



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE FOR CIVIL RIGHTS (OCR)

Form Approved: OMB No. 0990-0269.  
See OMB Statement on Reverse.



HEALTH INFORMATION PRIVACY COMPLAINT

|                                                 |                   |                                       |  |
|-------------------------------------------------|-------------------|---------------------------------------|--|
| YOUR FIRST NAME<br>(b)(6);(b)(7)(C)             |                   | YOUR LAST NAME<br>(b)(6);(b)(7)(C)    |  |
| HOME PHONE (Please include area code)<br>(b)(6) |                   | WORK PHONE (Please include area code) |  |
| STREET ADDRESS<br>(b)(6);(b)(7)(C)              |                   | CITY<br>(b)(6);(b)(7)(C)              |  |
| STATE<br>(b)(6);(b)                             | ZIP<br>(b)(6);(b) | E-MAIL ADDRESS (If available)         |  |

Are you filing this complaint for someone else?  Yes  No  
If Yes, whose health information privacy rights do you believe were violated?

FIRST NAME LAST NAME

Who (or what agency or organization, e.g., provider, health plan) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?

PERSON / AGENCY / ORGANIZATION

(b)(6);(b) CNP of Planned Parenthood of Northeast Ohio

|                                          |               |                                                       |  |
|------------------------------------------|---------------|-------------------------------------------------------|--|
| STREET ADDRESS<br>2663 Cleveland Ave. NW |               | CITY<br>Canton                                        |  |
| STATE<br>Ohio                            | ZIP<br>44,709 | PHONE (Please include area code)<br>+1 (330) 456-7191 |  |

When do you believe that the violation of health information privacy rights occurred?

LIST DATE(S)

1-18-2012 and 1-19-2012

Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed)

On Wednesday, January 18 2012 at 1:45pm I received a voice mail on my cell phone stating that I needed to call and speak with a nurse at Planned Parenthood as soon as possible regarding some recent test results. I called Planned Parenthood at 3:35pm on the same day and was asked for my birth date as verification. I then was put on hold numerous times and was told that I needed to speak with a manager. I was then told that they had made a mistake and that there are currently two patients with the name (b)(6);(b)(7)(C) and that they had called me by accident. Today, Thursday January 19 2012 I received a letter hand-addressed to myself from Planned Parenthood. Inside the envelope is a letter stating that the testing done on 1-12-2012 shows that I have Type I Herpes. Please note that I was not seen as a patient at Planned Parenthood on 1-12-2012. The letter was signed from (b)(6);(b)(7) CNP Planned Parenthood of Northeast Ohio. I am currently a Registered Nurse in the State of Ohio and fully understand the HIPAA laws. I also know of the other (b)(6);(b)(7) in my area and am quite certain that she would not appreciate the fact that I now know she has herpes.

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

SIGNATURE (b)(6);(b)(7)(C)

DATE (mm/dd/yyyy)

1-19-2012

Filing a complaint, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Department for purposes associated with health information privacy compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's Web site at: [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html). To mail a complaint see reverse page for OCR Regional addresses.

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect OCR's decision to process your complaint.

Do you need special accommodations for OCR to communicate with you about this complaint? (Check all that apply)

- Braille   
  Large Print   
  Cassette tape   
  Computer diskette   
  Electronic mail   
  TDD  
 Sign language interpreter (specify language): \_\_\_\_\_  
 Foreign language interpreter (specify language): \_\_\_\_\_   
 Other: \_\_\_\_\_

If we cannot reach you directly, is there someone we can contact to help us reach you?

|                                       |     |                                       |  |
|---------------------------------------|-----|---------------------------------------|--|
| FIRST NAME                            |     | LAST NAME                             |  |
| HOME PHONE (Please include area code) |     | WORK PHONE (Please include area code) |  |
| STREET ADDRESS                        |     | CITY                                  |  |
| STATE                                 | ZIP | E-MAIL ADDRESS (if available)         |  |

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)

PERSON / AGENCY / ORGANIZATION / COURT NAME(S)

|               |                           |
|---------------|---------------------------|
| DATE(S) FILED | CASE NUMBER(S) (If known) |
|---------------|---------------------------|

To help us better serve the public, please provide the following information for the person you believe had their health information privacy rights violated (you or the person on whose behalf you are filing).

ETHNICITY (select one)      RACE (select one or more)

Hispanic or Latino     
  American Indian or Alaska Native   
 Asian     
 Native Hawaiian or Other Pacific Islander  
 Not Hispanic or Latino     
 Black or African American     
 White     
 Other (specify): \_\_\_\_\_  
 PRIMARY LANGUAGE SPOKEN (if other than English) \_\_\_\_\_

How did you learn about the Office for Civil Rights?

- HHS Website/Internet Search   
 Family/Friend/Associate   
 Religious/Community Org   
 Lawyer/Legal Org   
 Phone Directory   
 Employer  
 Fed/State/Local Gov   
 Healthcare Provider/Health Plan   
 Conference/OCR Brochure   
 Other (specify): \_\_\_\_\_

To mail a complaint, please type or print, and return completed complaint to the OCR Regional Address based on the region where the alleged violation took place. If you need assistance completing this form, contact the appropriate region listed below.

|                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Region I - CT, ME, MA, NH, RI, VT</b><br>Office for Civil Rights, DHHS<br>JFK Federal Building - Room 1875<br>Boston, MA 02203<br>(617) 565-1340; (617) 565-1343 (TDD)<br>(617) 565-3809 FAX                       | <b>Region V - IL, IN, MI, MN, OH, WI</b><br>Office for Civil Rights, DHHS<br>233 N. Michigan Ave. - Suite 240<br>Chicago, IL 60601<br>(312) 886-2359; (312) 353-5693 (TDD)<br>(312) 886-1807 FAX | <b>Region IX - AZ, CA, HI, NV, AS, GU,</b><br><b>The U.S. Affiliated Pacific Island Jurisdictions</b><br>Office for Civil Rights, DHHS<br>90 7th Street, Suite 4-100<br>San Francisco, CA 94103<br>(415) 437-8310; (415) 437-8311 (TDD)<br>(415) 437-8329 FAX |
| <b>Region II - NJ, NY, PR, VI</b><br>Office for Civil Rights, DHHS<br>26 Federal Plaza - Suite 3312<br>New York, NY 10278<br>(212) 264-3313; (212) 264-2355 (TDD)<br>(212) 264-3039 FAX                               | <b>Region VI - AR, LA, NM, OK, TX</b><br>Office for Civil Rights, DHHS<br>1301 Young Street - Suite 1169<br>Dallas, TX 75202<br>(214) 767-4056; (214) 767-8940 (TDD)<br>(214) 767-0432 FAX       |                                                                                                                                                                                                                                                               |
| <b>Region III - DE, DC, MD, PA, VA, WV</b><br>Office for Civil Rights, DHHS<br>150 S. Independence Mall West - Suite 372<br>Philadelphia, PA 19108-3499<br>(215) 881-4441; (215) 881-4440 (TDD)<br>(215) 881-4431 FAX | <b>Region VII - IA, KS, MO, NE</b><br>Office for Civil Rights, DHHS<br>601 East 12th Street - Room 248<br>Kansas City, MO 64108<br>(816) 426-7277; (816) 426-7065 (TDD)<br>(816) 426-3686 FAX    |                                                                                                                                                                                                                                                               |
| <b>Region IV - AL, FL, GA, KY, MS, NC, SC, TN</b><br>Office for Civil Rights, DHHS<br>81 Forsyth Street, SW. - Suite 16T70<br>Atlanta, GA 30303-8909<br>(404) 562-7886; (404) 562-7884 (TDD)<br>(404) 562-7881 FAX    | <b>Region VIII - CO, MT, ND, SD, UT, WY</b><br>Office for Civil Rights, DHHS<br>999 18th Street, Suite 417<br>Denver, CO 80202<br>(303) 844-2024; (303) 844-3439 (TDD)<br>(303) 844-2025 FAX     | <b>Region X - AK, ID, OR, WA</b><br>Office for Civil Rights, DHHS<br>2201 Sixth Avenue - Mail Stop RX-11<br>Seattle, WA 98121<br>(206) 615-2290; (206) 615-2296 (TDD)<br>(206) 615-2297 FAX                                                                   |

**Burden Statement**

Public reporting burden for the collection of information on this complaint form is estimated to average 45 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. Please do not mail this complaint form to this address.

