



**THE UNIVERSITY OF TEXAS AT DALLAS**

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April 4, 2019

Dr. Richard Benson, President,  
Ms. Lisa Choate, Chair of the Institutional Audit Committee:

We have completed our audit of Campus Clinics, as part of our fiscal year 2018 Audit Plan. The objective of this audit was to perform a risk-based review to confirm the effectiveness of existing policies and procedures related to campus clinic activities and to determine the adequacy of controls that ensure compliance with regulations and procedures related to records management and privacy training. As part of this audit, we reviewed controls at the following locations:

- Brain Performance Institute (Youth/Adult Social Cognition Programs)
- Callier Center for Communication Disorders
- Student Counseling Center
- Galerstein Gender Center
- Student Health Center

Overall, existing policies and procedures related to campus clinic activities are effective, and controls surrounding compliance with regulations and procedures related to records management and privacy training are in place. The audit resulted in one reportable finding within the Galerstein Gender Center regarding records retention. Individual memos were sent to each of the above locations detailing the audit results. Details of the overall audit and the reportable finding area attached to this report.

Management has reviewed the recommendations and has provided responses and anticipated implementation dates. Though management is responsible for implementing the course of action outlined in the response, we will follow up on the status of implementation subsequent to the anticipated implementation dates.

We appreciate the courtesies and considerations extended to us during our engagement. Please let me know if you have any questions or comments regarding this audit.

Toni Stephens, CPA, CIA, CRMA  
Chief Audit Executive



Office of Audit and Consulting Services

# Campus Clinics

Internal Audit Report No. R1908

April 4, 2019



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# Executive Summary

**Audit Objective:** The objective of this audit was to perform a risk-based review to confirm the effectiveness of existing policies and procedures related to campus clinic activities and to determine the adequacy of controls that ensure compliance with regulations and procedures related to records management and privacy training.

**Conclusion:** Overall, existing policies and procedures related to campus clinic activities are effective, and controls surrounding compliance with regulations and procedures related to records management and privacy training are in place. The audit resulted in one reportable finding within the Galerstein Gender Center regarding records retention.

## Audit Recommendations by Risk Level

Recommendation	Risk Level	Estimated Implementation Date
Create and implement a formal record retention process for all past client counseling files to ensure compliance with the University's retention schedule.	Medium	June 30, 2019

**Responsible Vice President:**

Dr. George Fair, VP Diversity and Community Engagement

**Responsible Party:**

Lauren DeCillis, Director Galerstein Gender Center



# Background

The audit was limited to the campus clinics where individuals are given medical treatment and/or advice of a specialist nature. Therefore, we included the following areas in our audit:

Campus Clinic	Responsible Division	Description of Services
Brain Performance Institute (BPI)	VP for Research	Provides social cognition training for youth and adults. This program offers personalized training in an interactive virtual world, shown to improve understanding of emotions, intentions of others and daily social functions. Individuals engage in a game-like setting to practice live, interactive social conversations while receiving tailored coaching to guide their social success.
Callier Center for Communication Disorders	Provost and Dean of the School of Brain and Behavioral Sciences	Provides in-depth, advanced evaluations and innovative treatments for children and adults with a wide variety of speech, language and hearing disorders.
Galerstein Gender Center	VP for Diversity and Community Engagement	Programs are intersectional and delivered through educational workshops, lectures, leadership development, advising, resource referral, celebratory programs and advocacy. The Center offers scholarships, volunteer opportunities and organizational advising.
Student Health Center	VP for Student Affairs	Provides quality care for acute and stabilized chronic illnesses, minor injuries, women's care and preventative health care. Visits are free to currently enrolled students, and care is provided by a staff of licensed, registered and certified professionals. The Student Health Center is accredited by the Accreditation Association for Ambulatory Health Care, INC.
Student Counseling Center	VP for Student Affairs	Helps students maintain the emotional well-being necessary for their success. The Counseling Center's professional staff of licensed psychologists and counselors is available by appointment or in times of emergency. Overall, the Counseling Center utilizes a short-term model, and their services are goal-focused and brief. These services focus on resources, solutions, and strategies to deal with student concerns.



# Audit Objective, Results and Management's Responses

## Audit Objective

The objective of this audit was to perform a risk-based review to confirm the effectiveness of existing policies and procedures related to campus clinic activities and to determine the adequacy of controls that ensure compliance with regulations and procedures related to records management and privacy training.

