

Post Accepted

4/2/14
7204117
PRINTED: 02/06/2014
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2013
--	---	--	---

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
MAR 10 2014

NAME OF PROVIDER OR SUPPLIER STANFORD HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PASTEUR DRIVE STANFORD, CA 94305
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 001	<p>Informed Medical Breach</p> <p>Health and Safety Code Section 1280.15 (b)(2), " A clinic, health facility, agency, or hospice 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 hospice."</p> <p>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.</p>	A 001	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because it is required by state law.</p> <p>The hospital did not report to the California Department of Public Health (CDPH) that an unauthorized access to patient medical information occurred.</p>	
A 000	<p>Initial Comment</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted on 7/30/13 through 8/14/13.</p> <p>For Entity Reported Incident CA00355653 regarding State Monitoring, Privacy Breach, a State deficiency was identified (see California Health and Safety Code, 1280.15(a)).</p> <p>Inspection was limited to the entity reported incident investigated and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the California Department of Public Health: 25438, Health Facilities Evaluator Nurse.</p>	A 000	<p>Rather, the hospital, in an abundance of caution, notified CDPH within five business days of the incident of a stolen backpack containing limited paper medical information for one patient. Law enforcement was immediately notified of the theft. There is no evidence of inappropriate access to, use or disclosure of the medical information to date (nine months after the incident),</p>	

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Alison Hagan TITLE
Asst. Dir. of Compliance DATE 3/17/2014

POC accepted

3/17/14

DAWITTEN

PRINTED: 02/06/2014
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER STANFORD HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PASTEUR DRIVE STANFORD, CA 94305
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 017	Continued From page 1	A 017		
A 017	1280.15(a) Health & Safety Code 1280 (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 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 the amount of an administrative penalty pursuant to this section. This Statute is not met as evidenced by: Based on interview and record review, the hospital failed to prevent unauthorized access to one patient's (Patient 1) medical information. Findings:	A 017	which was confirmed in a telephone call to law enforcement on February 21, 2014. No one has contacted the hospital or law enforcement regarding this incident. In an abundance of caution, the patient was promptly notified of the incident and the hospital is unaware of any harm caused to the patient as a result of this incident. Contrary to policies, procedures and training, a resident physician failed to protect patient information in his possession. The vehicle containing the backpack was vandalized and the backpack and other possessions were stolen. The backpack was likely stolen for potential items of monetary value and therefore it is likely that the thief discarded the papers in the backpack, as law enforcement has indicated is typical in such	

MAR 10 2014

L & C DIVISION
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2013
NAME OF PROVIDER OR SUPPLIER STANFORD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 300 PASTEUR DRIVE STANFORD, CA 94305		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 017	<p>Continued From page 2</p> <p>On 5/22/13, the California Department of Public Health received a faxed report from the hospital chief privacy officer which indicated the hospital identified unauthorized access to Patient 1's health information.</p> <p>During an interview on 7/30/13 at 11:00 a.m., the privacy director stated the hospital was informed on 5/20/13, a backpack which contained 27 pages of Patient 1's medical record was stolen from Physician A's car while it was parked near his home.</p> <p>Record review on 8/1/13 at 9:30 a.m. indicated Physician A had completed annual privacy training on 5/15/12 and 5/19/13. Record review of the annual Graduate Medical Education policy indicated "DO NOT leave patient information or devices containing patient information in a car, a car truck, an unlocked room, or any other area unattended (not even for a few minutes)."</p> <p>During an interview on 8/14/13 at 8:10 a.m., Physician A stated he brought pages of Patient's 1 clinical record to present the case before a group of physicians. Physician A stated instead of his usual practice of returning the record to the hospital, he placed them in his backpack which was stolen from his car between midnight and 6:00 a.m. the next day. Physician A stated the information included Patient 1's name, date of birth, medical record number, address and telephone number, insurance information, medical history, treating physician and plan of care. Physician A stated as soon as he was aware of the missing backpack, he contacted the hospital and filed a police report.</p>	A 017	<p>incidents. Other items of value were taken from the vehicle. After conducting a thorough investigation, it is not reasonably expected that unauthorized or inappropriate access to, view or reviewing of medical information occurred.</p> <p>The hospital Privacy Office immediately launched a complete and thorough investigation into the reported theft.</p> <p><i>The following safeguards were in place prior to the incident.</i></p> <p>Policies:</p> <ul style="list-style-type: none"> • <i>HIPAA: Internal Access to Protected Health Information: V.B.3. "Workforce members or departments maintaining paper files, lists, or any documents containing PHI are responsible for securely maintaining and storing that information as long as needed"</i> 	

