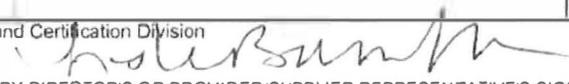


California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 230000092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ 2012 DEC 29 AM 11:31	(X3) DATE SURVEY COMPLETED C 02/07/2012
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE NORTH VAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 COHASSET ROAD CHICO, CA 95973		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments The following reflects the findings of the California Department of Public Health during an investigation of an entity reported incident. Entity reported incident 294738 The inspection was limited to the specific entity reported incident investigated and does not represent a full inspection of the facility. Representing the Department: 27519, HFEN A deficiency was written for entity reported incident, 294738 at A017.	A 000	<ul style="list-style-type: none"> Staff Member who committed breach was terminated from Planned Parenthood Shasta Pacific Staff member was strongly advised to not discuss patient's protected health information or incident any further to anyone outside the workforce or within the workforce other than HIPAA Compliance Officer Planned Parenthood Shasta Pacific has a zero tolerance policy for intentional HIPAA breaches and all staff are advised of this verbally and in writing at date of hire and annually at in-service trainings 	12/29/11 12/29/11 On-going
A 001	Informed Medical Breach Health and Safety Code Section 1280.15 (b)(2). "A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the affected patient or the patient's representative at the last known address, no later than five business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice." The CDPH verified that the facility informed the affected patient(s) or the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information	A 001	<ul style="list-style-type: none"> Planned Parenthood Shasta Pacific has now converted to electronic health records at all of its health centers. At time of the incident the Chico Health center had paper medical records. Electronic Health Records will allow for easier monitoring of possible HIPAA breaches. Monitoring will be the responsibility of the Center Director and The HIPAA Compliance Officer. Plans for monitoring include researching an interface for the Electronic Health Record application that will allow for better monitoring of unauthorized access of medical records. In the meantime we will do random checks of 5 patient's medical records per month for any unusual access. 	10/23/12 1/15/13
A 017	1280.15(a) Health & Safety Code 1280 (a) A clinic, health facility, home health agency, or	A 017		

Licensing and Certification Division



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

VPL Health Services
Compliance Officer

(X6) DATE

12/19/12

California Department of Public Health

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A 017	Continued From page 1 hospice licensed pursuant to Section 1204, 1250, 1725, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in subdivision (g) of Section 56.05 of the Civil Code and consistent with Section 130203. The department, after investigation, may assess an administrative penalty for a violation of this section of up to twenty-five thousand dollars (\$25,000) per patient whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars (\$17,500) per subsequent occurrence of unlawful or unauthorized access, use, or disclosure of that patients' medical information. For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with this section and other related state and federal statutes and regulations, the extent to which the facility detected violations and took preventative action to immediately correct and prevent past violations from recurring, and factors outside its control that restricted the facility's ability to comply with this section. The department shall have full discretion to consider all factors when determining the amount of an administrative penalty pursuant to this section. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to safeguard personal health information from unauthorized access and disclosure when Staff Member (SM) B accessed Patient 1's medical record without authorization and for personal reasons. Findings:	A 017		

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A 017	Continued From page 2 In a letter to the Department, dated 12/27/11, the facility reported unauthorized access of Patient 1's personal medical information by a staff member. During an interview conducted by Licensing and Certification on 2/7/12 at 1:45 pm, Center Director (CD) A stated that on 12/21/11, SM B was observed looking in Patient 1's medical record. CD A stated that she interviewed SM B and asked her why she had been reviewing Patient 1's medical record. SM B explained to her that she had some knowledge of Patient 1's health history and looked in the medical record for her own personal reasons. SM B stated that she was currently dating Patient 1's ex-boyfriend and had concerns about a sexually transmitted disease (STD). During an interview conducted by Licensing and Certification on 2/7/12 at 2:10 pm, Office Staff (OS) D stated that as she passed through the reception area, she saw SM B sitting at a reception desk looking through an open medical record. She noticed that there were no patients in line at the desk and that SM B was not talking to anyone on the telephone. OS D stated she jokingly asked SM B, "Is there a test on that chart or something? But, she did no respond." OS D stated she reported the incident to CD A because, "It did not feel right. The chart was open, there was nobody in line, SM B was not on the telephone, and she was reading it (the medical record) like a magazine." During an interview conducted by Licensing and Certification with CD A on 2/7/12 at 1:45 pm, she stated, "SM B was a Reproductive Health Specialist (RHS), a non- licensed staff position.	A 017			

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A 017	<p>Continued From page 3</p> <p>There was no reason for SM B to have reviewed Patient 1's medical record on 12/21/11, because Patient 1 did not have an appointment to be seen in the clinic that day."</p> <p>During a telephone interview conducted by Licensing and Certification with CD A on 5/31/12 at 11:40 am, she stated that Reproductive Health Specialists can review patient medical records in the course of their duties supporting Nurse Practitioner (NP). It was the expectation that, "they are limited to the specific information needed to prepare the client to be seen by the NP."</p> <p>The facility's job description for a Reproductive Health Specialist was reviewed. Documentation indicated that a RHS was to provide health education to patients. It also indicated that the RHS was to assist the nurse/clinician/physician as needed and that a RHS had some responsibilities for charting in a patient's medical record.</p> <p>Client Services Manager (CSM) A documented a summary of a telephone conversation she had had with Patient 1 on 1/11/12. This written summary was reviewed by Licensing and Certification and it indicated that Patient 1 had informed the facility that she had received two text messages from an unknown number. The first message was, "Damn, you have an STD - WOW." and the second message was, "LOL - I know everyone. Nasty. My friend works at Planned Parenthood. I'm telling everyone."</p> <p>On 2/8/12, the Staff In-Service Training Outline, "Privacy (HIPAA), Confidentiality, Customer Service (Annual)" staff sign-in sheet, dated 7/7/11, indicated that SM B had signed the</p>	A 017		

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A 017	<p>Continued From page 4</p> <p>attendance sheet.</p> <p>During an interview conducted by Licensing and Certification on 2/10/12 at 1:20 pm, CSM C stated that she interviewed SM B about the incident, and SM B admitted reviewing Patient 1's medical record and "knew it was wrong."</p> <p>During an interview conducted by Licensing and Certification on 2/29/12 at 7:45 am, Patient 1 recalled that on 1/11/12 she had received two text messages on her cell phone from an unknown third party about having a STD. Patient 1 stated that she notified the facility after receiving the text messages.</p> <p>A review of the facility's policy and procedure titled, "Annual HIPAA Policy and Procedure: Agreement and Acknowledgement," dated 11/1/11, indicated that as a facility staff member, "I will only access patients' records when it is required to do my job, ..." and "I won't ever talk about a patient's health information with family, friends or anyone else outside of work." This document was signed by SM B on 11/22/11.</p>	A 017			