## Results and Conclusion

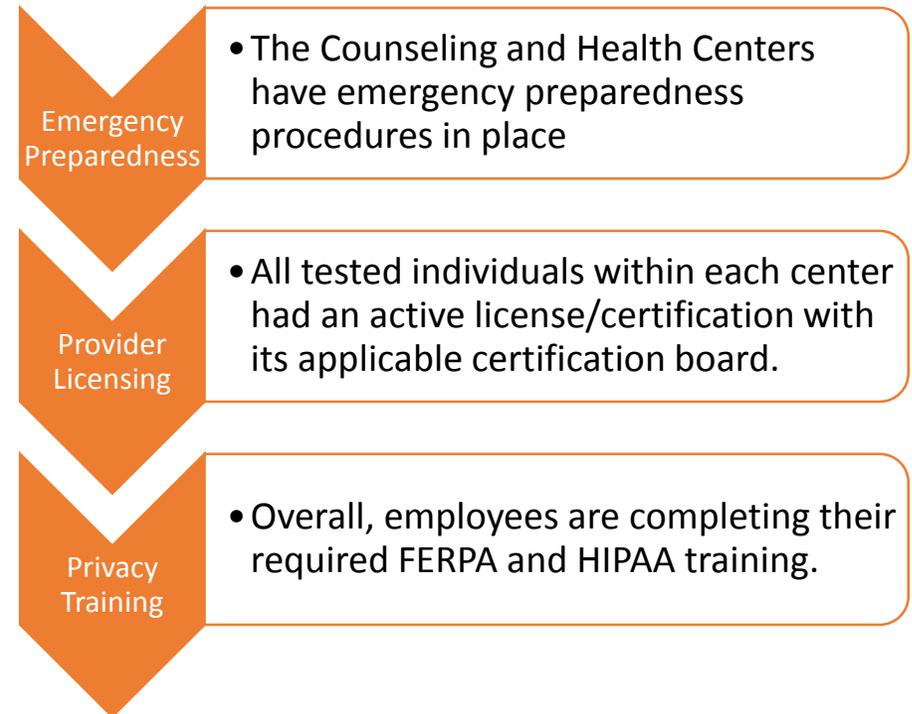
Overall, existing policies and procedures related to campus clinic activities are effective, and controls surrounding compliance with regulations and procedures related to records management and privacy training are in place. The audit resulted in one reportable finding within the Galerstein Gender Center regarding records retention. Detailed observations are included in the following pages.

We appreciate the courtesy and cooperation received from the management and staff in the Brain Performance Institute, the Callier Center for Communication Disorders, the Galerstein Gender Center, the Student Health Center, and the Student Counseling Center during the audit.

## Management's Responses

Management has reviewed the recommendations and has provided responses and anticipated implementation dates. Though management is responsible for implementing the course of action outlined in the response, we will follow up on the status of implementation subsequent to the anticipated implementation dates.

## Strengths/Controls Identified





# Observations

1. <i>Create and Implement a Records Retention Process for the Galerstein Gender Center</i>			Risk Level: Medium
Observation	Risk/Effect	Recommendation	Management's Action Plan
<p>The Gender Center has no formal processes in place to identify and remove past client counseling records from the document management system as required by the <a href="#">University's Record Retention Schedule</a>.</p>	<p>Maintaining these records longer than required increases the risk of accidental or malicious disclosure of protected client information.</p>	<p>Create and implement a formal records retention process for all past client counseling files to ensure compliance with the University's retention schedule.</p>	<p><i>While all historical client counseling records in the Galerstein Gender Center have been archived in OnBase, a process will be implemented to annually review and permanent dispose of client counseling records retained for 10 years.</i></p> <p><i>The record disposal process will be implemented by Lauren DeCillis, Director, by June 30, 2019, and each subsequent year in June, in alignment with the State of Texas Records Retention Schedule, Agency Item #787 (University of Texas at Dallas), Client Counseling Records retention hold of 10 years.</i></p> <p><b>Responsible Party:</b> Lauren DeCillis, Director Galerstein Gender Center</p> <p><b>Due Date:</b> June 30, 2019</p>



# Observations

## Other Issues

Risk Level: Low

The following issues were identified during the audit and are considered to be at a low risk level. We discussed these issues and ways to resolve them with management.

