



STATE OF NEW YORK
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Via E-mail and First Class Mail

Mark Taubman, M.D.
Chief Executive Officer – University of Rochester Medical Center
c/o Spencer L. Studwell, Esq – Assoc. V.P. for Risk Management/Sr. Assoc. General Counsel
Office Counsel
University of Rochester Medical Center Office
P.O. Box 278979
Rochester, NY 14627-8979

Re: HIPAA Breach

Dear Dr. Taubman:

This letter sets forth the agreement (“Agreement”) between the New York State Office of the Attorney General (“OAG”) and the University of Rochester Medical Center (“URMC”) with respect to the recent violation of the Health Insurance Portability and Accountability Act and the regulations issued thereunder (“HIPAA”).

Background

In March 2015, a URMC nurse practitioner was preparing to leave URMC for a position at Greater Rochester Neurology (“GRN”). Prior to her departure, on March 27, 2015, the nurse practitioner asked URMC for a list of the patients whom she had treated while employed at URMC. URMC gave her a spreadsheet listing 3403 patient names, addresses, and diagnoses. The nurse practitioner then gave the spreadsheet to GRN without first obtaining authorization

from the patients. On April 21, 2015, GRN mailed letters to patients on the spreadsheet, announcing that the nurse practitioner would be joining the practice and advising them of the option to be treated at the facility. URMC learned of the breach on April 24, 2015, when it began receiving calls from patients who complained about the letter.

URMC immediately interviewed, suspended, and ultimately terminated the nurse practitioner. On May 22, 2015, URMC sent a breach notification letter to the 3,403 affected patients, informing them of the details of the incident. URMC notified HHS and the media on the same date. URMC also received an attestation from GRN that all health information transmitted by URMC had been returned or deleted.

After the breach, the URMC Privacy and Security Executive Committee convened to consider the existing HIPAA privacy and security policies and protocol in the context of this incident. A Task Force was formed to more comprehensively articulate the requirements of existing policies and protocol on permitted disclosures of Protected Health Information with respect to departing and incoming workforce members. On June 11, 2015, URMC reminded its workforce that all patient information is the property of URMC, and may not be copied, shared, removed or transferred without the permission of both URMC and the patient. Further, it reiterated that information relating to continuity of care may not be communicated to patients by individual health care providers, but instead must be communicated by the department. URMC stated that additional instructions would follow after the Task Force made its recommendations.

Accordingly, in order to prevent future breaches and enhance existing policies and protocol, URMC agrees to take the following actions:

1. URMC shall provide the OAG all recommendations of its Task Force.

2. URMC shall provide the OAG its policies and procedures that govern the privacy, security, and breach notification of individually identifiable health information (45 C.F.R. Parts 160 and 164, Subparts A, C, D, and E, the Privacy, Security, and Breach Notification Rules). URMC shall also identify any revisions to any such policies and procedures it has put into place since April 1, 2015; and URMC shall provide a copy of any additional documents intended to provide guidance to its workforce about how to apply the policies and procedures to situations involving incoming or departing staff.

3. Within sixty (60) calendar days of the date of this letter agreement, URMC shall train its workforce members who regularly work with Protected Health Information on any policies and procedures revised in response to this incident, and any new guidance explaining how the existing policies and procedures are to be applied to situations involving incoming or departing staff. In addition, URMC shall ensure that training to each new member of the workforce who will be regularly working with Protected Health Information will include training on the applicable policies, procedures and guidance referenced in this paragraph. URMC will keep written records documenting the training referenced in this paragraph of each member of its workforce. For the next three (3) years, URMC will also certify annually to the OAG that all members of its workforce who regularly work with Protected Health Information have received the training.

4. URMC shall not involve any member of its workforce in the use or disclosure of Protected Health Information if that workforce member has not received the training required by paragraph 3.

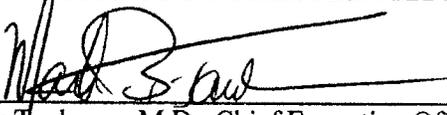
5. For a period of three (3) years, commencing on the execution of this Agreement, if URMC determines that a member of the workforce has breached unsecured protected health

information, consistent with the HIPAA Breach Notification Rule (45 CFR §§ 164.400-414), URM is to notify the OAG of the breach within sixty (60) days of the breach if the number of individuals affected by the breach is fifteen (15) or more (for breaches of fourteen (14) or fewer URM to notify the OAG annually), in addition to its existing notification responsibilities.

6. Within thirty (30) days of the date of this Agreement, URM shall pay \$15,000 in penalties to the OAG.

This Agreement is effective as of the date this letter is signed by the Attorney General. Thank you for your cooperation in this matter. Please sign below to acknowledge your acceptance of the terms of this agreement.

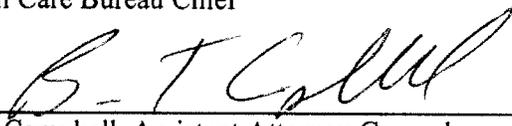
UNIVERSITY OF ROCHESTER MEDICAL CENTER

By: 
Mark Taubman, M.D., Chief Executive Officer, URM

Date: 11/21/15

ERIC SCHNEIDERMAN
Attorney General of the State of New York

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By: 
Brant Campbell, Assistant Attorney General
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Herbert Israel, Assistant Attorney General
Consumer Frauds Bureau

Date: 11/30/2015