SENTINEL

COMPLIANCE COMMAND

Six-Month Remediation Status Report

NOT A SECURITY RISK ANALYSIS

Cedar Park Family Practice — SAMPLE (Fictional Practice)

Reviewed 2026-09-04 · reporting on the analysis finalized 2026-03-04

This document records the status of remediation against a previously completed Security Risk Analysis. It is not a new or updated Security Risk Analysis. The analysis it reports against is identified below by its date, and nothing in this document revises that analysis or re-evaluates risk.

Six-Month Remediation Status Report

Cedar Park Family Practice — SAMPLE (Fictional Practice) — remediation status as at 2026-09-04.

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Security Risk Analysis reported against: finalized 2026-03-04.

Review conducted by Kevin Jones, Sentinel Compliance Command.

How This Review Was Conducted

Sentinel reviewed the remediation items recorded in the analysis identified below, together with the evidence made available for each. Each item is reported in one of the recorded remediation states. Where an item is recorded as reported complete with evidence pending, the practice has stated the work is done and Sentinel has not reviewed evidence of it — that is a representation by the practice, not a verification by Sentinel.

An item is recorded as closed only where Sentinel reviewed evidence of the closure, and the evidence reviewed is named against the item. Items closed on a prior record before this standard was in force are identified as such.

Where an item shows no change since the analysis, that is recorded as it stands. No inference is drawn about the reason, and none should be read into it.

Remediation Status

Findings in the original analysis: 5.

1 item is recorded as reported complete with evidence pending. The practice has stated the work is done; Sentinel has not reviewed evidence of it.

1 item show no recorded change since the analysis.

Status	Items
Closed — Evidence Reviewed	3
Reported Complete — Evidence Pending	1
In Progress	0
Open	1
Deferred	0
Risk Accepted	0
Superseded	0

Item Detail

Finding	Risk	Status at analysis	Status at review	Evidence reviewed	Note
No executed business associate agreement for the IT provider holding standing remote access	Critical	Open	Closed — Evidence Reviewed	Reviewed the executed business associate agreement, countersigned 11 April 2026.	
Device encryption not confirmed on clinical laptops	High	Open	Closed — Evidence Reviewed	Reviewed the encryption status report for both laptops, generated 22 April 2026.	
Backup restoration has never been tested	High	Open	Reported Complete — Evidence Pending	—	The practice reports a restoration test was performed. No test record was produced for review.
Three former workforce members retained active EHR accounts	High	Open	Closed — Evidence Reviewed	Reviewed the EHR user list of 18 March 2026 showing all three accounts disabled.	
No security awareness training programme in place	Moderate	Open	Open	—	Not started. The practice cites scheduling; the item carries forward with its original owner and a revised target.

Remaining Priority Items

The remaining items below are the practice's to remediate. Sentinel recommends annual reassessment pacing as a professional operating standard — not a legal deadline — and an updated analysis is called for sooner after material change: new systems or technology, new locations, new vendors, security incidents, a change in ownership, or significant workforce change.

Finding	Risk	Owner target	Evidence required to close
Backup restoration has never been tested	High	2026-05-29	Dated restoration test record showing a file recovered and verified
No security awareness training programme in place	Moderate	2026-06-30	Training completion record for all workforce members

Assessor Conclusions

Three of five findings were closed against evidence Sentinel reviewed. One item is reported complete by the practice with no evidence produced, and is recorded as such rather than as closed. One item has not been started and carries forward. The practice should expect the outstanding items to appear again at the next analysis if they remain open.

Federal Exclusion Screening

Federal exclusion screening is a separate deliverable of this engagement and is not part of the HIPAA Security Risk Analysis methodology. Its results are reported separately and neither contributes to nor is affected by the risk determinations in the analysis.

Screening run 2026-09-04 against OIG LEIE, GSA SAM.

No potential matches requiring verification were identified.

Statement of Preparation

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No license, credential, or certification is required by law to conduct a HIPAA security risk analysis, and the U.S. Department of Health and Human Services does not recognize any private HIPAA credential. Sentinel Compliance Command does not represent this analysis as a legal determination; questions of legal sufficiency belong with the practice’s counsel.

This report is not a certification, not an attestation of any compliance status, and not a guarantee of any outcome.