MAR 10 2014

L & C DIVISION
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED G 08/14/2013
NAME OF PROVIDER OR SUPPLIER STANFORD HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PASTEUR DRIVE STANFORD, CA 94305		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A017		A017	<p>and shredding or securely disposing of it when no longer needed."</p> <ul style="list-style-type: none"> • <i>HIPAA: Internal Access to Protected Health Information: V.B.4.</i> "Workforce members receiving PHI are responsible for ensuring that the information is safeguarded while in their possession." • <i>HIPAA: Internal Access to Protected Health Information: V.E.1(a).</i> "When a user prints information from a hospital information system, the user is responsible for handling patient information confidentially, protecting it from unauthorized secondary disclosure, and shredding or returning to HIMS when the use is completed." • <i>Resident Physician Policy and Procedure:</i> "DO NOT leave patient information or devices containing patient information in a car, a car trunk, unlocked room, or any other area 		

MAR 10 2014

L & C DIVISION
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/14/2013
NAME OF PROVIDER OR SUPPLIER STANFORD HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PASTEUR DRIVE STANFORD, CA 94305		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A017		A017	<p>unattended (not even for a few minutes)."</p> <ul style="list-style-type: none"> • <i>Patient Privacy and Information Security Incidents: Corrective Action:</i> (For the purposes of this policy, "Corrective Action" means sanctions/disciplinary action.) "Taking patient information off premises and failing to protect that information." (Offense for which sanctions will be applied.) <p>Physician-focused training:</p> <ul style="list-style-type: none"> • Privacy and Security presentations for various physician groups. • Email to Residents and Clinical Fellows from the School of Medicine Associate Dean, Undergraduate and Graduate Medical Education, on Patient Privacy Protection with reminders of steps that should be taken and steps that should be avoided when considering access, use, or transmittal of patient information. 		

MAR 10 2014

L & C DIVISION
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2013
NAME OF PROVIDER OR SUPPLIER STANFORD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 300 PASTEUR DRIVE STANFORD, CA 94305		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A017		A017	<ul style="list-style-type: none"> Annual mandatory training on Privacy and Security policies and safeguards. <p>Awareness Reminders:</p> <ul style="list-style-type: none"> November 15, 2011: The Dean of the School of Medicine published a newsletter article regarding privacy and security protections for patients and the institution. December 2012, within a broader privacy and security awareness campaign, a specific awareness poster was posted throughout the hospital, "Think your Car Is Safe? Don't leave valuables in your car or your trunk. Take your valuables with you." <p>Plan of Correction:</p> <p>The hospital proactively protects the confidentiality and privacy of all patient information and provides training to workforce members</p>	

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2013
NAME OF PROVIDER OR SUPPLIER STANFORD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 300 PASTEUR DRIVE STANFORD, CA 94305		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A017		A017	<p>on its privacy policies. In a continual effort to improve its Privacy Assurance Program, the provider will review its existing policies and procedural controls that pertain to safeguards for protection of paper documents containing patient information and will continue to issue periodic reminders and awareness posters specific to the protection of paper information and not leaving patient information in vehicles.</p> <p><i>For patients affected by the incident</i></p> <p>The provider notified the one patient in an abundance of caution, as mentioned above. The patient was provided with a contact name and number to call the provider with any questions. To date, the patient has not contacted the hospital with questions or concerns and the hospital is unaware of any harm caused the patient by the incident.</p>	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

