

AGENDA
COMPLIANCE AND AUDIT COMMITTEE OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS
Friday, August 11, 2023– 3:00 pm

El Camino Health | 2500 Grant Road Mountain View, CA 94040, Sobrato Boardroom 2

THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION PORTION OF THE MEETING LIVE AT THE ADDRESS ABOVE OR VIA TELECONFERENCE AT:

1-669-900-9128, MEETING CODE: **997 6066 3832#**. No participant code. Just press #.

Sharon Anolik-Shakked will be participating via teleconference from 330 East Strawberry Drive, Mill Valley, CA 94941

PURPOSE: To advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Cybersecurity. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditors. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
1. CALL TO ORDER/ROLL CALL	Jack Po MD, Chair	Information	3:00 – 3:01 pm
2. CONSIDER AB 2449 REQUESTS	Jack Po MD, Chair	Possible Motion <i>public comment</i>	3:01 – 3:02
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURE	Jack Po MD, Chair	Information	3:02 – 3:03
4. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes, on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Jack Po MD, Chair	Information	3:03 – 3:08
5. CONSENT CALENDAR <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the CAC meetings (02/22/2023 and 04/26/23) b. FY24 Committee Goals, Pacing Plan, and Meeting dates c. Mobile App Privacy Policy Information d. Status of FY23 Committee Goals	Jack Po MD, Chair	Motion Required <i>public comment</i>	3:08 – 3:15
6. AD HOC COMMITTEE UPDATE REGARDING COMPLIANCE COMMITTEE MEMBER RECRUITMENT	Tracy Fowler, Director of Governance Services	Information	3:15 – 3:19
7. ADJOURN TO CLOSED SESSION	Jack Po MD, Chair	Motion Required <i>public comment</i>	3:19 – 3:20
8. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Jack Po MD, Chair	Information	3:20 – 3:21

AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
<p>9. CONSENT CALENDAR <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i></p> <ul style="list-style-type: none"> a. Minutes of the Closed Session of the Compliance and Audit Committee Meetings (02/22/2023) and (04/26/23) b. Internal Audit Assessment and FY2024 Audit Work Plan <p>Information <i>Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:</i></p> <ul style="list-style-type: none"> c. KPI Scorecard and Trends d. Activity Logs April – June 2023 e. Internal Audit Work Plan f. Internal Audit Follow-Up Table 	Jack Po MD, Chair	Motion Required	3:21 – 3:30
<p>10. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: REVIEW COMPLIANCE PROGRAM RISK ASSESSMENT ACTIVITY AND PLAN</p>	Margaret Hambleton, Hambleton Compliance, LLC Diane Wigglesworth, Sr. Dir. Corporate Compliance; Mary Rotunno, General Counsel	Information	3:30 – 3:45
<p>11. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: REVIEW CYBERSECURITY PROGRAM STATUS</p>	Deb Muro, CIO; Mary Rotunno, General Counsel Joshua Spencer, CISO	Information	3:45 – 4:15
<p>12. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:</p> <ul style="list-style-type: none"> a. Review Progress of FY2023 Compliance Program Work Plan b. Review Compliance Program Work Plan for FY24 	Diane Wigglesworth, Sr. Dir. Corporate Compliance; Mary Rotunno, General Counsel	Information	4:15 – 4:30
<p>13. Gov't Code Sections 54957 for report an discussion on personnel matters- Senior Management: -Executive Session</p>	Jack Po MD, Chair	Information	4:30 – 4:40
<p>14. ADJOURN TO OPEN SESSION</p>	Jack Po MD, Chair	Motion Required	4:40-4:41
<p>15. RECONVENE OPEN SESSION/ REPORT OUT</p> <p>To report any required disclosures regarding permissible actions taken during Closed Session.</p>	Jack Po MD, Chair		4:41-4:45
<p>16. ROUNDTABLE</p>	Jack Po MD, Chair	Discussion	4:45 – 5:00
<p>17. ADJOURNMENT</p>	Jack Po MD, Chair	Motion Required	5:00 pm

Upcoming Meetings: Regular Meetings: September 27, 2023; November 29, 2023; February 28, 2024; April 24, 2024; June 26, 2024