HHS-700 (7/09) (BACK)



## COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we 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.

Please read and review the documents entitled, *Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights* and *Protecting Personal Information in Complaint Investigations* for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

**In order to expedite the investigation of your complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.**

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.



- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

**After reading the above information, please check ONLY ONE of the following boxes:**

**CONSENT:** I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

**CONSENT DENIED:** I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature: (b)(6);(b)(7)(C) Date: 1-19-2012  
\*Please sign and date this form by email because submission by email represents your signature.

Name (Please print): (b)(6);(b)(7)(C)

Address: (b)(6);(b)(7)(C)

Telephone Number: (b)(6);(b)(7)(C)

Date: 1-17-12

Dear (b)(4);(b)(6);(b)(7)(C)

Planned Parenthood got the result of your test from 1-12-12  
(date)

- Your test shows that you have chlamydia.** (See information sheet.)
  - You were treated at your visit. Make sure you take all your medicine. If you have had sex before finishing the medicine or with a partner who has not been treated, please call us. You will need to be treated again.
  - It is important that you call or come to Planned Parenthood to be treated.
  - Your sex partner(s) needs to be treated.
  - Come back to Planned Parenthood for a retest in 3-4 months.
- Your test shows that you have gonorrhea.** (See information sheet.)
  - You were treated at your visit. Make sure you take all your medicine. If you have had sex before finishing the medicine or with a partner who has not been treated, please call us. You will need to be treated again.
  - It is important that you call or come to Planned Parenthood to be treated.
  - Your sex partner(s) needs to be treated.
  - Come back to Planned Parenthood for a retest in 3-4 months.
- Your test shows that you have herpes.** (See information sheet.) *Type I*
  - It is important that you call or come to Planned Parenthood to be treated.
  - Make sure you finish the medicine that you got at your visit.
- Your test shows that you have syphilis.** (See information sheet.)
  - It is important that you call or come to Planned Parenthood to be treated.

Treatment is important. Depending on the STI, it may prevent your infection from getting worse, help you to feel better, prevent you from passing the infection to others, and in some cases, help you to stay healthy so you can get pregnant in the future.

- Your test shows that you have a urinary tract infection.**
  - You were treated at your visit. Make sure you take all your medicine.
  - It is important that you call or come to Planned Parenthood to be treated.
  - The urine test also shows that you need a different medicine to treat the infection. It is important that you call Planned Parenthood at \_\_\_\_\_
  - A prescription is enclosed.

Treatment of a urinary tract infection is important. It may prevent you from getting a more serious infection in your kidneys.

Other \_\_\_\_\_

Let us know that you got this letter. Call Planned Parenthood at \_\_\_\_\_  
It is your responsibility to get treated for your infection. The staff at Planned Parenthood will help you. We will treat you or help you make an appointment with another doctor or clinic.

Sincerely (b)(4);(b)(6);(b)(7)(C) *CNP* (b)(6);(b)(7)(C) (b)(4);(b)(6);(b)(7)(C)

Planned Parenthood of Northeast Ohio



February 8, 2012

(b)(4);(b)(6);(b)(7)(C)

Our Transaction Number: CU-12-138698

Dear (b)(4);(b)(6);(b)(7)(C)

Thank you for your complaint, received by the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR).

OCR is responsible for enforcing a variety of Federal civil rights laws that prohibit discrimination. Specifically, OCR has jurisdiction over programs and entities that receive Federal financial assistance from HHS. Additionally, OCR has jurisdiction over health and human service programs operated by HHS or by state and local public entities in cases involving disability-based discrimination. In addition to disability discrimination claims, OCR investigates claims of race, color, national origin, age and, in limited instances, sex and religion discrimination. OCR also has jurisdiction over health plans, health care clearinghouses, and certain health care providers with respect to enforcement of the Federal Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule and Security Rule, 45 C.F.R. Parts 160 and 164, Subparts A, C and E).

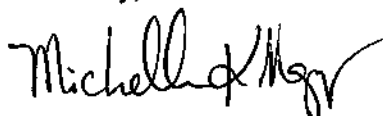
OCR has preliminarily accepted your complaint. An investigator will contact you in the near future. Any correspondence regarding this matter should be sent to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601

For ease of identification please include the Reference Number, shown above, on any correspondence to OCR. In the event that you move, change your telephone number or obtain a new email account during the course of OCR's investigation, please inform us so that we can complete our investigation.

We are enclosing a copy of *Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights* for your review. Please read this information and keep it so you can refer to it later. We are also enclosing a fact sheet entitled *Protecting Personal Information in Complaint Investigations*. This fact sheet tells you how we protect information that you provide to us and under what circumstances we are required by law to release information to the public. Please review the fact sheet.

Sincerely,



Michelle K Nguyen  
Supervisory, Region V Intake Unit  
Planning and Business Administration Management

Enclosures



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Voice - (312) 886-2359  
TDD - (312) 353-5693  
(FAX) - (312) 886-1807  
<http://www.hhs.gov/ocr/>

**OFFICE OF THE SECRETARY**

Office for Civil Rights, Region V  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601

July 30, 2012

(b)(4);(b)(6);(b)(7)(C)

Re: Re: (b)(4);(b)(6);(b)(7)(C), Planned Parenthood of Northeast Ohio  
OCR Transaction Number: 12-138698

Dear (b)(4);(b)(6);(b)(7)(C)

On June 10, 2012, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), Region V received your complaint alleging that Planned Parenthood of Northeast Ohio ("Planned Parenthood"), the covered entity, has violated the Federal Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164, Subparts A and E, the Privacy Rule). Specifically, you allege that, on January 18, 2012, Planned Parenthood contacted you by telephone and requested that you return a telephone call regarding recent test results. You further allege that, during the call, it was determined you were not the correct individual, and the telephone call ended. You then allege that, on January 19, 2012, you received a letter from Planned Parenthood that contained another individual's protected health information (PHI). This allegation could reflect a violation of 45 C.F.R. §§ 164.502(a) and 164.530(c).

Thank you for bringing this matter to OCR's attention. Your complaint plays an integral part in OCR's enforcement efforts.

OCR enforces the Privacy, Security, and Breach Notification Rules, and also enforces Federal civil rights laws which prohibit discrimination in the delivery of health and human services because of race, color, national origin, disability, age, and under certain circumstances, sex and religion.

The Privacy Rule allows health care providers and health plans to share PHI for permitted purposes using the mail or fax, as long as they use reasonable and appropriate administrative, technical, and physical safeguards to protect the privacy of the PHI. See 45 C.F.R. § 164.502(a). These safeguards may vary depending on the mode of communication used. For example, when faxing PHI to a telephone number that is not used regularly, a reasonable safeguard may involve a covered entity first confirming the fax number with the intended recipient of the fax.

We have carefully reviewed your complaint against Planned Parenthood and have determined to resolve this matter informally through the provision of technical assistance to Planned Parenthood. Should OCR receive a similar allegation of noncompliance against Planned Parenthood in the future, OCR may initiate a formal investigation of that matter.

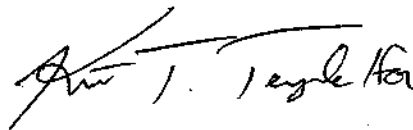


Based on the foregoing, OCR is closing this case without further action, effective the date of this letter. OCR's determination as stated in this letter applies only to the allegations in this complaint that were reviewed by OCR.

Under the Freedom of Information Act, we may be required to release this letter and other information about this case upon request by the public. In the event OCR receives such a request, we 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.

If you have any questions regarding this matter, please contact Wandah Hardy, Investigator, at (312) 353-9774 (Voice) or (312) 353-5693 (TDD).

Sincerely,

A handwritten signature in black ink, appearing to read "Celeste H. Davis". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Celeste H. Davis  
Regional Manager



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Voice - (312) 886-2359  
TDD - (312) 353-5693  
(FAX) - (312) 886-1807  
<http://www.hhs.gov/ocr/>

**OFFICE OF THE SECRETARY**

Office for Civil Rights, Region V  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601

July 30, 2012

(b)(4);(b)(6);(b) Privacy Officer  
Planned Parenthood of Northeast Ohio  
444 West Exchange St  
Akron, OH 44303

Re: (b)(4) v. Planned Parenthood of Northeast Ohio  
OCR Transaction Number: 12-138698

Dear (b)(4);(b)

On January 30, 2012, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), Region V received a complaint alleging that Planned Parenthood of Northeast Ohio ("Planned Parenthood"), the covered entity, has violated the Federal Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164, Subparts A and E, the Privacy Rule). Specifically, (b)(4);(b)(6);(b)(7) alleges that, on January 18, 2012, Planned Parenthood contacted (b)(4);(b) by telephone and requested that she return the telephone call regarding recent test results. (b)(4);(b)(6) alleges that she contacted Planned Parenthood, and during the call, it was determined that she was not the correct individual. According to (b)(4);(b)(6) on January 19, 2012, she received a letter from Planned Parenthood that contained another individual's protected health information (PHI). This allegation could reflect a violation of 45 C.F.R. §§ 164.502(a) and 164.530(c).

