

Breach Tracking Number: **B3LDZP2Q8M**

Thank you for filing a breach notification via the website of the Office for Civil Rights (OCR) at the Department of Health and Human Services. This is an automated response to acknowledge receipt of your breach notification. Your breach notification will be assigned to an OCR staff member for review and appropriate action. If OCR has any questions about the breach notification you submitted, we will contact you directly. Otherwise, you will receive a written response indicating whether or not OCR has accepted your breach notification for investigation.

Please do not fax, email, or mail a copy of this breach notification to us as that may delay the processing of your breach notification.

If you have any additional information to add to your breach notification, you may call 1-800-368-1019. Please reference the number given by OCR when submitting your breach notification.

* Breach Affecting: **Fewer Than 500 Individuals**

* Report Type: **Initial Breach Report**

* Are you a Covered Entity filing on behalf of your organization? **Yes**

Covered Entity

* Name of Covered Entity: **The Caroline Kline Galland Home**

* Type of Covered Entity: **Healthcare Provider**

* Street Address Line 1: **7500 Seward Park Avenue S.**

1:

Street Address Line

2:

* City: **Seattle**

* State: **Washington**

* ZIP: **98118**

Covered Entity Point of Contact Information

* First Name: **Jean** * Last Name: **DeFond**

* Email: **jeand@klinegalland.org**

* Phone Number: (Include area code): **Contact Phones**

Phone Number	Usage
(206) 456-9881	x193 Work

* Breach Start Date: **09/14/2018** * Breach End Date: **09/14/2018**

* Discovery Start Date: **09/14/2018** * Discovery End Date: **09/14/2018**

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

* Type of Breach: **Unauthorized Access/Disclosure**

* Location of Breach:

- Other Portable Electronic Device

* Type of Protected Health Information Involved in Breach:

- **Financial**

* **Financial**

- Credit Card/Bank Acct #
- Other Financial Information

* Brief Description of the Breach: **HIPAA BREACH RISK ASSESSMENT: Summary:** Notice to the patient is required. Risk is believed to be fully mitigated. PHI (the name of our patient together with an image of his check disclosing the name of his bank, his address and account number) was improperly texted to a wrong number by our CFO on September 14, 2018. The patient's POA had requested information regarding a bounced check. The POA gave our CFO a telephone number and requested the information be texted to her. Our CFO texted a copy of the bounced check and the Bank's "Transaction Detail" but keyed in the wrong telephone number (one digit was keyed incorrectly). The individual receiving the text immediately identified her erroneous receipt of the information to our CFO. Our CFO then called her to say the documents had been sent in error, and requesting that the entire text be deleted. The recipient agreed to delete and not to use the information received. One individual received this improperly texted material. Because she agreed to delete and not to use it, we do not believe the information has been further disseminated.

* Safeguards in Place Prior to Breach:

- 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.)

* Individual Notice Provided Start Date: **11/29/2018** Individual Notice Provided Projected/Expected End Date: **11/29/2018**

Was Substitute Notice Required? **No**
Was Media Notice Required? **No**

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- * Actions Taken in Response to Breach:
- Improved physical security
 - Provided individuals with free credit monitoring
 - Took steps to mitigate harm
 - Trained or retrained workforce members

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(i) 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: **Jean M Defond** Date: *11/29/2018*

November 29, 2018

Re: Breach of Protected Health and other Personal Information

Dear _____:

The Caroline Kline Galland Home has discovered that a breach of Mr. _____ protected health and other personal information ("PHI") occurred on September 14, 2018. We are sorry to report that in attempting to text a copy of _____'s check to you, _____, that the document was initially sent to a wrong number. We were alerted to this situation by the recipient and she has agreed to delete the message and not to use any of the information it contained.

Although we do not believe the information in the text will be used improperly, Kline Galland would nevertheless like to offer you, _____, at no cost, a one year Premier AAA membership, featuring AAA's "Identity Theft Restoration Program." The benefits of this AAA Premier Membership's Identity Theft Restoration Program are outlined in the enclosed brochure. If you would like to take advantage of this offer, please call me (206-456-9881 ext 193), or email me at jeand@klinegalland.org.

Again, we very much regret that the copy of _____ check was sent incorrectly.

Very truly yours,

Jean M. DeFond, JD, CIPP/US

Chief Compliance Officer and Counsel

enclosure