**Minutes of the Open Session of the
Compliance and Audit Committee
of the El Camino Hospital Board of Directors
Wednesday, February 22, 2023**

Pursuant to Government Code Section 54953(e)(1), El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

Members Present**

Jack Po, MD, Chair
Lanhee Chen
Lica Hartman, Vice-Chair
Julia Miller
Sharon Anolik Shakked
Christine Sublett

Members Absent

Julie Kliger

****All via teleconference**

Others Present

Dan Woods, CEO
Meenesh Bhimani, COO
Carlos Bohorquez, CFO
Deb Muro, CIO

Mary Rotunno, General Counsel
Diane Wigglesworth, Sr. Director,
Corporate Compliance
Joe Voje, CISO
Tracy Fowler, Director of Governance
Services
Joelle Pulver, Moss Adams
Alex Robison, Protiviti
Jennifer Bettendorf, Executive
Assistant

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	Chair Po called to order the open session meeting of the Compliance and Audit Committee of El Camino Hospital ("the Committee") at 5:03 pm. All Committee members participated via teleconference, and a quorum was present pursuant to Government Code Section 54953(e)(1).	<i>Called to order at 5:03 pm</i>
2. POTENTIAL CONFLICT OF INTEREST	Chair Po asked if any Committee members had a conflict of interest with any of the items on the agenda. None were reported.	
3. PUBLIC COMMUNICATION	None.	
4. CONSENT CALENDAR	<p>Director Po asked if any member of the Committee would like to pull items from the open item consent calendar for discussion. None were noted.</p> <p>Motion: To approve all items in the consent calendar.</p> <p>Movant: Anolik-Shakked Second: Sublett Ayes: Hartman, Miller, Po, Anolik-Shakked, Sublett Noes: None Abstentions: None Absent: Chen, Kliger Recused: None</p> <p>Director Chen joined at 5:05 pm.</p>	<i>Consent calendar approved</i>
5. REVIEW PROPOSED FY23	Carlos Bohorquez, Chief Financial Officer, introduced Joelle Pulver of Moss Adams who shared the FY23 Financial Audit Plan. Director Po, asked who hires the services that Moss Adams provides, and	

<p>FINANCIAL AUDIT PLAN</p>	<p>Mr. Bohorquez answered that he signs the letter of engagement on behalf of the district. Ms. Pulver continued her presentation, sharing what her responsibilities are, which is forming and expressing an opinion if the financial statements are prepared within accepted accounting principles. Ms. Pulver identified areas of significant risks they will focus on for the audit, which are: valuation of patient accounts receivable, revenue recognition, and calculation of investments, and related financial statement disclosures. Director Miller asked if this was the process of oversight when financial reports are presented and approved. Mr. Bohorquez confirmed that is correct, and added that Moss Adams double-checks during their audit. Ms. Pulver continued her presentation, reviewing timelines, deliverables, and recent accounting developments. The presentation concluded and there were no questions or comments.</p>	
<p>6. DISCUSS PROPOSED FY24 COMPLIANCE AND AUDIT COMMITTEE MEETING DATES AND PACING PLAN</p>	<p>Diane Wigglesworth, Senior Director of Corporate Compliance, presented the proposed FY24 Compliance and Audit Committee meeting dates and pacing plan to the Committee. Director Miller asked what day of the week, and Ms. Wigglesworth answered that the meeting dates are the last Wednesday of the month. Sharon Anolik-Shakked asked if anything changed on the pacing plan, and Ms. Wigglesworth confirmed that nothing has changed and the planned items represent the various areas of oversight of the committee. Ms. Wigglesworth noted that the pacing plan and meeting dates will presented to the Governance Committee and then to the Hospital Board for approval.</p>	
<p>7. DISCUSS DEVELOPMENT OF FY24 ANNUAL COMMITTEE GOALS</p>	<p>Ms. Wigglesworth initiated discussion with the Committee in regards to developing goals and getting a sense of areas of interest for the next year. Ms. Shakked responded that succession planning be a goal of discussion. Dan Woods, Chief Executive Officer, stated that succession planning is being worked on and will be presented to the Chair of the Board and then to the Governance Committee. Mr. Woods asked for clarification if the Committee is wanting succession planning in general or specific roles, and Ms. Shakked responded roles that directly relate to the Compliance and Audit Committee, such as Ms. Wigglesworth’s role as Compliance/Privacy Officer. Director Po brought up topics that he would like the Committee to focus on. First transitioning from a primarily hospital-centric point of view to more system-focused. Secondly, Director Po asked for the Enterprise Risk Management Dashboard be updated, as it does not reflect our institution’s actual risks, ideally being updated quarterly. Ms. Shakked helped clarify the ask, by stating a goal could be to revisit the dashboard and update the metrics as well as the areas of focus. Chris Sublett asked Ms. Wigglesworth if she had any ideas for the Committee, and Ms. Wigglesworth responded the suggestions made covered areas she had considered and she will draft the goals and share with the committee before it goes to the governing body.</p>	
<p>8. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 5:28 pm. Movant: Miller Second: Sublett Ayes: Chen, Hartman, Miller, Po, Anolik Shakked, and Sublett Noes: None Abstentions: None</p>	