OCR enforces the Privacy, Security, and Breach Notification Rules, and also enforces Federal civil rights laws which prohibit discrimination in the delivery of health and human services because of race, color, national origin, disability, age, and under certain circumstances, sex and religion.

Generally, the Privacy Rule permits a covered entity to make disclosures of PHI for a permitted purpose, through a variety of means, such as by mail or facsimile machine, as long as the covered entity, when doing so, uses reasonable and appropriate administrative, technical, and physical safeguards to protect the privacy of the PHI. See 45 C.F.R. § 164.502(a). These safeguards may vary depending on the mode of communication used. For example, when faxing PHI to a telephone number that is not used regularly, a reasonable safeguard may involve a covered entity first confirming the fax number with the intended recipient of the fax.

In this matter, the complainant alleges that PHI was impermissibly disclosed either through the mail or by fax. Pursuant to its authority under 45 C.F.R. §§ 160.304(a) and (b), OCR has determined to resolve this matter informally through the provision of technical assistance to Planned Parenthood. To that end, OCR has enclosed a checklist of reminders on how to safely use the mail or fax machines when sending PHI.

You are encouraged to review these materials closely and to share them with your staff as part of the Health Insurance Portability and Accountability Act (HIPAA) training you provide to your workforce. You are also encouraged to assess and determine whether there may have been an incident of noncompliance as alleged by the complainant in this matter, and, if

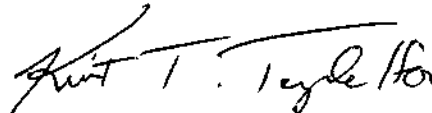
so, to take the steps necessary to ensure such noncompliance does not occur in the future. Please contact OCR if you need further information regarding the allegations in this matter. Should OCR receive a similar allegation of noncompliance against Planned Parenthood in the future, OCR may initiate a formal investigation of that matter.

Based on the foregoing, OCR is closing this case without further action, effective the date of this letter. OCR's determination as stated in this letter applies only to the allegations in this complaint that were reviewed by OCR.

Under the Freedom of Information Act, we may be required to release this letter and other information about this case upon request by the public. In the event OCR receives such a request, we 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.

If you have any questions regarding this matter, please contact Wandah Hardy, Investigator, at (312) 353-9774 (Voice) or (312) 353-5693 (TDD).

Sincerely,

A handwritten signature in black ink, appearing to read "Celeste H. Davis". The signature is written in a cursive style with a long horizontal line extending from the end.

Celeste H. Davis  
Regional Manager

Enclosure: Checklist

## **May a physician's office or health plan use mail or fax to send patient medical information?**

Yes. Where the Privacy Rule allows covered health care providers, health plans, or health care clearinghouses to share protected health information with another organization or with the individual, they may use a variety of means to deliver the information, as long as they use reasonable safeguards when doing so. When the communications are in writing, the patient information may be sent by mail, fax, or other means of reliable delivery.

The Privacy Rule requires that covered entities apply reasonable safeguards when making these communications to protect the patient information from inappropriate use or disclosure to unauthorized persons. These safeguards will vary depending on the mode of communication used. For example, when mailing patient information, reasonable safeguards would include checking to see that the name and address of the recipient are correct and current and that only the minimum amount of patient information is showing on the outside of the envelope to ensure proper delivery to the intended recipient. When faxing protected health information to a telephone number that is not regularly used, a reasonable safeguard would include first confirming the fax number with the intended recipient. Similarly, a covered entity may pre-program frequently used numbers directly into the fax machine to avoid misdirecting the information to someone who is not the intended recipient.

The following checklists provide guidance on reasonable safeguards that a covered health care provider, health plan, or health care clearinghouse may put in place to protect patient information from being impermissibly disclosed during (1) mailing and (2) faxing.  
See 45 C.F.R. § 164.530(c).

### **MAILING CHECKLIST**

|                          |                                                                                                                                                                                                                                                                                                             |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Carefully check name and address of intended recipient. Many names are similar; make sure you have the correct name for the intended recipient on the envelope. Make sure the address on the envelope matches the correct address of the intended recipient.                                                |
| <input type="checkbox"/> | Carefully check the contents of the envelope before sealing. Make sure the contents may be permissibly disclosed to the intended recipient or properly relate to the individual. Check all pages to make sure records or material related to other individuals are not mistakenly included in the envelope. |
| <input type="checkbox"/> | Check the information showing on the outside of the envelope or through the address window. Make sure identifying information that is not necessary to ensure proper delivery is not disclosed.                                                                                                             |
| <input type="checkbox"/> | When doing mass mailings, do a test run to ensure the system is properly performing and check at least a sample of the mailings for the accuracy of name and address of the intended recipients and the correct contents, as indicated above, before sending.                                               |

|                          |                                                                                                                                                                                                                                                                                                                                       |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Have policies and procedures in place to safeguard protected health information that is mailed, including processes to act promptly on (1) name and address changes to ensure corrections are made in all the relevant records; and (2) reports of misdirected mail to identify the cause and take steps to prevent future incidents. |
| <input type="checkbox"/> | Train staff on the mailing procedures that your organization has put in place to safeguard protected health information during mailing. Update the training periodically and be sure to train new staff.                                                                                                                              |

## FAXING CHECKLIST

|                          |                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Carefully check the fax number to make sure you have the correct number for the intended recipient. When manually entering the number, check to see that it has been entered correctly before sending.                                                                                                                                                                                             |
| <input type="checkbox"/> | Confirm fax number with the intended recipient when faxing to this party for the first time or if the fax number is not regularly used.                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> | Program regularly used numbers into fax machines. Check to make sure you are selecting the preprogrammed number for the correct party before sending.                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | Update fax numbers promptly upon receipt of notification of correction or change. Have procedures for deleting outdated or unused numbers which are preprogrammed into the fax machine.                                                                                                                                                                                                            |
| <input type="checkbox"/> | Locate fax machines in areas where access can be monitored and controlled and avoid leaving patient information on fax machines after sending.                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> | Have policies and procedures in place to safeguard protected health information that is faxed, including processes to act promptly on (1) changes in fax numbers to ensure corrections are made in all the relevant records; and (2) reports of a misdirected fax to identify the cause and take steps to prevent future incidents, including revising the organization's policies and procedures. |
| <input type="checkbox"/> | Train staff on the policies and procedures for the proper use of fax machines that your organization has put in place to safeguard protected health information during faxing. Update the training periodically and be sure to train new staff.                                                                                                                                                    |

**Bueckers, Robyn (HHS/OCR)**

---

**From:** OCR Mail  
**Sent:** Wednesday, May 23, 2012 11:22 AM  
**To:** OS OCRMail, Reg7 (HHS/OS)  
**Subject:** FW: Complaint!

The attached HIPAA email is forwarded from HQ for review and processing by your office.

**From:** (b)(6);(b)(7)(C)  
**Sent:** Monday, May 21, 2012 11:48 AM  
**To:** OS OCR Complaint (HHS/OS)  
**Subject:** Complaint!

1. (b)(6);(b)(7)(C)
- 2.
- 3.
- 4.

5. Planned Parenthood  
1000 E Army Post Road  
Des Moines, IA 50315

6. I went into Planned Parenthood around 2 weeks ago and was diagnosed with an STD. Planned Parenthood has my current address.

A few days ago the woman I lived with over 3 months ago texted me stating there was a note taped to her apartment door

from Planned Parenthood stating my test results. For anyone to see. I don't understand, first of all, why they would send

my results to an address I never even gave them and not to the current address I did give them. And also why my VERY

personal information is there for anyone to see, including my old landlord and anyone else who decided to walk by her

apartment that day. I'm going through major emotional turmoil over this as it is, this just adds to it.