MAR 10 2014

L & C DIVISION
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2013
NAME OF PROVIDER OR SUPPLIER STANFORD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 300 PASTEUR DRIVE STANFORD, CA 94305		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A017		A017	<p><i>For other patients having the potential to be affected by a similar incident</i></p> <p>For other patients having the potential to be affected by a similar incident, the provider reviewed existing policies and procedural controls to see where controls may be enhanced and implemented immediate measures and systematic changes (as described below) to prevent recurrence.</p> <p><i>Immediate measures to prevent recurrence</i></p> <p>The provider continually seeks opportunities to strengthen its privacy and information security programs for the protection of the medical information of the patients it serves. Immediate measures were taken as follows:</p>	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

MAR 10 2014

L & C DIVISION
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2013
NAME OF PROVIDER OR SUPPLIER STANFORD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 300 PASTEUR DRIVE STANFORD, CA 94305		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A017		A017	<p>A. As a result of the resident physician's violation of policies and training, appropriate disciplinary action was imposed. [May, 2013]</p> <p>B. The resident physician attested to his understanding of resident physician policies and procedures which specifically state "DO NOT leave patient information or devices containing patient information in a car, a car trunk, an unlocked room, or any other area unattended (not even for a few minutes)." [May, 2013]</p> <p>C. As part of the ongoing program, workforce members are required to complete privacy and security training online.</p> <p>a) Immediately re-trained the resident physician [May 19, 2013]</p> <p>b) Retrained the workforce using updated training [August, 2013]</p> <p>D. Within 45 days after the incident, the School of Medicine and the hospital</p>	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

MAR 10 2014

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2013
NAME OF PROVIDER OR SUPPLIER STANFORD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 300 PASTEUR DRIVE STANFORD, CA 94305		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A017		A017	<p>jointly issued a new policy, "Privacy and Security Protection for the Removal and Transport of Protected Health Information." To reinforce pre-existing policies and training, hospital-wide training occurred on this new policy [August 2013], as well as communications from the Dean of the School of Medicine regarding the new policy [July, 2013].</p> <p>E. The School of Medicine <i>MD Program Handbook and Policy Manual, Academic Year 2013-2014</i>, was updated and included the policy, "Privacy and Security Protection for the Removal and Transport of Protected Health Information."</p> <p>F. Stanford Physician leadership communicated staff reminders on provider policies emphasizing requirements for strong safeguards to protect papers in their possession that contain patient information.</p>	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

MAR 10 2014

L & C DIVISION SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2013
NAME OF PROVIDER OR SUPPLIER STANFORD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 300 PASTEUR DRIVE STANFORD, CA 94305		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A017		A017	<p>G. Hospital-wide Privacy Awareness Campaigns in 2013 and 2014 Included specific information reinforcing policy safeguards not to leave PHI in cars.</p> <p>Monitoring performance to ensure corrections are achieved and sustained</p> <p>(Revised March 5, 2014)</p> <ol style="list-style-type: none"> 1. Upon registration of each new patient, the location of the patient's medical record will be documented on a log. 2. Any physician and/or resident that will be presenting the patient's information at the Cancer Center Head & Neck Tumor Board the same day will need to sign the log and attest to returning the paper chart by close of business the same day. The paper chart will not leave the building. 	

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH

MAR 10 2014

L&C DIVISION
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001957	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2013
NAME OF PROVIDER OR SUPPLIER STANFORD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 300 PASTEUR DRIVE STANFORD, CA 94305		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A017		A017	<ol style="list-style-type: none"> 3. The log will be monitored by the Clinic Management and any discrepancies immediately reported, Administrative Director of Cancer Care Program and the Cancer Center Quality Committee. 4. Individuals that are not compliant with the policy will be reported to the Cancer Center Administration. 5. The monitoring of paper records will remain effective until such time that an electronic solution can be implemented. 6. A report of the monitoring results will be submitted to the Privacy Governance Council. 	

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH

MAR 10 2014

L & C DIVISION
SAN JOSE