	<p>Absent: Kliger Recused: None</p>	
<p>9. AGENDA ITEM 19: RECONVENE TO OPEN SESSION</p>	<p>The open session was reconvened at 06:58 pm. Agenda items 9-18 were discussed in the closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Compliance and Audit Committee Meeting 11.30.22 and Summary of Physician Financial Arrangements.</p>	
<p>10. AGENDA ITEM 20: ADJOURNMENT</p>	<p>Motion: To adjourn at 6:58 pm. Movant: Miller Second: Hartman Ayes: Chen, Hartman, Miller, Po, Anolik-Shakked, and Sublett Noes: None Abstentions: None Absent: Kliger Recused: None</p>	<p><i>Meeting adjourned at 6:58 pm</i></p>

Attest as to the approval of the foregoing minutes by the Compliance and Audit Committee of El Camino Hospital:

 Jennifer Bettendorf
 Executive Assistant, Compliance and Audit Committee

Prepared by: Jennifer Bettendorf, Executive Assistant
 Reviewed by: Tracy Fowler, Director of Governance Services



**Minutes of the Open Session of the
Compliance and Audit Committee
of the El Camino Hospital Board of Directors
Wednesday, April 26, 2023**

Pursuant to Government Code Section 54953(e)(1), El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

Members Present

Lanhee Chen**
Lica Hartman, Vice-Chair
Julie Kliger**
Julia Miller
Sharon Anolik Shakked**
Christine Sublett **

Members Absent

Jack Po, MD, Chair
****via teleconference**

Others Present

Dan Woods, CEO
Meenesh Bhimani, COO
Carlos Bohorquez, CFO
Deb Muro, CIO

Mary Rotunno, General Counsel
Diane Wigglesworth, Sr. Director, Corporate Compliance

Joe Voje, CISO
Melissa Flitsch, Cybersecurity Resilience Coordinator
Tracy Fowler, Director of Governance Services
Alex Robison, Protiviti
Jennifer Bettendorf, Executive Assistant II

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	Vice-Chair Hartman called to order the closed session meeting of the Compliance and Audit Committee ("the Committee") at 5:15 pm. Three Committee members participated via teleconference, and it was determined after the meeting a quorum was not present within the District pursuant to Government Code Section 54953(e) (1). Agenda Items requiring approval will be resubmitted for approval on the Consent Calendar at August 11, 2023 meeting.	<i>Called to order at 5:01 pm</i>
2. CONSIDER APPROVAL FOR AB 2449 REQUESTS	Vice-Chair Hartman announced in accordance with AB 2449 there were 2 requests received today for Just Cause under AB 2449 from Jack Po and Lanhee Chen to participate in the meeting virtually. No motion is necessary.	
3. POTENTIAL CONFLICT OF INTEREST	Vice-Chair Hartman asked if any Committee members had a conflict of interest with any of the items on the agenda. None were reported.	
4. PUBLIC COMMUNICATION	None.	
5. CONSENT CALENDAR	Vice-Chair Hartman asked if any member of the Committee would like to pull items from the open item consent calendar for discussion. None were noted. Motion: To approve all items in the consent calendar. Movant: Miller Second: Anolik-Shakked Ayes: Chen, Hartman, Kliger, Miller, Anolik-Shakked, Sublett Noes: None Abstentions: None	<i>Vote taken but due to lack of quorum within the District, this matter will be resubmitted for approval</i>

