



San Francisco
Department of Public Health

PRIVACY PULSE

Top 3 Privacy Breaches, Corrective Actions, and How to Report a Privacy Incident

At DPH, we are committed to preserving the privacy and confidentiality of our patients and other sensitive information. Our goal is to uphold the trust and confidence of our patients to deliver quality health care, while maintaining high standards for the privacy and security of our patients' health information.

Top 3 Privacy Breaches & Corrective Actions

#1 Mishandling of Paper Protected Health Information (PHI)

- Giving documents (discharged summaries, patient itineraries, appointment slips) containing PHI to wrong patient.
- Giving medication or patient belongings to the wrong patient.
- Loss of paper PHI.



Corrective Action: Before handing a patient a copy of their PHI, verify all pages to ensure you are giving the correct patient the correct information. Confirm the full patient name and additional identifier before handing documents, medications, or any other items containing PHI to the patients. When transporting PHI (such as patient list or patient records) on campus, it must be with you at all times. If PHI is found, please pick it up and turn it into the Privacy Officer.

#2 Mis-sent Electronic Protected Health Information (ePHI)

- E-mailing PHI to the wrong recipient.
- Faxing PHI to the wrong recipient.
- Auto faxing error (wrong fax number programmed).
- Scanning and e-Faxing to the wrong recipient.



Corrective Action: When emailing patient information, verify that you are sending it to the intended recipient, send the minimum necessary, always use "SECURE:" in the subject line, and have a confidentiality statement in your email. Before responding to a fax request, the fax number must be confirmed as the correct fax number by the individual. You must use a coversheet when faxing.

#3 Unauthorized Verbal Disclosure

- Leaving voicemail for the wrong patient or wrong provider for the patient.
- Providing patient information to third party without patient consent.



Corrective Action: When leaving a message for a patient, their provider, or third party (with patient consent), **DO NOT** disclose details related to the patient's health condition, test results, or confidential information. You may leave a simple appointment reminder with minimum necessary information along with your name and call back number.

Report a Privacy Incident



How to Report:

If PHI is involved, please complete an Unusual Occurrence (UO), notify your manager, and contact the DPH Privacy Officer as soon as possible.

If the incident involves a lost or stolen mobile device such as a laptop, you must report the event to IT security at (628) 206-7378.

Reporting information: When reporting a potential privacy incident, please provide the following information:

- Date and time the incident was discovered
- Name and contact information of the person who discovered the potential breach
- The specific information disclosed (ex. ask the caller for the information that they received in error such as Name and MRN# on the document and the type of document such as After Visit Summary)
- The number of individuals who had their information disclosed
- How the incident happened
- Actions taken following detection (Retrieve the document from individual or ask the caller for the information they received in error before proper shredding, then obtain a signed attestation from the recipient for proper shredding or deletion of PHI)
- The department contacts for follow-up.



You will not be retaliated against for reporting a potential privacy breach.



Report every potential **breach** of Protected Health Information (PHI):

- Privacy Hotline: (855) 729-6040
- Email: compliance.privacy@sfdph.org
- Refer to [B.1.1 Reporting of Unlawful or Unauthorized Access to PHI](#)

The Privacy Office also provides consultation on all privacy related questions. Please feel free to contact us.