#### PRINTED: 09/08/2021

California Department of Public Health

## FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/OIDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:       CA630003541         NAME OF PROVIDER OR SUPPLIER       PLANNED PARENTHOOD OF THOUSAND OAKS				A. BL B. WI STR <b>120</b>	MULTIPLE CONSTRUCTION JILDING: NG: EET ADDRESS, CITY, STATE, ZI 0 W Hillcrest Dr vbury Park, CA 91320	(X3) DATE SURVEY COMPLETED 08/25/2018 IP CODE	
(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
A000	Initial Comment		A000				
A170	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 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 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		A170				

Licensing and Certification Division

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

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		CA630003541		B. WING:		08/25/2018		
NAME OF	NAME OF PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZI	P CODE		
PLANNED PARENTHOOD OF THOUSAND OAKS				1200 W Hillcrest Dr Newbury Park, CA 91320				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		(EACH CORRECTIVE ACTION CROSS-REFERENCED	OVIDER'S PLAN OF CORRECTION + CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
	discretion to consider a determining whether to amount of an administr pursuant to this section This Statute is not met	investigate and the ative penalty, if any, a. as evidenced by:						
A180	a patient's medical info department no later tha after the unlawful or un or disclosure has been	acility, home health which subdivision (a) y unlawful or o, or use or disclosure of, rmation to the an 15 business days authorized access, use,	A180					
	This Statute is not met	as evidenced by:						

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