

**U.S. Department of Health & Human Services**  
*Improving the health, safety, and well-being of America*

**Health Information Privacy**

Form Approved OMB No. 0990-0346

We have received your breach submission. You have submitted the following information:

**Breach Affecting:** Less Than 500 Individuals

**Report Type:** Initial Breach Report

**Section 1 - Covered Entity**

**Name of Covered Entity:** Vail Valley Medical Center

**Address:** 181 West Meadow Drive **City:** Vail **State:** CO **Zip Code:** 81657

**Contact Name:** Mary Ann McEntee

**Contact Phone:** 970-479-5089 **Contact E-mail:** maryannmcentee@vvmc.com

**Type of Covered Entity:** Health Care Provider

**Section 2 - Business Associate.** Complete this section if breach occurred at or by a Business Associate.

**Name of Business Associate:**

**Address:** **City:** **State:** **Zip Code:**

**Business Associate Contact Name:**

**Business Associate Contact Phone:** XXX-XXX-XXXX **Business Associate Contact E-mail:**

**Section 3 - Breach**

**Date(s) of Breach:** 01/30/2011 **Date(s) of Discovery:** 01/31/2011

**Approximate Number of Individuals Affected by the Breach:** 1

**Type of Breach:** Please select the type of breach.

Unauthorized Access/Disclosure

**EXHIBIT**

tabbles

A

Notice to the Secretary of HHS of Breach of Unsecured Protected Health Information

Page 2 of 3

If type breach is "Other", please describe the type of breach in field below:

Unauthorized Access/Disclosure

**Location of Breached Information:** Please select the location of the information at the time of the breach. If selecting the "Other" category, please describe the location of the information in more detail in the Description section below.

Electronic Medical Record

**Type of Protected Health Information Involved in the Breach:** Please select the type of protected health information involved in the breach. If selecting an "Other" category, please describe the information in detail in the Description section below.

Clinical Information

- Other Treatment Information

**Brief Description of the Breach:** Please include the location of the breach, a description of how the breach occurred, and any additional information regarding the type of breach, type of media, and type of protected health information involved in the breach.

Vail Valley Medical Center ("VVMC") utilizes an electronic medical record ("EMR") system for patient care. VVMC's medical staff has access to patient EMRs for treatment and billing purposes. On January 30, 2011 a patient (the "Patient") received emergency department treatment at VVMC for an orthopedic injury. The Patient was treated and released by the emergency department physician. The Patient was told to follow-up with an orthopedist of his choice in the next week. The same day, an orthopedist, who is a member of VVMC's medical staff and who was on-call for VVMC's emergency department on that day, accessed the Patient's EMR. On the following date, January 31, 2011, this orthopedist's assistant called the Patient to schedule an appointment for follow-up care. The orthopedist did not consult with the treating emergency department physician and, under VVMC's Medical Staff Bylaws, Rules and Regulations, was not authorized to offer follow-up care to the Patient without a consultation request or a request from the Patient. The Patient complained to VVMC on January 31, 2011 that his medical record was inappropriately accessed by the orthopedic physician who encouraged follow-up treatment.

**Safeguards in Place Prior to Breach:** Please indicate what protective measures were in place prior to the breach.

Firewalls, Packet Filtering (router-based), Secure Brower Sessions, Strong Authentication, Anti-Virus Software

#### Section 4 – Notice of Breach and Actions Taken

**Date(s) Individual Notice Provided:** 01/31/2011

**Was Substitute Notice Required?** No

**Was Media Notice Required?** No

**Actions Taken in Response to Breach:** Please select the actions taken to respond to the breach. If selecting the "Other" category, please describe the actions taken in the section below.

Security and/or Privacy Safeguards, Mitigation, Sanctions, Policies and Procedures

**Describe Other Actions Taken:** Please describe in detail any actions taken following the breach in addition to those selected above.

VVMC highly values the confidentiality of its patients' protected health information ("PHI"), and the appropriate use of patients' PHI in compliance with the law. VVMC and its medical staff work cooperatively and, as part of an organized health care arrangement, share PHI only as permitted by law. VVMC requires that the medical staff comply with a number of policies that prohibit the inappropriate use of PHI. VVMC investigated this incident in accordance with its Medical Staff Bylaws, Rules and Regulations, and referred it to the Medical Staff Executive Committee for appropriate action. VVMC also reviewed its policies and procedures to ensure that medical staff members and their staff take prompt steps to mitigate any inappropriate disclosure of PHI and do not disclose or use PHI for inappropriate purposes in the future. VVMC also reviewed its security and privacy safeguards with respect to its electronic health records system.

### Section 5 – Attestation

Under the Freedom of Information Act (5 U.S.C. §552) and HHS regulations at 45 C.F.R. Part 5, OCR may be required to release information provided in your breach notification. For breaches affecting more than 500 individuals, some of the information provided on this form will be made publicly available by posting on the HHS web site pursuant to § 13402(e)(4) of the Health Information Technology for Economic and Clinical Health (HITECH) Act (Pub. L. 111-5). Additionally, OCR will use this information, pursuant to § 13402(f) of the HITECH Act, to provide an annual report to Congress regarding the number and nature of breaches that are reported each year and the actions taken to respond to such breaches. OCR will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

**I attest, to the best of my knowledge, that the above information is accurate.**

**Name:** Mary Ann McEntee

**Date:** 03/30/2011

(Typing your name represents your signature.)

**Burden Statement** Public reporting burden for the collection of information on this complaint form is estimated to average 15 to 30 minutes per response, including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS/OS Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave. S.W., Room 531H, Washington, D.C. 20201.

(9/09)

[HHS Home](#) | [Frequent Questions](#) | [Contacting HHS](#) | [Accessibility](#) | [Privacy Policy](#) | [FOIA](#) | [Disclaimer](#) | [USA.gov](#) | [Helping America's Youth](#)

U.S. Department of Health & Human Services | 200 Independence Avenue, S.W. | Washington, D.C. 20201