	<p>Absent: Po Recused: None</p>	<p><i>at August 11, 2023 meeting</i></p>
<p>6. REVIEW AND APPROVE FY24 COMMITTEE PLANNING</p>	<p>Diane Wigglesworth, Senior Director of Corporate Compliance, presented the Compliance and Audit Committee proposed FY24 committee goals, pacing plan, and meeting dates. Sharon Anolik-Shakked noted a couple issues. In regards to goal number one, she suggested adding the word “revised” before the word “metrics”. Ms. Wigglesworth agreed. Next, Ms. Shakked stated that goal number two was unclear. Ms. Wigglesworth explained that the committee wanted to be informed of strategies and goals that ECH will be monitoring in 2024. Meenesh Bhimani, Chief Operating Officer, confirmed this was added as a request from the committee. Another issue noted by Ms. Shakked, was that goal number two may be too broad, since other committees are also privy to this information. Ms. Wigglesworth stated that goals can be educational and informative, and sharing this information would help ECH gather insight from a compliance perspective. Vice-Chair Hartman stated that goal number two does sound educational. Carlos Bohorquez, Chief Financial Officer added that this is to inform the committee about the 2027 Strategic Plan, which we are entering, to assess what additional “check and balances” need to happen, where we may not have expertise. Ms. Shakked asked if “reviewing and providing feedback” was accurate and Mr. Bohorquez stated that “Providing feedback on needed compliance assessment for any new strategies the organization may undertake”. Ms. Shakked asked if Ms. Wigglesworth can wordsmith goal number two offline and Ms. Wigglesworth confirmed she would. Vice- Chair Hartman added that “new strategies” was a key word for her.</p> <p>Motion: To approve FY24 Committee Planning Goals, Pacing and Meeting Dates.</p> <p>Movant: Chen Second: Sublett Ayes: Chen, Hartman, Kliger, Miller, Anolik-Shakked, Sublett Noes: None Abstentions: None Absent: Po Recused: None</p>	<p><i>Vote taken but due to lack of quorum within the District, this matter will be resubmitted for approval at August 11, 2023 meeting</i></p>
<p>7. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 5:15 pm.</p> <p>Movant: Miller Second: Anolik-Shakked Ayes: Chen, Hartman, Kliger, Miller, Anolik-Shakked, Sublett Noes: None Abstentions: None Absent: Po Recused: None</p>	
<p>8. AGENDA ITEM 16: RECONVENE TO OPEN SESSION</p>	<p>The open session was reconvened at 7:01 pm. Agenda items 8-15 were discussed in the closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Compliance and Audit Committee Meeting 02.22.23 and the FY24 Audit Work Plan.</p>	
<p>9. AGENDA ITEM 17: ADJOURNMENT</p>	<p>Motion: To adjourn at 7:01 pm.</p>	<p><i>Meeting adjourned at</i></p>

	Movant: Miller Second: Chen Ayes: Chen, Hartman, Miller, Anolik-Shakked, Sublett Noes: None Abstentions: None Absent: Po, Kliger Recused: None	6:58 pm
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Attest as to the approval of the foregoing minutes by the Compliance and Audit Committee of El Camino Hospital:

Jennifer Bettendorf
Executive Assistant II

Prepared by: Jennifer Bettendorf, Executive Assistant II
Reviewed by: Tracy Fowler, Director of Governance Services

(MODIFIED DRAFT)
FY24 COMMITTEE GOALS
 Compliance and Audit Committee

PURPOSE

The purpose of the Compliance and Audit Committee (the “Committee”) is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its exercise of oversight of Corporate Compliance, Privacy, Internal Audits, Financial Audit, Enterprise Risk Management, and Cybersecurity. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the external financial auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

STAFF: **Diane Wigglesworth**, Sr. Director, Corporate Compliance (Executive Sponsor)

