

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA140000238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/21/2013
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF CONTRA COSTA			STREET ADDRESS, CITY, STATE, ZIP CODE 2185 PACHECO STREET CONCORD, CA 94520		
(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	
D 177	<p>Continued From page 1</p> <p>records for a follow-up visit at the clinic. Employee 1 made a list of telephone calls to complete including Hospital 1 and Hospital 2. Employee 1 called and disclosed the information on Patient 1 to Hospital 1 instead of Hospital 2 in error.</p> <p>On 05/03/2013 at 3:06 p.m., Employee 2 informed the Vice President of Client Services and Compliance Officer (Employee 3) of the interaction between Employee 1 and the clerk at Hospital 1. Employee 3 stated that she received communication regarding the incident from Employee 2 late Friday, 05/03/2013. Employee 3 stated that she would call Employee 2 on Monday for further details. There was communication by email from Employee 2 to Employee 3 explaining the incident on 05/08/2013.</p> <p>Review of the clinic's Annual HIPPA Policy and Procedure: Agreement and Acknowledgement dated 03/01/02, did not include provisions on how an employee would request a medical record from another facility by phone in a manner that would protect the patient's identity.</p>	D 177	<p>The Annual HIPAA Policy and Procedure Agreement has been revised to include the following statement' " I will double check that I am calling the correct provider/patient before I disclose any protected health information including patient's name." All staff will be retrained in this addition to the policy and procedures.</p> <p>Adherence to this procedure will be monitored by the Director of the Medical Results Department, All Health Center Directors and VP of Client Services and Compliance Officer.</p>	<p>6/21/2013</p> <p>7/5/2013</p>	

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D 000	<p>Initial Comments</p> <p>The following reflects the findings of California Department of Public Health during the investigation of an entity reported incident on medical breach.</p> <p>Entity Reported Incident Intake Number: CA00354156.</p> <p>Representing the Department: 31387.</p> <p>The findings reflect the specific component of the entity reported incident investigated and do not represent a complete inspection of the facility.</p>	D 000	<p>Patient 1 was notified that we inadvertently contacted the wrong hospital to obtain her medical records and disclosed her name and birth date. We apologized for the incident and gave the patient the opportunity to contact the HIPAA Privacy Officer is she had any concerns. She declined to do so.</p> <p>No other patients were identified to have the potential of being affected by this same deficient practice.</p>	5/9/2012 5/8/2013
D 177	<p>T22 DIV5 CH7 ART6-75055(b) Unit Patient Health Records</p> <p>(b) Information contained in the health records shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state and local laws.</p> <p>This Statute is not met as evidenced by: Based on staff interview and document review, the clinic failed to ensure the confidentiality of Patient 1's information when Employee 1 disclosed the information to Hospital 1 when there was no need for the hospital to know.</p> <p>Findings:</p> <p>During a phone interview on 05/22/2013 at 5:48 p.m., Employee 3 said that on 05/03/2013 Employee 1 had two hospitals to call concerning two different patients including Patient 1. Patient 1 was seen the emergency room of Hospital 2. Employee 1 had to request the emergency room</p>	D 177	<p>Employee 1 received a corrective action notice from her Supervisor Employee 2 about the incident</p> <p>All Employees in Medical Results dept received retraining on the importance of double checking that they are calling the right provider before disclosing any PHI</p> <p style="text-align: center;">RECEIVED JUN 24 2013 Licensing & Certification East Bay District Office</p>	5/8/2013 5/9/2013

Licensing and Certification Division

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

[Signature]

TITLE

(X6) DATE

6/21/13

STATE FORM

8899

M1B011

If continuation sheet 1 of 2

*Accepted 6/25/13
VP Client Services & Compliance Office*