

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2012
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NAME OF PROVIDER OR SUPPLIER UCSF Medical Center	STREET ADDRESS, CITY, STATE, ZIP CODE 505 Parnassus Ave, San Francisco, CA 94143-2204 SAN FRANCISCO COUNTY
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	<p>Continued From page 1</p> <p>Violation of Health and Safety Code 1280.15 (a) for failure to prevent unauthorized access to patient's medical record: Substantiated.</p> <p>T22 DIV5 ART7-70751(b) Medical Record Availability</p> <p>(b) The medical record, including X-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.</p> <p>This regulation was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the confidentiality of patient medical information when patient pictures and medical information were stolen from the trunk of a vehicle parked on a city street.</p> <p>Findings:</p> <p>In an interview on 1/6/12 at 10:00 AM, the Director of Regulatory Affairs (DRA) stated that a digital camera and patients' medical records containing personal medical information and pictures were stolen on 11/5/11 from the trunk of a locked vehicle parked on a city street in front of the home of Physician A. The DRA said Physician A noticed the theft in the morning of 11/5/11 and reported this to city police and to the facility. The DRA said the camera, which was retrieved on 11/7/11, contained</p>		<p>Monitoring:</p> <p>Beginning on June 11, 2012, the Department of Dermatology will perform random spot checks of the digital camera photo cards when the camera is not in use to ensure the cards do not contain patient images. This will be done twice monthly for a period of three months. At the conclusion of the three month period, findings will be reported to the Chief Privacy Officer who will determine the need for continued monitoring.</p> <p>Responsible Party: Vice-Chair Department of Dermatology; Chief Privacy Officer</p>	6/11/12
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CA DEPT OF PUBLIC HEALTH
11 2012
L&C DIVISION
SAN FRANCISCO

Event ID: ISG211	5/23/2012	3:04:43PM	
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

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	<p>Continued From page 2</p> <p>unencrypted dermatology pictures of adults and children with personal identifiers, and the medical records, which were retrieved on 11/8/11, contained personal medical information. (Encryption is the process of transforming readable information into a format which is unreadable by anyone who does not have the same encryption key.)</p> <p>The DRA stated Physician A had received the facility orientation to Privacy and Confidentiality, and the DRA provided a copy of the slides used during this presentation. The DRA also provided a copy of the facility's "Statement of Privacy Laws and University Policy and the Acknowledgement of Responsibility" signed by Physician A on 4/4/11.</p> <p>The facility policy and procedure 5.01.04 "Information Security and Confidentiality", approved 3/04, Section V.C.3. stated "Workforce members are directly responsible for adhering to this policy by employing appropriate and applicable security controls to protect the Medical Center's electronic information resources that are in his or her control. It is the responsibility of each workforce member to take steps to properly safeguard the Medical Center's electronic information resources ...and to take precautions that will minimize the potential of theft..." (page 6 of 9).</p> <p>The facility's "Privacy and Confidentiality Handbook", revised 5/11, stated in the Requirements for Security section "Workforce members are responsible for employing appropriate and applicable security controls to protect all University electronic information under their control,</p>		<p>CA DEPT OF PUBLIC HEALTH</p> <p>JAN 11 2012</p> <p>L&C DIVISION SAN FRANCISCO</p>	

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	<p>Continued From page 4</p> <p>Health and Safety Code 1280.15 and is subject to the applicable civil money assessment.</p>		<p>CA DEPT OF PUBLIC HEALTH</p> <p>11 2012</p> <p>L&C DIVISION SAN FRANCISCO</p>	

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