The Sr. Director, Corporate Compliance, shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair’s consideration. Additional members of the Executive Team or outside consultants may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS
1. Review revised Enterprise Risk Management (ERM) metrics based on Board feedback, identified actual risks, and/or new areas of strategic focus.	Q2 FY24	Committee reviews any updated metrics and provides feedback.
2. Review and provide feedback on compliance and risk strategies to support and align with “Vision 2027” plans	Q2 FY24	Committee provides recommendations if compliance assessments are needed for any new strategies the organization may undertake.
3. Review the process and timeline for succession plans for the Compliance/Privacy Officer role.	Q3 FY24	Committee reviews the plan and provides recommendations to the Compliance Officer and CEO.

SUBMITTED BY:

Chair: Jack Po, MD

Executive Sponsor: Diane Wigglesworth

Compliance and Audit Committee FY24 Pacing Plan

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
STANDING AGENDA ITEMS												
Results of Internal Audits			✓		✓			✓		✓		✓
Cybersecurity Program					✓			✓				✓
Enterprise Risk Management Metrics					✓					✓		
Discussion Items/Committee Actions												
Review FY 23 Annual Enterprise Compliance Program Report			✓									
Review FY 23 Annual Patient Safety/Claims Report			✓									
Review next FY Enterprise Compliance Work Plan												✓
Review Status of Current FY Compliance Work Plan Activity Completed												✓
Receive FY 23 Financial Auditors Consolidated Financial Statements, 403(b) and Cash Balance Audit results			✓									
Review Management's Summary Report of Physician Financial Agreements								✓				
Approve next FY Committee Goals and Meeting Dates										✓		
Review FY 24 Annual Financial Audit Plan with Financial Auditors								✓				
Review OIG Work Plan and Management's Response								✓				
Review Internal Audit Risk Assessment and next FY Internal Audit Work Plan										✓		
COMMITTEE GOALS												
Review revised ERM Metrics based on feedback from Hospital Board or new areas of strategic focus					✓							
Review Vision 2027 Strategic Plans					✓							
Review process and timeline for succession plan for Compliance/ Privacy Officer Role								✓				

Compliance and Audit Committee Meetings
FY2024 Dates

COMMITTEE MEETING DATES
Wednesday, September 27, 2023
Wednesday, November 29, 2023
Wednesday, February 28, 2024
Wednesday, April 24, 2024
Wednesday, June 26, 2024

Status **Pending** PolicyStat ID **14066038**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Ketul Patel: Manager Privacy
Area	Corporate Compliance
Document Types	Policy

El Camino Health Mobile App Privacy Policy

COVERAGE:

El Camino Health Mobile App Users

PURPOSE:

This Mobile App Privacy Policy applies to information about you obtained through the El Camino Health mobile application (the "App"), provided by El Camino Hospital (dba El Camino Health) and its affiliated entities, including Silicon Valley Medical Development, LLC (collectively, "ECH", "we", "us", "our"). This Mobile App Privacy Policy describes how we may collect, use, disclose, or otherwise process personal information obtained through the App; your choices regarding our use of your information; and how we safeguard such information.

IMPORTANT! Note that the [El Camino Health Notice of Privacy Practices](#) is a separate document that governs how certain protected health information about you may be used and disclosed by ECH pursuant to the Health Insurance Portability and Accountability Act (HIPAA). Please take a moment to review this Policy, located in our [Patient Services](#) section.

By further downloading, using, or creating an account on the App, you agree to this Mobile App Privacy Policy and consent to the collection and use of your personal information as described in this Mobile App Privacy Policy.

POLICY STATEMENT:

Collection of Personal Information in Connection with the App

Personal Information You Provide

We, and our vendors, may obtain information that you voluntarily provide through the App. For example, when you use the myCare functionality within the App, we may collect certain personal information from you when you register an account. This information may include your name, address, email address or other information.

Information Collected Automatically

ECH and our vendors may use tracking technologies that automatically or passively collect information such as App usage, traffic patterns, App performance and related statistics based on our tracking of your interactions with the App. For example, we may use GPS (global position systems) software, geo-filtering, and other location-aware technologies to locate you, sometimes precisely, for purposes such as verifying your location and delivering or restricting content based on your location. The information we automatically collect may include the type of device you are using, your IP address, device ID or other unique identifier, and geolocation data.

