The following reflects the findings of the Department of Public Health during a complaint/breach event visit:

Complaint Intake Number: CA00286837 - Substantiated

Representing the Department of Public Health: Surveyor ID # 28294, HFEN

The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility:

Health and Safety Code Section 1280.15(a) A clinic, health facility, home health agency, or 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 Section 56.05 of the Civil Code and consistent with Section 1280.18. For purposes of this section, internal paper records, electronic mail, or facsimile transmissions inadvertently misdirected within the same facility or health care system within the course of coordinating care or delivering services shall not constitute unauthorized access to, or use or disclosure of, a patients medical information. 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.

Event ID: J5EG11 6/21/2016 1:31:56PM

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

By signing this document, I am acknowledging receipt of the entire citation packet. Pages 1 thru 5

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disodable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disodable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

State: 2567
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 whether to investigate and the amount of an administrative penalty, if any, pursuant to this section.

Abbreviations used in this document:

COPH - California Department of Public Health
CPM - Compliance Project Manager
DAPR - Department Administrator of Patient Registration
DALRA - Director of Accreditation/Licensure & Regulatory Affairs
HIPAA - Health Insurance Portability and Accountability Act
PHI - Protected Health Information
RCS - Receptionist Clinic Staff

Based on interview and record review, the facility failed to prevent unauthorized access to Patient 1's medical information when Staff 1 accessed Patient 1's medical information without authorization.

Findings:

Corrective Action Plan: Failure to timely report breach

1. Brief informational education sessions on timely reporting of privacy breaches were provided to all managers at the Riverside Joint Department Administrators' meeting, to the members of Accreditation, Regulation & Licensing committee, to the members of Environmental of Care Committee, to the staff of Quality/Risk Management Department and to the members of Compliance Leadership Committee.

**Responsible Party:** Director of Accreditation, Regulation and Licensing

**Date:** 5/2013

2. The Compliance Department improved its investigation process for reportable privacy breaches to ensure timely reporting to California Department of Public Health (CDPH) within the required timeframe.

**Responsible Party:** Compliance Officer

**Date:** 5/2013 & Ongoing

3. The Compliance Department and Accreditation, Regulation and Licensing follows CDPH's notification requirement to the patient whose information is breached.

**Responsible Party:** Compliance Officer and Director of Accreditation, Regulation and Licensing

**Monitoring:**
Report privacy breaches within required timeframe. Compliance Department to monitor reporting dates to CDPH and patient notification dates of privacy breaches. The monitoring is to be reported to the Compliance Leadership Committee on a quarterly basis.

**Responsible Party:** Compliance Officer

**Date:** Begin 7/2016 & Ongoing until 4 consecutive months of 100% compliance is
On October 26, 2011, at 8:55 a.m., an interview was conducted with the facility’s Department Administrator of Patient Registration (DAPR) and the Director of Accreditation/Licensure & Regulatory Affairs (DARLA). The DAPR and the DARLA stated:

- On September 13, 2011, Patient 1 contacted member services complaining that a facility employee, (Staff 1), who worked as a receptionist in both the hospital Emergency Department and a facility clinic, may have accessed Patient 1’s medical record.
- Member Services notified the Compliance Project Manager (CPM) on September 14, 2011, of Patient 1’s complaint.
- The CPM started her investigation regarding Patient 1’s complaint on September 14, 2011.
- On October 5, 2011, Staff 1 was informed of Patient 1’s complaint, that Staff 1 had accessed Patient 1’s medical record without authorization.
- The CPM stated she determined through her investigation that Staff 1 had intentionally accessed Patient 1’s hospital record, on June 13, 2011, without authorization.
- Based on Staff 1’s “level of access” to the hospital’s computer documentation system, Staff 1 had access to Patient 1’s entire hospital record.
- In addition, the DAPR and DARLA advised Staff 1 knew Patient 1 from church.
- Patient 1 was informed of the unauthorized access of her medical record by a telephone call from the CPM on October 11, 2011, and a letter dated and mailed on October 11, 2011, to Patient 1’s last known addresses.

**CORRECTIVE ACTION PLAN:**

1. Patient Registration Department staff received a HIPAA refresher during a staff meeting.
   - **Responsible Party:** Department Administrator of Patient Registration
   - **Date:** 11/10/2011

2. Patient Registration Department staff are required to complete compliance training annually.
   - **Responsible Party:** Department Administrator of Patient Registration
   - **Status:** Ongoing & Annually

3. Staff involved was subjected to employee corrective action. **Responsible Party:** Department Administrator of Patient Registration
   - **Date:** 10/4/2011

4. Level of access to the medical record of central reception staff were reviewed and appropriate changes made. **Responsible Party:** Department Administrator of Patient Registration
   - **Date:** 11/2011

**MONITORING:**

1. Level of access to the medical record of central reception staff continues to be monitored. A random sample is monitored quarterly, allowing for all staff to be monitored at least once a year. This information will be reported in Compliance Leadership Committee on a quarterly basis. **Responsible Party:** Department Administrator of Patient Registration
   - **Status:** Ongoing
The facility policy and procedure entitled, "Patient's Rights," revised June 2010, set forth that the purpose of the policy was to list and uphold patients' rights. The policy and procedure indicated, under "4. Privacy and Confidentiality," that the patient and/or guardian have the right to have their medical record read only by individuals directly involved in their treatment or the monitoring of its quality and by other individuals only on their written authorization or that of their legally authorized representative," within the law, to personal and informational privacy.

A review of facility documentation completed on October 28, 2011, indicates that Staff 1 attended a compliance refresher course training on March 10, 2011. The documentation regarding the training curriculum indicated that Staff 1 was trained on inappropriate access of patients' medical records. During an interview with the CPM on August 25, 2014 at 11:05 a.m., she stated that Patient 1 had made a complaint to member services regarding Staff 1 on September 30, 2011. The complaint from Patient 1 included that she was being harassed by Staff 1 when she (Patient 1) would arrive for appointments. According to Patient 1's complaint, Staff 1 was allegedly accessing Patient 1's medical records. Patient 1 also advised that Staff 1 was dating her (Patient 1’s) husband. The CPM stated during the interview that she conducted the investigation regarding whether information in Patient 1’s medical record was accessed by Staff 1. Documentation of the dates of access by Staff 1, as well as the portions of Patient 1’s medical records that had been accessed by Staff 1 were provided by the CPM.
A review of the documentation provided by the CPM indicated that Staff 1 accessed Patient 1's information on three different occasions. On June 3, 2011, Staff 1 viewed Patient 1's appointment information, snapshot (a computer view that shows the current status of the patient), hospital encounter, and telephone encounter. On July 8, 2011, Staff 1 viewed Patient 1's appointment information. On July 29, 2011, Staff 1 viewed Patient 1's appointment information.

A review of the snapshot revealed that it contained Patient 1's medication lists, medical and psychological diagnoses, allergies, medical record number, and date of birth.

A review of the hospital encounter revealed that it contained Patient 1's address, phone number, admission diagnosis, physician name, and length of stay in the hospital.

A review of the appointment information listed Patient 1's date of birth, medical record number, address, and phone number.

A review of the facility's interview with Staff 1, dated October 5, 2011, revealed that Staff 1 had denied viewing Patient 1's medical record. After the CPM advised Staff 1 that facility records showed that she accessed Patient 1's record, Staff 1 stated that she had no reason to access Patient 1's information.