7. I have the letter that was taped to the door. You can clearly see where the tape was at.

8. (b)(6);(b)(7)(C) May 21,2012

**RECEIVED**  
MAY 23 2012  
HHS/Office for Civil Rights  
Region VII



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Voice - (816) 426-7277, (800) 368-1019  
TDD - (816) 426-7065, (800) 537-7697  
Fax - (816) 426-3686  
<http://www.hhs.gov/ocr>

Office for Civil Rights, Region VII  
601 East 12th Street, Room 353  
Kansas City, MO 64106

MAY 24 2012

(b)(6);(b)(7)(C)

Our Transaction number: 07-12-143462

Dear (b)(6);(b)(7)(C)

Thank you for your correspondence received on May 23, 2012 by the Department of Health and Human Services, Office for Civil Rights (OCR).

We are in the process of reviewing your correspondence to decide whether OCR has authority and is able to take action with respect to the matters you have raised. We will complete our initial review as quickly as possible.

If you have any questions, please contact:

Office for Civil Rights, Region VII  
601 East 12th Street, Room 353  
Kansas City, MO 64106

1-800-368-1019

When contacting this office, please remember to include the transaction number that we have given your file. That number is located in the upper left-hand corner of this letter.

Sincerely,

Frank Campbell  
Regional Manager



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Voice - (816) 426-7277, (800) 368-1019  
TDD - (816) 426-7065, (800) 537-7697  
(FAX) - (816) 426-3686  
<http://www.hhs.gov/ocr/>  
[Reg7.OCRMAIL@hhs.gov](mailto:Reg7.OCRMAIL@hhs.gov)

**OFFICE OF THE SECRETARY**

Office for Civil Rights, Region VII  
601 East 12<sup>th</sup> Street, Room 353  
Kansas City, MO 64106-2817

May 28, 2012

(b)(6);(b)(7)(C)

Our Transaction number: 12-143462

Dear (b)(6);(b)(7)(C)

Thank you for your complaint received on May 23, 2012, by the Department of Health and Human Services (HHS), Office for Civil Rights (OCR). In your complaint you allege a violation of the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules) by Planned Parenthood, located in Des Moines, IA (PP).

Specifically, you allege that PP sent your test results to an incorrect address that you previously resided at, and posted the test results on the door for anyone to view. You further allege that you never provided PP with your previous address; however, you have provided PP with your current address.

OCR is responsible for enforcing a Federal law that protects the privacy of health information and a variety of Federal civil rights laws that prohibit discrimination. Specifically, OCR has jurisdiction over programs and entities that receive Federal financial assistance from HHS in cases involving discrimination based on race, color, national origin, age, disability, and, under certain circumstances, sex and religion. Additionally, OCR has jurisdiction over health and human service programs operated by HHS or by state and local public entities in cases involving disability-based discrimination. OCR also has jurisdiction over health plans, health care clearinghouses, and certain health care providers with respect to enforcement of the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules).

In order to investigate your complaint we need additional information. Please provide to OCR the following:

- 1) Provide an executed consent form.



- 2) Names and contact information of any witnesses (address, phone number, e-mail address, etc.).
- 3) Any evidence that substantiates your allegations.

**Please return the requested information to this office within 20 days of the date of this letter. We need this information to continue processing your complaint. If we do not receive this information within 20 days of the date of this letter we will close your file.**

If you have questions, please write us or contact Ashtan N. Mitchell, Equal Opportunity Specialist, at (816) 426-6369 (Voice), (816) 426-7065 (TDD). When contacting this office, please remember to include the identification number that we have given your file. That number is located in the upper left-hand corner of this letter.

Sincerely,



Ashtan N. Mitchell,  
Equal Opportunity Specialist

Enclosure



## COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we 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.

Please read and review the documents entitled, *Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights* and *Protecting Personal Information in Complaint Investigations* for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

**In order to expedite the investigation of your complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.**

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.

Transaction: 12-143462

ASHTAN MITCHELL



- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

**After reading the above information, please check ONLY ONE of the following boxes:**

**CONSENT:** I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

**CONSENT DENIED:** I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.*

Name (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



## **NOTICE TO COMPLAINANTS AND OTHER INDIVIDUALS ASKED TO SUPPLY INFORMATION TO THE OFFICE FOR CIVIL RIGHTS**

### **Privacy Act**

The Privacy Act of 1974 (5 U.S.C. §552a) requires OCR to notify individuals whom it asks to supply information that:

— OCR is authorized to solicit information under:

- (i) Federal laws barring discrimination by recipients of Federal financial assistance on grounds of race, color, national origin, disability, age, sex, religion under programs and activities receiving Federal financial assistance from the U.S. Department of Health and Human Services (HHS), including, but not limited to, Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794), the Age Discrimination Act of 1975 (42 U.S.C. §6101 et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. §1681 et seq.), and Sections 794 and 855 of the Public Health Service Act (42 U.S.C. §§295m and 296g);
- (ii) Titles VI and XVI of the Public Health Service Act (42 U.S.C. §§291 et seq. and 300s et seq.) and 42 C.F.R. Part 124, Subpart G (Community Service obligations of Hill-Burton facilities);
- (iii) 45 C.F.R. Part 85, as it implements Section 504 of the Rehabilitation Act in programs conducted by HHS; and
- (iv) Title II of the Americans with Disabilities Act (42 U.S.C. §12131 et seq.) and Department of Justice regulations at 28 C.F.R. Part 35, which give HHS "designated agency" authority to investigate and resolve disability discrimination complaints against certain public entities, defined as health and service agencies of state and local governments, regardless of whether they receive federal financial assistance.
- (v) The Standards for the Privacy of Individually Identifiable Health Information (The Privacy Rule) at 45 C.F.R. Part 160 and Subparts A and E of Part 164, which enforce the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 U.S.C. §1320d-2).

OCR will request information for the purpose of determining and securing compliance with the Federal laws listed above. Disclosure of this requested information to OCR by individuals who are not recipients of federal financial assistance is voluntary; however, even individuals who voluntarily disclose information are subject to prosecution and penalties under 18 U.S.C. § 1001 for making false statements.

Additionally, although disclosure is voluntary for individuals who are not recipients of federal financial assistance, failure to provide OCR with requested information may preclude OCR from making a compliance determination or enforcing the laws above.



OCR has the authority to disclose personal information collected during an investigation without the individual's consent for the following routine uses:

- (i) to make disclosures to OCR contractors who are required to maintain Privacy Act safeguards with respect to such records;
- (ii) for disclosure to a congressional office from the record of an individual in response to an inquiry made at the request of the individual;
- (iii) to make disclosures to the Department of Justice to permit effective defense of litigation; and
- (iv) to make disclosures to the appropriate agency in the event that records maintained by OCR to carry out its functions indicate a violation or potential violation of law.

Under 5 U.S.C. §552a(k)(2) and the HHS Privacy Act regulations at 45 C.F.R. §5b.11 OCR complaint records have been exempted as investigatory material compiled for law enforcement purposes from certain Privacy Act access, amendment, correction and notification requirements.

#### **Freedom of Information Act**

A complainant, the recipient or any member of the public may request release of OCR records under the Freedom of Information Act (5 U.S.C. §552) (FOIA) and HHS regulations at 45 C.F.R. Part 5.

#### **Fraud and False Statements**

Federal law, at 18 U.S.C. §1001, authorizes prosecution and penalties of fine or imprisonment for conviction of "whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry".



## **PROTECTING PERSONAL INFORMATION IN COMPLAINT INVESTIGATIONS**

To investigate your complaint, the Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) will collect information from different sources. Depending on the type of complaint, we may need to get copies of your medical records, or other information that is personal to you. This Fact Sheet explains how OCR protects your personal information that is part of your case file.

### **HOW DOES OCR PROTECT MY PERSONAL INFORMATION?**

OCR is required by law to protect your personal information. The Privacy Act of 1974 protects Federal records about an individual containing personally identifiable information, including, but not limited to, the individual's medical history, education, financial transactions, and criminal or employment history that contains an individual's name or other identifying information.

Because of the Privacy Act, OCR will use your name or other personal information with a signed consent and only when it is necessary to complete the investigation of your complaint or to enforce civil rights laws or when it is otherwise permitted by law.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

### **CAN I SEE MY OCR FILE?**

Under the Freedom of Information Act (FOIA), you can request a copy of your case file once your case has been closed; however, OCR can withhold information from you in order to protect the identities of witnesses and other sources of information.

