



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050454</b>	(X2) MULTIPLE CONSTRUCTION MAY 14 2012 A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/18/2012</b>
NAME OF PROVIDER OR SUPPLIER <b>UCSF MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>L&amp;G DIVISION SAN FRANCISCO 505 Parnassus Ave, San Francisco, Ca 94143-2204 SAN FRANCISCO COUNTY</b>		
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	<p><b>Continued From page 1</b></p> <p><b>T22 DIV5 CH1 ART7-70707(b)(8) Patients' Rights</b></p> <p>(b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:</p> <p>(8) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent an unauthorized access to Patient A's medical information when a staff person (Staff 1) accessed the computerized medical records without the patient's consent and without valid justification related to his job.</p> <p>Findings:</p> <p>In an interview on 10/3/11 at 10:00 AM, the Director of Regulatory Affairs said Patient A reported to the facility that a facility staff</p>		<p>All employees are required to complete the online competency training on "Privacy and Security Briefing" annually.</p> <p>Periodic e-mail reminders on "HIPPA, Privacy and Security " are disseminated to all employees.</p> <p>Beginning with the January 2012 meeting, the topic of patient privacy is included as an agenda item on the quarterly departmental staff meetings.</p> <p>Monitoring:</p> <ol style="list-style-type: none"> <li>1. UCSF Medical Center investigates all allegations of unauthorized access to medical records</li> <li>2. UCSF Medical Center conducts random audits for access to High Risk medical records, such as employees, forensics, VIPs.</li> <li>3. In the event of suspected inappropriate access, a real time audit of patient record access is conducted by the UCSF Medical Center Privacy Office.</li> <li>4. Following implementation of the new EMR, UCSF Medical Center will be expanding auditing and monitoring capabilities</li> </ol> <p>Responsible Party: Director of Revenue Cycle; Chief Privacy Officer</p>	<p>Ongoing</p> <p>Ongoing</p> <p>1/7/12 &amp; Ongoing</p> <p>9/7/11 &amp; Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Event ID:SD4X11

4/10/2012

2:01:35PM

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

TITLE

(X6) DATE

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 disclosable 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 disclosable 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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
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	<p><b>Continued From page 2</b></p> <p>person accessed his medical information. She stated the patient had suspicion about the breach because Staff 1 approached the patient during his clinic appointments between July and August 2011.</p> <p>The facility's report to the Department dated 9/13/11, indicated that on August 25, 2011, a patient alleged that a facility employee accessed his medical record without a business need to do so. This was confirmed on 9/7/2011.</p> <p>A letter sent by the facility to the Department dated 10/11/11, indicated the facility staff (Staff 1) worked for Central Placement in the Department of Admissions and Registration. It stated that during the facility's investigatory meeting, the employee stated that he accessed the patient's medical record for operational purposes and because he was curious to find out if he would need to have the same procedure that the patient had. He stated they were acquaintances and used to be friends.</p> <p>In a telephone interview on 12/12/11 at 1:50 PM, Staff 1 stated his main function on the job was to assign beds but he could also access patient's medical information like demographics (date of birth, address, medical record number and emergency contact), appointment time in and out, reason for the appointment, diagnosis and doctor's recommendations for patient's conditions. He said prior to Patient A's clinic appointment sometime in [REDACTED] 2011, he and</p>		<p>CA DEPT OF PUBLIC HEALTH</p> <p>MAY 14 2012</p> <p>L&amp;C DIVISION SAN FRANCISCO</p>	
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	<p><b>Continued From page 3</b></p> <p>Patient A agreed that they will have lunch after his appointment. He said he and Patient A were old friends. He said that he was trying to contact Patient A but he was not answering his phone so he looked in the computer what time he came in and out of the clinic. He said that Patient A had suspected him that he looked at the medical information because he knew about the doctor's appointment. When asked if he accessed Patient A's medical information, he said, "I did look at the doctor's recommendations for his condition because I had the same condition as him." He said he never told Patient A that he looked at his medical record but he admitted to the facility during the investigation regarding the breach.</p> <p>Review of Staff 1's Job Description indicated, "...Bed Control Coordinator duties include procuring the assignment of beds from nursing units for incoming patients, tracking patient flow throughout the hospital, and performing census reconciliation."</p> <p>The employee's action to access the patient's medical information for improper purpose violated Health and Safety Code 1280.15(a) and is therefore subject to the applicable penalty assessment.</p>		<p>CA DEPT OF PUBLIC HEALTH</p> <p>MAY 14 2012</p> <p>L&amp;C DIVISION SAN FRANCISCO</p>	

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