We may combine certain automatically collected information with other information we obtain about you, which may include data we obtain from third parties.

We or third parties, including our vendors, may collect personal information about your online activities over time and across different online services when you use the App.

Information Collected through Your Device

When you download, access, or use the App, the App may (depending on your device or App permission settings) have access to certain information from your device, such as:

- A. **Location.** The App may collect precise or approximate location of your device which can be determined by your Bluetooth connection or cell towers. We may use location data in order to locate the nearest facility to you.
- B. **Device Information.** The App may collect information about your mobile device and Internet connection, including the model of device used and its operating system, and the version of our mobile app used. We may use this information to understand how our App performs when you use it.
- C. **Device ID.** The App may use your device identifier (including your device's advertising identifier) to provide you a better experience. We use your device ID to recognize your mobile device.

These App permissions enable you to use certain features within the App. For example, in order to locate the nearest care facility to you, the App may need to access the location of your device.

Additionally, you may be able to log into the App using your device's login features such as using a passcode. These device login features are facilitated through your device, not ECH; we do not control these features, which you can change by accessing your device settings and preferences.

Information Collected by Third Parties

Our service providers or partners may disclose with us your personal information that you submit to

them. When submitting information to a third party, you are subject to that third party's terms of use and privacy policies. ECH may combine information about you that we have with information we obtain from third parties.

How We Use Personal Information

ECH may use personal information that we or our vendors obtain through the App for various purposes including, but not limited to:

- administering the App;
- providing and improving our products and services,
- sending announcements and messages,
- processing your requests;
- improving the App; or
- for any other purpose, with your consent.

We will store your personal information for no longer than is necessary for the performance of our obligations or to achieve the purposes for which the information was collected, or as may be permitted under applicable law.

Disclosure of Personal Information

ECH may disclose your information, including your personal information, with our affiliates, business partners, and vendors. For example, ECH may use vendors to facilitate our services and provide operations for one or more aspects available through the App. To the extent we grant third parties access to information collected via your mobile device, they are expected to follow privacy practices no less protective than our practices to the extent allowed by applicable law. In addition, we may disclose personal information:

- to comply with legal requirements (for example, to respond to court orders, subpoenas, government or law enforcement agency requests, or other legal processes);
- in the event we sell or transfer all or a portion of our business assets (e.g., further to a merger, reorganization, liquidation, or any other business transaction, including negotiations of such transactions);
- to enforce our policies or protect legal rights, property, or safety; or
- with your consent or at your direction.

For details regarding disclosures of protected health information, please view our [El Camino Health Notice of Privacy Practices](#).

Access to myCare

The App may include links or access to myCare, our online health management tool. For more information about our practices under HIPAA, please see our [El Camino Health Notice of Privacy Practices](#).

myCare is powered by Epic. You can learn more about Epic's privacy practices at <https://www.epic.com/>

[about/privacypolicies#mobile-policy-patient](#).

If you access myCare, we may request additional permissions from your device, including:

- **Microphone**
The App may use your microphone to capture audio (sound) if you engage in video visits through the App. This information is not used in connection with the collection of COVID-19 related data.
- **Camera**
You may choose to share a photo or video in a communication to a provide while you are using the App. You may select an existing photo or video from your device or take a new photo or video using the camera app on your device. This information is not used in connection with the collection of COVID-19 related data.
- **Phone**
You may use your phone to call the numbers that are displayed in the App. The App will not store your call history or other call data. This information is not used in connection with the collection of COVID-19 related data.
- **Location Data & Background Location Access**
With your permission, the App may provide you with turn-by-turn directions to help you get around the El Camino Hospital. The App will guide you to points of interest such as medical offices and centers. Without using the location data, the directions feature cannot properly locate you in a timely manner. These location-based features require access to your location even when the App is closed or in the background.
We do not use location data & background location access in connection with the collection of COVID-19 related data.
- **Wi-Fi Permission**
The App may use your Wi-Fi permissions for more accurate location tracking while you are using the directions feature. This information is not used in connection with the collection off COVID-19 related data.
- **Bluetooth/BLE/BLE Admin**
With your permission, the App may access your device's Bluetooth while you are using the directions. The App will not store your Bluetooth data. This information is not used in connection with the collection of COVID-19 related data.