### **CAN OCR GIVE MY FILE TO ANY ONE ELSE?**

If a complaint indicates a violation or a potential violation of law, OCR can refer the complaint to another appropriate agency without your permission.

If you file a complaint with OCR, and we decide we cannot help you, we may refer your complaint to another agency such as the Department of Justice.

### **CAN ANYONE ELSE SEE THE INFORMATION IN MY FILE?**

Access to OCR's files and records is controlled by the Freedom of Information Act (FOIA). Under FOIA, OCR may be required to release information about this case upon public request. In the event that OCR receives such a request, we 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.

If OCR receives protected health information about you in connection with a HIPAA Privacy Rule investigation or compliance review, we will only share this information with individuals outside of HHS if necessary for our compliance efforts or if we are required to do so by another law.

### **DOES IT COST ANYTHING FOR ME (OR SOMEONE ELSE) TO OBTAIN A COPY OF MY FILE?**

In most cases, the first two hours spent searching for document(s) you request under the Freedom of Information Act and the first 100 pages are free. Additional search time or copying time may result in a cost for which you will be responsible. If you wish to limit the search time and number of pages to a maximum of two hours and 100 pages; please specify this in your request. You may also set a specific cost limit, for example, cost not to exceed \$100.00.

If you have any questions about this complaint and consent package,  
Please contact OCR at <http://www.hhs.gov/ocr/office/about/contactus/index.html>

*OR*

Contact your OCR Regional Office  
(see Regional Office contact information on page 2 of the Complaint Form)



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Voice - (816) 426-7277, (800) 368-1019  
TDD - (816) 426-7065, (800) 537-7697  
(FAX) - (816)426-3686  
<http://www.hhs.gov/ocr/>  
[Req7.OCRMAIL@hhs.gov](mailto:Req7.OCRMAIL@hhs.gov)

**OFFICE OF THE SECRETARY**

Office for Civil Rights, Region VII  
601 East 12<sup>th</sup> Street, Room 353  
Kansas City, MO 64106-2817

**JUN 22 2012**

(b)(6);(b)(7)(C)

Our Transaction number: 12-143462

Dear (b)(6);(b)(7)(C):

On May 28, 2012, we sent you a letter requesting additional information regarding your complaint against Planned Parenthood, located in Des Moines, IA. We explained we needed this information in order for us to pursue your complaint. A copy of our May 28, 2012, letter is enclosed.

Given we have not heard from you, we are closing our file on this matter.

If you have questions, please write us or contact Ashtan N. Mitchell, Equal Opportunity Specialist, at (816) 426-6369 or toll free at 1-800-368-1019.

Sincerely,

Frank O. Campbell  
Regional Manager

Enclosure





**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Voice - (816) 426-7277, (800) 368-1019  
TDD - (816) 426-7065, (800) 537-7697  
(FAX) - (816) 426-3686  
<http://www.hhs.gov/ocr/>  
[Reg7.OCRMAIL@hhs.gov](mailto:Reg7.OCRMAIL@hhs.gov)

**OFFICE OF THE SECRETARY**

Office for Civil Rights, Region VII  
601 East 12<sup>th</sup> Street, Room 353  
Kansas City, MO 64106-2817

May 28, 2012

(b)(6);(b)(7)(C)

Our Transaction number: 12-143462

Dear (b)(6);(b)(7)(C)

Thank you for your complaint received on May 23, 2012, by the Department of Health and Human Services (HHS), Office for Civil Rights (OCR). In your complaint you allege a violation of the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules) by Planned Parenthood, located in Des Moines, IA (PP).

Specifically, you allege that PP sent your test results to an incorrect address that you previously resided at, and posted the test results on the door for anyone to view. You further allege that you never provided PP with your previous address; however, you have provided PP with your current address.

OCR is responsible for enforcing a Federal law that protects the privacy of health information and a variety of Federal civil rights laws that prohibit discrimination. Specifically, OCR has jurisdiction over programs and entities that receive Federal financial assistance from HHS in cases involving discrimination based on race, color, national origin, age, disability, and, under certain circumstances, sex and religion. Additionally, OCR has jurisdiction over health and human service programs operated by HHS or by state and local public entities in cases involving disability-based discrimination. OCR also has jurisdiction over health plans, health care clearinghouses, and certain health care providers with respect to enforcement of the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules).

In order to investigate your complaint we need additional information. Please provide to OCR the following:

- 1) Provide an executed consent form.

- 2) Names and contact information of any witnesses (address, phone number, e-mail address, etc.).
- 3) Any evidence that substantiates your allegations.

**Please return the requested information to this office within 20 days of the date of this letter. We need this information to continue processing your complaint. If we do not receive this information within 20 days of the date of this letter we will close your file.**

If you have questions, please write us or contact Ashtan N. Mitchell, Equal Opportunity Specialist, at (816) 426-6369 (Voice), (816) 426-7065 (TDD). When contacting this office, please remember to include the identification number that we have given your file. That number is located in the upper left-hand corner of this letter.

Sincerely,



Ashtan N. Mitchell,  
Equal Opportunity Specialist

Enclosure



## COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.


Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

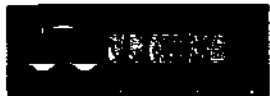
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**In order to expedite the investigation of your complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.**

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.

11 0210 10/11/01. 1 2 - 17 J T L <  
 ASHTAN MITCHELL



- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

**After reading the above information, please check ONLY ONE of the following boxes:**

**CONSENT:** I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

**CONSENT DENIED:** I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.*

Name (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



## **NOTICE TO COMPLAINANTS AND OTHER INDIVIDUALS ASKED TO SUPPLY INFORMATION TO THE OFFICE FOR CIVIL RIGHTS**

### **Privacy Act**

The Privacy Act of 1974 (5 U.S.C. §552a) requires OCR to notify individuals whom it asks to supply information that:

— OCR is authorized to solicit information under:

- (i) Federal laws barring discrimination by recipients of Federal financial assistance on grounds of race, color, national origin, disability, age, sex, religion under programs and activities receiving Federal financial assistance from the U.S. Department of Health and Human Services (HHS), including, but not limited to, Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794), the Age Discrimination Act of 1975 (42 U.S.C. §6101 et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. §1681 et seq.), and Sections 794 and 855 of the Public Health Service Act (42 U.S.C. §§295m and 296g);
- (ii) Titles VI and XVI of the Public Health Service Act (42 U.S.C. §§291 et seq. and 300s et seq.) and 42 C.F.R. Part 124, Subpart G (Community Service obligations of Hill-Burton facilities);
- (iii) 45 C.F.R. Part 85, as it implements Section 504 of the Rehabilitation Act in programs conducted by HHS; and
- (iv) Title II of the Americans with Disabilities Act (42 U.S.C. §12131 et seq.) and Department of Justice regulations at 28 C.F.R. Part 35, which give HHS "designated agency" authority to investigate and resolve disability discrimination complaints against certain public entities, defined as health and service agencies of state and local governments, regardless of whether they receive federal financial assistance.
- (v) The Standards for the Privacy of Individually Identifiable Health Information (The Privacy Rule) at 45 C.F.R. Part 160 and Subparts A and E of Part 164, which enforce the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 U.S.C. §1320d-2).

OCR will request information for the purpose of determining and securing compliance with the Federal laws listed above. Disclosure of this requested information to OCR by individuals who are not recipients of federal financial assistance is voluntary; however, even individuals who voluntarily disclose information are subject to prosecution and penalties under 18 U.S.C. § 1001 for making false statements.

Additionally, although disclosure is voluntary for individuals who are not recipients of federal financial assistance, failure to provide OCR with requested information may preclude OCR from making a compliance determination or enforcing the laws above.



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- (iii) to make disclosures to the Department of Justice to permit effective defense of litigation; and
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Under 5 U.S.C. §552a(k)(2) and the HHS Privacy Act regulations at 45 C.F.R. §5b.11 OCR complaint records have been exempted as investigatory material compiled for law enforcement purposes from certain Privacy Act access, amendment, correction and notification requirements.

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#### **Fraud and False Statements**

Federal law, at 18 U.S.C. §1001, authorizes prosecution and penalties of fine or imprisonment for conviction of "whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry".



