

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA250000210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/08/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD - RIVERSIDE CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3772 TIBBETS STREET RIVERSIDE, CA 92506</b>
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A 000	Initial Comments  The following reflects the findings of the California Department of Public Health during an entity reported incident investigation visit:  Entity Reported Incident: CA00413852  Inspection does not represent the findings of a full inspection of the facility.  Representing the California Department of Public Health: Surveyor Federal/State ID# 18918/1729  This Department was able to substantiate a violation of the regulations.	A 000	<b>A.</b> The MA was immediately terminated following an investigation. The Health Center Manager called the patient, explained that the MA was no longer working for us and provided her with her phone number if she had any questions or concerns.  <b>B.</b> Planned Parenthood will continue to thoroughly screen potential job candidates including asking interview questions related to the protection of patient privacy. New employees receive training by the HIPAA Privacy Officer as part of their onboarding process and sign an Acknowledgement to abide by the Agency's privacy policies and procedures. In addition, an annual HIPAA Compliance Training is required of all staff.  <b>C.</b> Planned Parenthood will continue its practice to immediately investigate any suspected violations of our privacy policies and procedures and to immediately implement appropriate disciplinary action, up to, and including termination of employment.  <b>D.</b> The Health Center Manager is responsible for continuously monitoring compliance to all HIPAA privacy policies and procedures in the health center including appropriate access to patient records. The MA violated our policies and procedures when he inappropriately accessed Patient A's medical record and was promptly terminated as a result. HIPAA compliance audits are conducted on an annual basis by the HIPAA Privacy Officer.	9-17-14  9-18-14
A 001	Informed Medical Breach  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."  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.	A 001		
A 017	1280.15(a) Health & Safety Code 1280  (a) A clinic, health facility, home health agency, or	A 017		

*APAC  
8/28  
11/4/14*

Licensing and Certification Division  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Diane R. DeLille*  
TITLE  
*HIPAA Privacy officer*  
(X6) DATE  
*10-30-14*

*Reviewed  
11/4/14*

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A 017	<p>Continued From page 1</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to prevent the intentional unauthorized access of Patient A's protected health information (PHI), when Medical Assistant (MA) 1 accessed Patient A's medical record, without a job related need to access the information. On September 15, 2014, MA 1 accessed Patient A's record to</p>	A 017	<p><b>E.</b></p> <p>The MA was immediately suspended pending an investigation. The MA's employment was terminated after the investigation. The Health Center Manager called Patient A to let her know the MA was no longer employed by Planned Parenthood. The HIPAA Privacy Officer sent Patient A an apology follow up letter. All corrective actions were completed by 9-19-14.</p>	<p>9-16-14 9-17-14 9-18-14 9-19-14</p>

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A 017	<p>Continued From page 2</p> <p>obtain the patient's cell phone number, for MA 1's personal use. This resulted in the misuse of Patient A's private information by MA 1.</p> <p>Findings:</p> <p>During a telephonic interview with the facility Privacy Officer (PO), on October 1, 2014, at 4:30 p.m., the PO stated on September 16, 2014, the facility was notified by Patient A that MA 1 had contacted her and asked if he could "text her." The PO stated MA 1, was performing intakes on September 15, 2014, when he met and obtained intake information for Patient A's visit. The PO stated the facility investigation revealed, MA 1 initially entered Patient A's information into the patient's medical record, in the course of his job duties, but later that same day, MA 1 re-entered Patient A's record to obtain Patient A's phone number. The PO stated MA 1 then sent a text message via a cell phone to Patient A, asking if he could text her. The PO stated Patient A called the facility on September 16, 2014, to report the incident.</p> <p>The facility provided a "print screen" copy of the text messages between MA 1 and Patient A. A review of the text revealed there was no work related purpose (direct need) for MA 1 to contact Patient A.</p> <p>The facility's Employee Handbook section titled, "Health Insurance Portability and Accountability Act (HIPAA) Privacy Statement," was reviewed and indicated, "You may never have unauthorized access to the PHI of any client or employee. Unauthorized access is defined as the inappropriate review or viewing of client medical information without a direct need for diagnosis, treatment, or other lawful use..."</p>	A 017		

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A 017	Continued From page 3  The facility failed to prevent the intentional unauthorized access to Patient A's medical information by MA 1, in accordance with the facility policy, when MA 1 accessed the patient's medical record to obtain Patient A's phone number.	A 017		

10/08/14 11:30 AM  
 PLANNED PARENTHOOD  
 RIVERSIDE, CA  
 3772 TIBBETS STREET  
 RIVERSIDE, CA 92506  
 (951) 953-3000