to the first day of the audit.