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

Complaint: Intake Number: CA00197270 - Substantiated

Representing the Department of Public Health:

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 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 patient's medical information.

Entity Reported Incident No: CA00197270

Representing the Department:

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<tr>
<th>Event ID</th>
<th>9E5U11</th>
<th>6/7/2010</th>
<th>3:36:30PM</th>
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**Laboratory Director's or Provider/Supplier Representative's Signature**

**Title**

**Date**

1280.15(a) Health & Safety Code 1280

HIM Director discussed specific privacy breach and reviewed chart assembly process with involved Analyst, Coder and Physician Workroom Coordinator.

HIM Director advised HIM staff of the incident and importance of following established process of chart assembly to minimize potential for privacy breach.

To ensure compliance three medical records will be selected at random per month to be reviewed for accuracy. Audits to be conducted by the Risk Manager or her designee and will continue until 100% compliance for three consecutive months. Audit results to be reported to Patient Safety Committee.

New process implemented for scanning and filing paper documents in electronic record.

Entity Reported Incident No: CA00197270

Representing the Department:

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*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 patient. Except for nursing homes, the findings above are disclosed 60 days following the date of survey unless or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed 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.*
Process involves three steps to ensure correct filing of paper documents.
Each step in the process is completed by a separate individual and provides a triple check system.

1. Document Imaging
   Specialist reviews medical record for accuracy including verification of correct patient identification.

2. Document Imaging
   Specialist reviews documents for accuracy and scans documents into application.

3. Document Imaging
   Specialist reviews documents to verify accuracy. Once accuracy has been verified the document is uploaded to the electronic file.

To ensure compliance three medical records selected at random per month to be reviewed for accuracy. Audits to be conducted by the Risk Manager or her designee and will continue until 100% compliance for three consecutive months. Audit

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<tbody>
<tr>
<td>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE</td>
<td>TITLE</td>
<td>(X8) DATE</td>
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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 reportable 30 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 disallowable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
Continued from page 2

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.

1280 15(i) Health Safety Code 1280

(i) For purposes of this section, the following definitions shall apply.

1. "Reported event" means all breaches included in any single report that is made pursuant to subdivision (b), regardless of the number of breach events contained in the report.

2. "Unauthorized" means the inappropriate access, review, or viewing of patient medical information without a direct need for medical diagnosis, treatment, or other lawful use as permitted by the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code) or any other statute or regulation governing the lawful access, use, or disclosure of medical information.

Based on interview and record review, the hospital released laboratory reports from three different patients, without authorization to three separate Attorney's offices, which resulted in a breach of confidentiality.

Findings:

During an interview with the Hospital's Risk Manager on August 11, 2009 at 11:30 AM, the Risk Manager explained she received a notice from the

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hospital's attorney on July 31, 2009 at 4:28 PM that the copied chart of Patient A, the Plaintiff in a lawsuit against the hospital for care given in 2008 contained one laboratory report of Patient B, three laboratory reports of Patient C, and fifteen laboratory reports of Patient D. Patients B, C, and D were not involved in the lawsuit filed by Patient A and had not given prior authorization to the hospital to release any part of their medical record.

The Risk Manager further stated during the same interview that an internal investigation concluded the laboratory reports of the three patients not involved in the lawsuit were mistakenly filed in Patient A’s chart by laboratory personnel. Consequently, when the Plaintiff’s Attorney’s copy service, and the Co-Defendants’ Attorney’s copy service subpoenaed the medical record of Patient A, the laboratory reports of Patient B, C, and D inadvertently went to the two attorney’s offices, and to the hospital attorney’s office. She further explained that it is standard practice for the copy services to come into Medical Records and copy the medical record, and that Medical Records does not typically, make the copies and send them to the individual attorney’s offices. She stated, “This is just one that fell through the cracks.”

During an interview with The Director of Medical Records on August 25, 2009 at 10 AM she explained the process at the time was redundant. It is now changed. Paper laboratory reports were filed by laboratory personnel in the patients charts daily as well as electronically. After the patients are discharged from the hospital the paper medical
Continued from page 4

record is sent to the Medical Records department, where an analyst pulls the chart together. The second step is for a Coder to go through the chart and recheck all the documents in the chart. She stated the Analyst that worked on Patient A's chart is particularly thorough. "I was perplexed how this could have happened."

The hospital policy titled, "CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION" dated October 4, 2002, was reviewed on August 11, 2009 at 3 PM. The policy read in part: "B Breach of Patient Confidentiality. Breaching patient confidentiality can occur in a variety of ways. (The Hospital Corporation) distinguishes those breaches of confidentiality as follows. 1. 'Carelessness' is defined as a breach that occurs when patient information is unintentionally or carelessly accessed, reviewed, or revealed oneself or others without a legitimate need to know the patient information."

Event ID:5ESJ11 3/38:30PM

Laboratory Director's or Provider/Supervisor Representative's Signature

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 detectable 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 detectable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continue program participation.