## **PROTECTING PERSONAL INFORMATION IN COMPLAINT INVESTIGATIONS**

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### **HOW DOES OCR PROTECT MY PERSONAL INFORMATION?**

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Because of the Privacy Act, OCR will use your name or other personal information with a signed consent and only when it is necessary to complete the investigation of your complaint or to enforce civil rights laws or when it is otherwise permitted by law.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

### **CAN I SEE MY OCR FILE?**

Under the Freedom of Information Act (FOIA), you can request a copy of your case file once your case has been closed; however, OCR can withhold information from you in order to protect the identities of witnesses and other sources of information.

### **CAN OCR GIVE MY FILE TO ANY ONE ELSE?**

If a complaint indicates a violation or a potential violation of law, OCR can refer the complaint to another appropriate agency without your permission.

If you file a complaint with OCR, and we decide we cannot help you, we may refer your complaint to another agency such as the Department of Justice.

### **CAN ANYONE ELSE SEE THE INFORMATION IN MY FILE?**

Access to OCR's files and records is controlled by the Freedom of Information Act (FOIA). Under FOIA, OCR may be required to release information about this case upon public request. In the event that OCR receives such a request, we 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.

If OCR receives protected health information about you in connection with a HIPAA Privacy Rule investigation or compliance review, we will only share this information with individuals outside of HHS if necessary for our compliance efforts or if we are required to do so by another law.

**DOES IT COST ANYTHING FOR ME (OR SOMEONE ELSE) TO OBTAIN A COPY OF MY FILE?**

In most cases, the first two hours spent searching for document(s) you request under the Freedom of Information Act and the first 100 pages are free. Additional search time or copying time may result in a cost for which you will be responsible. If you wish to limit the search time and number of pages to a maximum of two hours and 100 pages; please specify this in your request. You may also set a specific cost limit, for example, cost not to exceed \$100.00.

If you have any questions about this complaint and consent package,  
Please contact OCR at <http://www.hhs.gov/ocr/office/about/contactus/index.html>

*OR*

Contact your OCR Regional Office  
(see Regional Office contact information on page 2 of the Complaint Form)



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Office of Civil Rights  
Region VII  
Bolling Federal Building  
601 East 12th Street, Room 248  
Kansas City, MO 64106-2898

Official Business  
Penalty for Private Use \$300

**RECEIVED**  
JUL - 2 2012  
HHS/Office for Civil Rights  
Region VII

(b)(6);(b)(7)(C)

EF (b)(6);(b)(7)(C)

3C: (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

UAA  
~~PAID~~

PRESORTED  
FIRST CLASS



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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE FOR CIVIL RIGHTS (OCR)  
HEALTH INFORMATION PRIVACY COMPLAINT



THE U.S. DEPT. OF HHS

OCT 02 2012

OFFICE FOR CIVIL RIGHTS  
REGION 6

|                                                        |                   |                                                           |                          |
|--------------------------------------------------------|-------------------|-----------------------------------------------------------|--------------------------|
| YOUR FIRST NAME<br>(b)(6);(C)                          |                   | YOUR LAST NAME<br>(b)(6);(b)                              |                          |
| HOME PHONE (Please include area code)<br>(b)(6);(b)(7) |                   | WORK PHONE (Please include area code)<br>(b)(6);(b)(7)(C) |                          |
| STREET ADDRESS<br>(b)(6);(b)(7)(C)                     |                   |                                                           | CITY<br>(b)(6);(b)(7)(C) |
| STATE<br>(b)(6);                                       | ZIP<br>(b)(6);(b) | E-MAIL ADDRESS (if available)<br>(b)(6);(b)(7)(C)         |                          |

Are you filing this complaint for someone else?  Yes  No  
If Yes, whose health information privacy rights do you believe were violated?

|                                |                            |
|--------------------------------|----------------------------|
| FIRST NAME<br>(b)(6);(b)(7)(C) | LAST NAME<br>(b)(6);(b)(C) |
|--------------------------------|----------------------------|

Who (or what agency or organization, e.g., provider, health plan) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?

PERSON / AGENCY / ORGANIZATION  
Planned Parenthood of North Texas, Inc.

|                                                   |               |                                                       |
|---------------------------------------------------|---------------|-------------------------------------------------------|
| STREET ADDRESS<br>3500 South Broadway Ave., Ste E |               | CITY<br>Tyler                                         |
| STATE<br>TX                                       | ZIP<br>75,701 | PHONE (Please include area code)<br>+1 (903) 581-8277 |

When do you believe that the violation of health information privacy rights occurred?

LIST DATE(S)  
September 24, 2012

Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed)

On September 24, 2012, we received a fax on our home fax number (b)(6);(b)(7)(C) from Planned Parenthood of North Texas in Tyler. The fax (copy enclosed) appears to be a receipt for services provided to a (b)(6);(b)(7)(C) whom we do not know. Planned Parenthood did not take adequate steps to assure that its fax was directed to a correct phone number, and inappropriately disclosed to us protected health information including (b)(6);(b)(C) name and details of services she received

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

|                               |                               |
|-------------------------------|-------------------------------|
| SIGNATURE<br>(b)(6);(b)(7)(C) | DATE (mm/dd/yyyy)<br>09/27/12 |
|-------------------------------|-------------------------------|

Filing a complaint without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Department for purposes associated with health information privacy compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's Web site at: [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html). To mail a complaint see reverse page for OCR Regional addresses.

-misdirected fax

(b)(6);(b)(7)(C)



**FUNDS AUTHORIZATION FORM**  
Patient Assistance Fund

Because of generous donations, Planned Parenthood of North Texas is able to offer financial assistance to you today.

(b)(4)

This financial assistance will be in the amount of: \$

**Reason for use:**

- Unexpected treatment
- Additional testing
- Other: UCG, GC/CT, OV, ~~WTP~~ WTP

We ask that you help keep these funds available for other people who, like you, may seek services at Planned Parenthood and need financial assistance. You can do this by donating back the amount provided to you over the next three months and by continuing to make meaningful gifts to the Patient Assistance Fund whenever you are able.

Thank you for whatever amount you can contribute to Planned Parenthood. Your donation helps other people more easily access the same care you had today!

I acknowledge that I have been given the financial assistance specified above.

Sign

9.24.12  
Date

**Printed Name**

**Staff Only**  
(b)(6);(b)(7)(C)

**Health Center**  
(b)(6);(b)(7)(C)      **Encounter #** 10

**Print Center Manager Name**  
(b)(6);(b)(7)(C)

9-24-12  
Date

**Health Center Staff:** Enter into NextGen with the adjustment "Patient Assistance Fund."  
Fax completed form to Kerl at 214.234.0492.

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect OCR's decision to process your complaint.

Do you need special accommodations for OCR to communicate with you about this complaint? (Check all that apply)

- Braille   
  Large Print   
  Cassette tape   
  Computer diskette   
  Electronic mail   
  TDD  
 Sign language interpreter (specify language): \_\_\_\_\_  
 Foreign language interpreter (specify language): \_\_\_\_\_   
 Other: \_\_\_\_\_

If we cannot reach you directly, is there someone we can contact to help us reach you? **No**

|                                       |     |                                       |  |
|---------------------------------------|-----|---------------------------------------|--|
| FIRST NAME                            |     | LAST NAME                             |  |
| HOME PHONE (Please include area code) |     | WORK PHONE (Please include area code) |  |
| STREET ADDRESS                        |     | CITY                                  |  |
| STATE                                 | ZIP | E-MAIL ADDRESS (if available)         |  |

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)  
 PERSON / AGENCY / ORGANIZATION / COURT NAME(S) **No**

|               |                           |
|---------------|---------------------------|
| DATE(S) FILED | CASE NUMBER(S) (if known) |
|---------------|---------------------------|

To help us better serve the public, please provide the following information for the person you believe had their health information privacy rights violated (you or the person on whose behalf you are filing).

