

# HITECH Breach Report for the Office for Civil Rights

Name: PPSWO

<b>Breach Tracking No:</b>	(b)(5)	<b>Report Type:</b>	Initial Breach Report	<b>CE State:</b>	OH	<b>CE Zip:</b>	45219
<b>Breach Affecting:</b>	500 or More Individuals	<b>CE City:</b>	Cincinnati	<b>CE Email:</b>	(b)(6), (b)(7)(C)	<b>CE Type:</b>	Healthcare Provider
<b>CE Address:</b>	2314 Auburn Ave	<b>CE Phone:</b>	(b)(6), (b)(7)(C)				
<b>CE Contact Name:</b>	(b)(6), (b)(7)(C)						
<b>BA Name:</b>		<b>BA City:</b>		<b>BA State:</b>		<b>BA Zip:</b>	
<b>BA Address:</b>		<b>BA Phone:</b>		<b>BA Email:</b>			
<b>BA Contact Name:</b>		<b>Discovery Start Date:</b>	10/03/2014	<b>Approximate # of Individuals Affected by the Breach:</b>			5000
<b>Breach Start Date:</b>	10/01/2014	<b>Discovery End Date:</b>	10/03/2014				
<b>Breach End Date:</b>	10/02/2014	<b>Location of Breached Information:</b>	Paper/Films	<b>Type of PHI Involved in the Breach:</b>			Clinical, Demographic
<b>Type of Breach:</b>	Improper Disposal	<b>Financial:</b>		<b>Clinical:</b>	Lab Results, Medications		
<b>Demographic:</b>	Date of Birth, Name						
<b>Type of Breach (other):</b>							
<b>Location of Breached Information (other):</b>							
<b>Type of PHI Involved in the Breach (other):</b>							
<b>Brief Description of the Breach:</b>	<p>Health Center Manager discovered a shelf used for archiving prescription logs and waived lab test logs was empty and reported the problem to the privacy officer. The privacy officer investigated the situation which uncovered that the storage location of the logs was left un-locked after hours and their long time custodian accidentally removed the logs, put them in a trash bag, and put them in the dumpster (on private property, under video surveillance) due to a miscommunication on items that needed to be removed (bulk trash). Video surveillance showed no trespassers accessed the logs in the dumpster until the following morning when the dumpster was emptied by the trash collector. Trash collector verified that the contents of the dumpster would have been compressed, mixed with other garbage, and then buried under additional loads at the landfill within the same day. After a careful risk assessment was conducted and receiving advice from legal counsel, the privacy officer and CEO determined that there was a very low probability of compromised PHI and concluded that notification is not required based on the facts of this particular situation. Detailed records have been maintained to reflect the results of the investigation, legal advice, risk assessment, final determination, and the details of the corrective action plan put in place as a result of the incident.</p>						
<b>Safeguards:</b>	<p>Privacy Rule Safeguards (Training, Policies and Procedures, etc.), Security Rule Administrative Safeguards (Risk Analysis, Risk Management, etc.), Security Rule Physical Safeguards (Facility Access Controls, Workstation Security, etc.), Security Rule Technical Safeguards (Access Controls, Transmission Security, etc.)</p>						
<b>Notice Start Date:</b>	11/20/2014	<b>Substitute:</b>	No	<b>10 or more:</b>	No		
<b>Notice End Date:</b>		<b>Media:</b>	No	<b>Media States:</b>			
<b>Action Response:</b>	<p>Implemented new technical safeguards, Improved physical security, Revised policies and procedures, Sanctioned workforce members involved (including termination), Took steps to mitigate harm, Trained or retrained workforce members</p>						
<b>Action Description:</b>							

Signature Name: (b)(6), (b)(7)(C)

Signature Date: 02/05/2015