COVID-19 Test Results and Your Privacy

You may have access to your electronic health record, managed by Epic's software, including medications, test results, and visit summaries. This App was not created specifically for the COVID-19 pandemic. It existed before the COVID-19 pandemic to allow you to access certain health information. You can use this App to access COVID-19-related vaccination information, laboratory test results, and documents with illness-related information using our App. The App does not perform any COVID-19 contact tracing or tracking.

Links to Other Websites

The App may contain links to other websites, mobile apps, or other online platforms. ECH is not responsible for these other websites, mobile apps, and online platforms and this Privacy Policy applies

only to the App. We recommend that you review the privacy practices of these websites, mobile apps, and online platforms.

Your Choices

ECH strives to keep your information accurate, complete, and current. If you would like to update, correct, or delete certain personal information that you provide or convey through your use of the App, please contact us at Compliance@elcaminohealth.org with your request.

With respect to App, you can stop all collection of data generated by use of the App by uninstalling the App. You may also be able to exercise specific privacy choices, such as enabling or disabling certain features (e.g., location-based services, push notifications, accessing calendar/contacts/photos), by adjusting the permissions in your mobile device and/or the App's settings.

You may be able to enable or disable location tracking on the App by adjusting the permissions in your App account settings or through your mobile device settings. Beware that if GPS precise location services are disabled, other means of establishing or estimating location (e.g., connecting to or proximity to Wi-Fi) may persist.

Note that uninstalling the App or changing the App permissions will not delete your user account or any information we previously collected via the App.

For more information on additional rights related to protected health information, please view our [El Camino Health Notice of Privacy Practices](#).

Protecting Personal Information

We maintain appropriate security safeguards designed to help protect personal information collected or received through the App. Although we use reasonable efforts to safeguard information, transmission via the Internet is not completely secure and we cannot guarantee the security of your information collected through the App.

Children's Privacy

Our App is not intended for, nor targeted to, children under 13, and we do not knowingly collect personal information from children younger than thirteen years of age. If we learn that we have received information directly from a child who is under the age of 13, we will delete the information in accordance with applicable law.

Changes to this Privacy Policy

Please be aware that ECH reviews its privacy practices from time to time and this Privacy Policy is subject to change. We may provide notice of any such changes by updating the "Policy last updated" date.

Contact Us

You may contact us regarding this Privacy Policy by email at Compliance@elcaminohealth.org or by postal mail at El Camino Hospital, 2500 Grant Road, Mountain View, CA 94040, Attn: El Camino Hospital Privacy Officer.

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

Approval Signatures

Step Description	Approver	Date
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	Pending
Director of Corporate Compliance	Diane Wigglesworth: Compliance and Privacy Officer	07/2023
	Ketul Patel: Manager Privacy	07/2023

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FY23 COMMITTEE GOALS

Compliance and Audit Committee

PURPOSE

The purpose of the Compliance and Audit Committee (the “Committee”) is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

STAFF: **Diane Wigglesworth**, Sr. Director, Corporate Compliance (Executive Sponsor)

The Sr. Director, Corporate Compliance, shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair’s consideration. Additional members of the Executive Team or outside consultants may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS
<p>1. Review the results of an enterprise Compliance Program Effectiveness Review for the hospital and all affiliated entities conducted by a third party.</p>	<p>Q2 FY23</p>	<p>Committee reviews report and gap analysis and provides recommendations to the Compliance Officer. Report presented to the committee on 11/30/22.</p>
<p>2. Review and evaluate the enterprise’s standardized due diligence pre-acquisition process for physician mergers, acquisitions, or individual recruitment into affiliated medical groups.</p>	<p>Q3 FY22</p>	<p>Committee reviews and provides recommendations to the Compliance Officer and CEO. Report presented to the committee 2/22/23.</p>

SUBMITTED BY:

Chair: Jack Po, MD

Executive Sponsor: Diane Wigglesworth

Approved by the Board on 6-8-2022