Record Management: Overall, the Youth Social Cognition Training Program has controls in place to safeguard participant records. However, during our tour of operations, we noted instances where controls, while effective, could be further enhanced. These observations were discussed with the program administrator who agreed to enhance the existing controls.

Emergency Preparedness: Overall, the Counseling and Health Centers have emergency preparedness procedures in place and provide initial training to staff members. While procedures exist and appear effective, management could further enhance procedures by documenting the date of employee training and perform periodical refresher courses.

Privacy Training: Overall, employees are completing their required FERPA and HIPAA training. However, we did note individuals who were not up-to-date or had completed training during the course of the audit. We notified management and requested that management should ensure all applicable employees are completing their assigned training modules during the FY19 Compliance Training cycle.



# Appendix A: Scope and Methodology

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The scope of this audit was fiscal year 2017 through current operations and our fieldwork concluded on 12/13/18. To satisfy our objectives, we performed the following:

- Met with management to gain an understanding of the record management procedures. *(BPI, Callier Center, and Gender Center)*
- Obtained and discussed with management emergency preparedness procedures and training records. *(Health Center and Counseling Center)*
- Determined if user access to OnBase data is limited to current employees with a business need. *(Callier Center and Gender Center)*
- Determined who maintains records of licensure. *(All Centers)*
- Selected a sample of providers to review their licensure records and ensured they are current. When possible, we utilized external third party verification resources and requested documentation as needed. *(All Centers)*
- Selected a sample of employees and ensured that they were up-to-date with their required Family Educational Rights and Privacy Act (FERPA) and applicable Health Insurance Portability and Accountability Act (HIPAA) compliance training. *(Callier Center, Gender Center, Counseling Center, and Health Center)*

We conducted our examination in conformance with the guidelines set forth in The Institute of Internal Auditor's [\*International Standards for the Professional Practice of Internal Auditing\*](#). The *Standards* are statements of core requirements for the professional practice of internal auditing.

Additionally, we conducted the audit in accordance with [generally accepted government auditing standards](#). Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.



# Appendix B: Risk Classifications and Definitions

Risk Level	Definition
<b>Priority</b>	High probability of occurrence that would <b>significantly impact</b> UT System and/or UT Dallas. Reported to UT System Audit, Compliance, and Risk Management Committee (ACRMC). Priority findings reported to the ACRMC are defined as <i>“an issue identified by an internal audit that, if not addressed timely, could directly impact achievement of a strategic or important operational objective of a UT institution or the UT System as a whole.”</i>
<b>High</b>	Risks are considered to be <b>substantially undesirable</b> and pose a moderate to significant level of exposure to UT Dallas operations. Without appropriate controls, the risk will happen on a consistent basis.
<b>Medium</b>	The risks are considered to be undesirable and could <b>moderately expose</b> UT Dallas. Without appropriate controls, the risk will occur some of the time.
<b>Low</b>	Low probability of various risk factors occurring. Even with no controls, the <b>exposure</b> to UT Dallas will be <b>minimal</b> .



# Appendix C: Report Distribution

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## ***Members of the UT Dallas Institutional Audit Committee***

### *External Members*

- Ms. Lisa Choate, Chair
- Mr. Gurshaman Baweja
- Mr. John Cullins
- Mr. Bill Keffler
- Ms. Julie Knecht

### *UT Dallas Members*

- Dr. Richard Benson, President
- Dr. Hobson Wildenthal, Executive Vice President
- Dr. Kyle Edgington, Vice President for Development and Alumni Relations
- Mr. Frank Feagans, Vice President and Chief Information Officer
- Dr. Gene Fitch, Vice President for Student Affairs
- Dr. Calvin Jamison, Vice President for Facilities and Economic Development
- Dr. Inga Musselman, Provost and Vice President for Academic Affairs
- Dr. Joseph Pancrazio, Vice President for Research
- Mr. Terry Pankratz, Vice President for Budget and Finance
- Mr. Timothy Shaw, University Attorney, ex-officio

## **Responsible Parties**

- Dr. George Fair, VP Diversity and Community Engagement
- Lauren DeCillis, Director Galerstein Gender Center

## **External Agencies**

*The University of Texas System*  
System Audit Office

*State of Texas Agencies*  
Legislative Budget Board  
Governor's Office  
State Auditor's Office  
Sunset Advisory Commission

## **Staff Assigned to the Audit**

Project Leader: Brandon Bergman, CFE, Audit Manager