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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA630003541 | (X1) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 07/24/2018 |
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| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THOUSAND OAKS | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 W Hillcrest Dr Newbury Park, CA 91320 |
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| (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 |
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| A000 | <p>Initial Comment</p> <p>The following reflects the findings of the California Department of Public Health, Licensing and Certification, during the investigation of an Entity Reported Incident (ERI).</p> <p>ERI CA00595373 - Substantiated</p> <p>Representing the Department: 2675 - HFES</p> <p>The investigation was limited to the investigation of the ERI and does not reflect the findings of a full inspection of the facility.</p> | A000 | | |
| A170 | <p>1280.15(a) Health & Safety Code 1280</p> <p>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 Section 56.05 of the Civil Code and consistent with Section 1280.18. For purposes of this section, internal paper records, electronic mail, or facsimile transmissions inadvertently misdirected within the same facility or health care system within the course of coordinating care or delivering services shall not constitute unauthorized access to, or use or disclosure of, a patient's medical information. 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</p> | A170 | | |

Licensing and Certification Division

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

TITLE

(X6) DATE

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| | <p>disclosure of that patient's 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 whether to investigate and the amount of an administrative penalty, if any, pursuant to this section.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure a patients' (Patient A) protected health information (PHI) was kept private, when Patient A's confidential information was sent by US postal service to the wrong recipient.</p> <p>This failure resulted in the unauthorized disclosure of Patient A's PHI and the potential for misuse of the information.</p> <p>Findings:</p> <p>During a telephone interview with the chief operating officer (COO) on 7/24/18, at 8:10 a.m., the COO stated, on 7/06/18 the facility received a phone call from an individual who stated she had received a letter addressed to her in the mail but the information inside had another patients name and lab results (Patient</p> | | | |

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| | <p>A).</p> <p>The letter and lab result were related to a sexually transmissible disease. The COO explained that case management personnel had accidentally enclosed a letter and lab result intended for Patient A into the wrong envelope.</p> <p>According to the facility they were unable to contact Patient A by phone but sent a letter to inform her of the unintentional disclosure.</p> <p>The facility policy and procedure entitled "Notice of Health Information Privacy Practices" revised 11/2016, indicated in part "The privacy and security provisions of the Health Insurance Portability and Accountability Act ("HIPAA") requires us to: Make sure that health information that identifies you is kept private."</p> <p>The facility policy and procedure entitled "Case Management and Abnormal Follow-Up Policies and Procedure" revised 2/2016, indicated in part "Case management staff will handle medical records request and medical record release according to HIPAA guidelines."</p> | | | |

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| A180 | 1280.15(b)(1) Health & Safety Code 1280 (b) (1) A clinic, health facility, home health agency, or hospice to which subdivision (a) applies shall report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the department no later than 15 business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, home health agency, or hospice. This Statute is not met as evidenced by: | A180 | | |