ETHNICITY (select one)      RACE (select one or more)  
 Hispanic or Latino     
  American Indian or Alaska Native   
  Asian     
  Native Hawaiian or Other Pacific Islander  
 Not Hispanic or Latino     
  Black or African American     
  White     
  Other (specify): \_\_\_\_\_  
 PRIMARY LANGUAGE SPOKEN (if other than English) \_\_\_\_\_

How did you learn about the Office for Civil Rights?  
 HHS Website/Internet Search   
 Family/Friend/Associate   
 Religious/Community Org   
 Lawyer/Legal Org   
 Phone Directory   
 Employer  
 Fed/State/Local Gov   
 Healthcare Provider/Health Plan   
 Conference/OCR Brochure   
 Other (specify): \_\_\_\_\_

To mail a complaint, please type or print, and return completed complaint to the OCR Regional Address based on the region where the alleged violation took place. If you need assistance completing this form, contact the appropriate region listed below.

|                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Region I - CT, ME, MA, NH, RI, VT</b><br>Office for Civil Rights, DHHS<br>JFK Federal Building - Room 1875<br>Boston, MA 02203<br>(617) 565-1340; (617) 565-1343 (TDD)<br>(617) 565-3809 FAX                       | <b>Region V - IL, IN, MI, MN, OH, WI</b><br>Office for Civil Rights, DHHS<br>233 N. Michigan Ave. - Suite 240<br>Chicago, IL 60601<br>(312) 886-2359; (312) 353-5693 (TDD)<br>(312) 886-1807 FAX | <b>Region IX - AZ, CA, HI, NV, AS, GU,</b><br><b>The U.S. Affiliated Pacific Island Jurisdictions</b><br>Office for Civil Rights, DHHS<br>90 7th Street, Suite 4-100<br>San Francisco, CA 94103<br>(415) 437-8310; (415) 437-8311 (TDD)<br>(415) 437-8329 FAX |
| <b>Region II - NJ, NY, PR, VI</b><br>Office for Civil Rights, DHHS<br>26 Federal Plaza - Suite 3312<br>New York, NY 10278<br>(212) 264-3313; (212) 264-2355 (TDD)<br>(212) 264-3039 FAX                               | <b>Region VI - AR, LA, NM, OK, TX</b><br>Office for Civil Rights, DHHS<br>1301 Young Street - Suite 1169<br>Dallas, TX 75202<br>(214) 767-4056; (214) 767-8940 (TDD)<br>(214) 767-0432 FAX       |                                                                                                                                                                                                                                                               |
| <b>Region III - DE, DC, MD, PA, VA, WV</b><br>Office for Civil Rights, DHHS<br>150 S. Independence Mall West - Suite 372<br>Philadelphia, PA 19106-3499<br>(215) 861-4441; (215) 861-4440 (TDD)<br>(215) 861-4431 FAX | <b>Region VII - IA, KS, MO, NE</b><br>Office for Civil Rights, DHHS<br>601 East 12th Street - Room 248<br>Kansas City, MO 64106<br>(816) 426-7277; (816) 426-7065 (TDD)<br>(816) 426-3686 FAX    |                                                                                                                                                                                                                                                               |
| <b>Region IV - AL, FL, GA, KY, MS, NC, SC, TN</b><br>Office for Civil Rights, DHHS<br>61 Forsyth Street, SW - Suite 16T70<br>Atlanta, GA 30303-8909<br>(404) 562-7886; (404) 562-7884 (TDD)<br>(404) 562-7881 FAX     | <b>Region VIII - CO, MT, ND, SD, UT, WY</b><br>Office for Civil Rights, DHHS<br>999 18th Street, Suite 417<br>Denver, CO 80202<br>(303) 844-2024; (303) 844-3439 (TDD)<br>(303) 844-2025 FAX     | <b>Region X - AK, ID, OR, WA</b><br>Office for Civil Rights, DHHS<br>2201 Sixth Avenue - Mail Stop RX-11<br>Seattle, WA 98121<br>(206) 615-2290; (206) 615-2296 (TDD)<br>(206) 615-2297 FAX                                                                   |

**Burden Statement**

Public reporting burden for the collection of information on this complaint form is estimated to average 45 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. **Please do not mail this complaint form to this address.**  
 HHS-700 (7/09) (BACK)

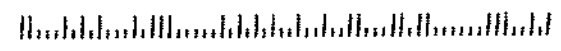
(b)(6);(b)(7)(C)

Health Resources for Children  
1301 Young St, Ste 1169  
Dallas, TX 75202



Office for Civil Rights, DHHS  
1301 Young St, Ste 1169  
Dallas, TX 75202

75202543301





- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

**After reading the above information, please check ONLY ONE of the following boxes:**

**CONSENT:** I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

**CONSENT DENIED:** I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature: (b)(6);(b)(7)(C) Date: 9/27/12

\*Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

Name (Please print): (b)(6);(b)(7)(C)

Address: (b)(6);(b)(7)(C)

Telephone Number: (b)(6);(b)(7)(C)

**RECEIVED BY:  
THE U.S. DEPT. OF HHS**

**OCT 02 2012**

**OFFICE FOR CIVIL RIGHTS  
REGION 6**



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Voice - (214) 767-4056, (800) 368-1019  
TDD - (214) 767-8940, (800) 537-7697  
Fax - (214) 767-0432  
<http://www.hhs.gov/ocr>

Office for Civil Rights, Region VI  
1301 Young Street, Suite 1169  
Dallas, TX 75202

October 12, 2012

(b)(6);(b)(7)(C)

Our Transaction number: 06-13-149897

Dear (b)(6);(b)(7)(C)

Thank you for your correspondence received on October 12, 2012 by the Department of Health and Human Services, Office for Civil Rights (OCR).

We are in the process of reviewing your correspondence to decide whether OCR has authority and is able to take action with respect to the matters you have raised. We will complete our initial review as quickly as possible.

If you have any questions, please contact:

Office for Civil Rights, Region VI  
1301 Young Street, Suite 1169  
Dallas, TX 75202

1-800-368-1019

When contacting this office, please remember to include the transaction number that we have given your file. That number is located in the upper left-hand corner of this letter.

Sincerely,

Ralph D. Rouse  
Regional Manager

Assigned to CV



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Voice - (214) 767-3919, (800) 368-1019  
FAX - (214) 767-0432

TDD - (214) 767-8940  
<http://www.hhs.gov/ocr/>

**OFFICE OF THE SECRETARY**

**Office for Civil Rights, Region VI**  
1301 Young Street, Suite 1169  
Dallas, TX 75202

**OCT 24 2012**

(b)(6);(b)(7)(C)

VP of Medical Compliance  
Administrative Offices  
Planned Parenthood of Greater Texas  
201 B East Ben White  
Building B  
Austin, Texas 78704

Re: Transaction Number: 13-149897

Dear (b)(6);(b)(7)(C)

On October 12, 2012, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), Region VI received a complaint alleging that Planned Parenthood of Greater Texas, the covered entity, located at 3500 S. Broadway Avenue, Tyler, Texas violated the Federal Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164, Subparts A and E, the Privacy Rule). Specifically, the complainant alleged that, on September 24, 2012, he received a misdirected fax to his residential fax number from Planned Parenthood of Greater Texas that contained the Protected Health Information (PHI) of another individual. This allegation could reflect a violation of 45 C.F.R. §§ 164.502(a) and 164.530(c).

OCR enforces the Privacy, Security, and Breach Notification Rules, and also enforces Federal civil rights laws which prohibit discrimination in the delivery of health and human services because of race, color, national origin, disability, age, and under certain circumstances, sex and religion.

Generally, the Privacy Rule permits a covered entity to make disclosures of protected health information (PHI) for a permitted purpose, through a variety of means, such as by mail or facsimile machine, as long as the covered entity, when doing so, uses reasonable and appropriate administrative, technical, and physical safeguards to protect the privacy of the PHI. See 45 C.F.R. § 164.502(a). These safeguards may vary depending on the mode of communication used. For example, when faxing PHI to a telephone number that is not used regularly, a reasonable safeguard may involve a covered entity first confirming the fax number with the intended recipient of the fax.



In this matter, the complainant alleged that PHI was impermissibly disclosed by fax. Pursuant to its authority under 45 C.F.R. §§ 160.304(a) and (b), OCR has determined to resolve this matter informally through the provision of technical assistance to Planned Parenthood of Greater Texas. To that end, OCR has enclosed a checklist of reminders on how to safely use the mail or fax machines when sending PHI.

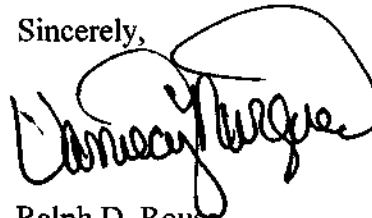
You are encouraged to review these materials closely and to share them with your staff as part of the Health Insurance Portability and Accountability Act (HIPAA) training you provide to your workforce. You are also encouraged to assess and determine whether there may have been an incident of noncompliance as alleged by the complainant in this matter, and, if so, to take the steps necessary to ensure such noncompliance does not occur in the future. Please contact OCR if you need further information regarding the allegations in this matter. Should OCR receive a similar allegation of noncompliance against Planned Parenthood of Greater Texas in the future, OCR may initiate a formal investigation of that matter.

