



## Telemedicine Compliance Corrective Action Plan (CAP) Template

This Corrective Action Plan (CAP) is designed to help address and resolve compliance risks in licensing, prescribing, HIPAA, documentation, and billing. Use this template to identify non-compliance issues, outline corrective steps, assign responsibilities, and track progress.

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### 1. General Information

Date of Corrective Action Plan Initiation: \_\_\_\_\_

Person Responsible for Implementation: \_\_\_\_\_

Department/Role (if applicable): \_\_\_\_\_

Target Completion Date: \_\_\_\_\_

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### 2. Compliance Issue Identified

Compliance Category:

- ☐ Licensing & State Regulations
- ☐ HIPAA & Patient Privacy
- ☐ Prescribing & Medication Compliance
- ☐ Documentation & Medical Records Compliance
- ☐ Billing & Payment Compliance
- ☐ Other: \_\_\_\_\_

Describe the Issue:

*(Clearly explain the specific compliance issue, including what was identified, how it was discovered, and any consequences.)*

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Risk Level Assessment:

- ☐ Low (Minor issue, corrective action needed but no immediate risk)
- ☐ Moderate (Compliance concern that needs urgent correction)
- ☐ High (Serious risk requiring immediate intervention to avoid penalties or loss of licensure)

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### 3. Root Cause Analysis

What caused the compliance issue?

- ☐ Lack of awareness or training
- ☐ System failure (e.g., technical issue with telehealth platform)
- ☐ Human error (e.g., miscommunication, oversight)
- ☐ Policy/procedure gap
- ☐ Other: \_\_\_\_\_

Has this issue occurred before?

- ☐ Yes (Provide details: \_\_\_\_\_)
- ☐ No

Potential Impact if Left Unresolved:

- ☐ Legal penalties or medical board action
  - ☐ HIPAA violation and patient privacy risks
  - ☐ Patient harm or medication error
  - ☐ Financial loss due to improper billing
  - ☐ Other: \_\_\_\_\_
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### 4. Corrective Actions & Implementation Plan

Corrective Action Steps	Person Responsible	Due Date	Status
1. Describe the first corrective action needed.	Name/Role	MM/DD/YYYY	<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed
2. Describe the second corrective action needed.	Name/Role	MM/DD/YYYY	<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed
3. Describe the third corrective action needed.	Name/Role	MM/DD/YYYY	<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Completed

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## 5. Monitoring & Follow-Up Plan

Who will ensure corrective actions are completed?

- ☐ Self-monitoring
- ☐ Compliance officer or legal counsel
- ☐ Telemedicine platform representative
- ☐ Other: \_\_\_\_\_

How will compliance be monitored after the corrective action is implemented?

- ☐ Internal audits or chart reviews
- ☐ Regular documentation checks
- ☐ Additional training or policy updates
- ☐ Technology improvements or automation
- ☐ Other: \_\_\_\_\_

Follow-Up Date for Review of Compliance Fix: \_\_\_\_\_