A 001  Informed Medical Breach

Health and Safety Code Section 1280.15 (b)(2), "A clinic, health facility, agency, or hospital 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 hospital."

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.

E 000  Initial Comments

The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted on 11/12.

For Entity Reported Incident CA00315460 regarding State Monitoring, Privacy Breach, a State deficiency was identified (see California Code of Regulations, Title 22, Section 70707(b) (7)).

Inspection was limited to the entity reported incident investigated and does not represent the findings of a full inspection of the hospital.

Representing the California Department of Public Health was 28787, Health Facilities Evaluator Nurse.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

NOV 5 2012

L & C DIVISION
SAN JOSE
<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tbody>
<tr>
<td>E1952</td>
<td>Continued From page 1</td>
<td>1. The Compliance &amp; Privacy Officer notified the patient regarding the breach.</td>
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<tr>
<td>E1952</td>
<td>T22 DIV5 CH1 ART7-70707(b)(7) Patients' Rights</td>
<td>2. The Compliance representative had a phone conference with the Contractor's Compliance Officer to discuss the breach and corrective actions. The contractor has provided documentation of the following actions taken:</td>
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<tr>
<td>E1952</td>
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<td>a. The Contractor's Compliance Officer met with employee who violated the patient protected health information (PHI) to discuss the privacy violations</td>
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<td>E1952</td>
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<td>b. Disciplinary action was taken</td>
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<td>c. The Contractor will be conducting a Privacy refresher course with all employees.</td>
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<td>E1952</td>
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<td>3. The Contractor will meet with their quality team to ensure continued quality assurance and emphasize the importance of safeguarding our patient's privacy.</td>
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This Statute is not met as evidenced by:
Based on interview and record review, the hospital failed to provide confidential medical treatment for two of two sampled patients (1, 2).

Findings:

On 6/22/12 at 11 a.m. during an entity reported incident investigation, the privacy officer stated an employee of one of their business associates (company contracted to provide billing services) accessed medical records for Patient 1 and Patient 2 without a business related reason to do so. After an internal investigation, employee A admitted to accessing medical records for Patient 1 and Patient 2 out of curiosity and because she was asked to do so by a friend.

On the above same day and time the hospital provided the contract with the above business associate dated 11/22/12 which indicated the business associate would comply with all the hospital's privacy rules and regulations.
E1962 Continued From page 2

On 11/12 at 2 p.m. a review of the "audit trail" (log indicating which employee had accessed the patient's medical record) for Patient 1 and Patient 2, indicated employee A had accessed Patient 1's medical record on 11/09 and 11/11 and Patient 2's medical record on 11/11 and 11/11.

Information disclosed included the patients' names, dates of birth, social security numbers, and medical information.