Based on the foregoing, OCR is closing this case without further action, effective the date of this letter. OCR's determination as stated in this letter applies only to the allegations in this complaint that were reviewed by OCR.

Under the Freedom of Information Act, we may be required to release this letter and other information about this case upon request by the public. In the event OCR receives such a request, we 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.

If you have any questions regarding this matter, please contact Cecilia Velastegui, Investigator, at (214) 767-3919 or by email [cecilia.velastegui@hhs.gov](mailto:cecilia.velastegui@hhs.gov).

Sincerely,



Ralph D. Rouse  
Regional Manager



Enclosure: Checklist

## **May a physician's office or health plan use mail or fax to send patient medical information?**

Yes. Where the Privacy Rule allows covered health care providers, health plans, or health care clearinghouses to share protected health information with another organization or with the individual, they may use a variety of means to deliver the information, as long as they use reasonable safeguards when doing so. When the communications are in writing, the patient information may be sent by mail, fax, or other means of reliable delivery.

The Privacy Rule requires that covered entities apply reasonable safeguards when making these communications to protect the patient information from inappropriate use or disclosure to unauthorized persons. These safeguards will vary depending on the mode of communication used. For example, when mailing patient information, reasonable safeguards would include checking to see that the name and address of the recipient are correct and current and that only the minimum amount of patient information is showing on the outside of the envelope to ensure proper delivery to the intended recipient. When faxing protected health information to a telephone number that is not regularly used, a reasonable safeguard would include first confirming the fax number with the intended recipient. Similarly, a covered entity may pre-program frequently used numbers directly into the fax machine to avoid misdirecting the information to someone who is not the intended recipient.

The following checklists provide guidance on reasonable safeguards that a covered health care provider, health plan, or health care clearinghouse may put in place to protect patient information from being impermissibly disclosed during (1) mailing and (2) faxing.

See 45 C.F.R. § 164.530(c).

### **MAILING CHECKLIST**

|                          |                                                                                                                                                                                                                                                                                                             |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Carefully check name and address of intended recipient. Many names are similar; make sure you have the correct name for the intended recipient on the envelope. Make sure the address on the envelope matches the correct address of the intended recipient.                                                |
| <input type="checkbox"/> | Carefully check the contents of the envelope before sealing. Make sure the contents may be permissibly disclosed to the intended recipient or properly relate to the individual. Check all pages to make sure records or material related to other individuals are not mistakenly included in the envelope. |
| <input type="checkbox"/> | Check the information showing on the outside of the envelope or through the address window. Make sure identifying information that is not necessary to ensure proper delivery is not disclosed.                                                                                                             |
| <input type="checkbox"/> | When doing mass mailings, do a test run to ensure the system is properly performing and check at least a sample of the mailings for the accuracy of name and address of the intended recipients and the correct contents, as indicated above, before sending.                                               |
| <input type="checkbox"/> | Have policies and procedures in place to safeguard protected health information that is mailed, including processes to act promptly on (1) name and address changes to                                                                                                                                      |

**DEPARTMENT OF HEALTH & HUMAN SERVICES**Voice - (214) 767-3919, (800) 368-1019  
FAX - (214) 767-0432TDD - (214) 767-8940  
<http://www.hhs.gov/ocr/>**OFFICE OF THE SECRETARY****Office for Civil Rights, Region VI**  
1301 Young Street, Suite 1169  
Dallas, TX 75202**OCT 24 2012**

(b)(6);(b)(7)(C)

Transaction Number: 13-149897

Dear (b)(6);(b)(7)(C)

On October 12, 2012, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), Region VI received your complaint alleging that Planned Parenthood of Greater Texas (Planned Parenthood) violated the Federal Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164, Subparts A and E, the Privacy Rule). Specifically, you alleged that on September 24, 2012, you received a misdirected fax to your residential fax number from Planned Parenthood containing the Protected Health Information (PHI) of another individual. This allegation could reflect a violation of 45 C.F.R. §§ 164.502(a) and 164.530(c).

Thank you for bringing this matter to OCR's attention. Your complaint plays an integral part in OCR's enforcement efforts.

OCR enforces the Privacy, Security, and Breach Notification Rules, and also enforces Federal civil rights laws which prohibit discrimination in the delivery of health and human services because of race, color, national origin, disability, age, and under certain circumstances, sex and religion.

The Privacy Rule allows health care providers and health plans to share protected health information (PHI) for permitted purposes using the mail or fax, as long as they use reasonable and appropriate administrative, technical, and physical safeguards to protect the privacy of the PHI. See 45 C.F.R. § 164.502(a). These safeguards may vary depending on the mode of communication used. For example, when faxing PHI to a telephone number that is not used regularly, a reasonable safeguard may involve a covered entity first confirming the fax number with the intended recipient of the fax.

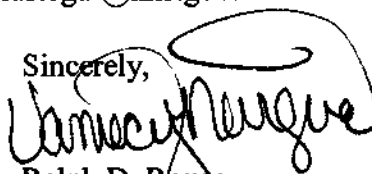
We have carefully reviewed your complaint against Planned Parenthood and have determined to resolve this matter informally through the provision of technical assistance to Planned Parenthood. Should OCR receive a similar allegation of noncompliance against Planned Parenthood in the future, OCR may initiate a formal investigation of that matter.

Based on the foregoing, OCR is closing this case without further action, effective the date of this letter. OCR's determination as stated in this letter applies only to the allegations in this complaint that were reviewed by OCR.

Under the Freedom of Information Act, we may be required to release this letter and other information about this case upon request by the public. In the event OCR receives such a request, we 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.

If you have any questions regarding this matter, please contact Cecilia Velastegui, Investigator, at (214) 767-3919 (Voice) or email address [cecilia.velastegui@hhs.gov](mailto:cecilia.velastegui@hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Ralph D. Rouse", written over a large, stylized circular flourish.

Ralph D. Rouse  
Regional Manager

Small, handwritten initials in black ink, possibly "JR", located to the left of the typed name.

From: PPAZ Glendale Front

6239373014

11/13/2012 14:05

#268 P.001/009

www.p paz.org



FAX TRANSMITTAL

Date: 11/13/12 Fax No.: (415) 437-8329  
To: MICHAEL LEOZ No. of pages: 9 (including cover)

From: Glendale

Phone No.:

Comments: HIPAA COMPLAINT FORM

PLEASE GIVE INFORMATION TO THE APPROPRIATE PERSON.

ANY QUESTIONS PLEASE CONTACT ME AT

(b)(6);(b)(7)(C)

THANK YOU!

From: PPAZ Glendale Front

6239373014

11/13/2012 14:05

#268 P.002/009



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE FOR CIVIL RIGHTS (OCR)

Form Approved: OMB No. 0980-0269.  
See OMB Statement on Reverse.



HEALTH INFORMATION PRIVACY COMPLAINT

|                                                                                                                     |                         |                                                           |  |
|---------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|--|
| YOUR FIRST NAME<br>(b)(6);(b)(7)                                                                                    |                         | YOUR LAST NAME<br>(b)(6);(b)(7)(C)                        |  |
| HOME PHONE (Please include area code)<br>(b)(6);(b)(7)(C)                                                           |                         | WORK PHONE (Please include area code)<br>(b)(6);(b)(7)(C) |  |
| STREET ADDRESS<br>(b)(6);(b)(7)(C)                                                                                  |                         | CITY<br>(b)(6);(b)(7)(C)                                  |  |
| STATE<br>(b)(6);(b)(7)(C)                                                                                           | ZIP<br>(b)(6);(b)(7)(C) | E-MAIL ADDRESS (if available)<br>(b)(6);(b)(7)(C)         |  |
| Are you filing this complaint for someone else? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                         |                                                           |  |
| If Yes, whose health information privacy rights do you believe were violated?                                       |                         |                                                           |  |
| FIRST NAME                                                                                                          |                         | LAST NAME                                                 |  |

Who (or what agency or organization, e.g., provider, health plan) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?  
PERSON / AGENCY / ORGANIZATION

Planned Parenthood of Arizona

|                                          |               |                                                       |
|------------------------------------------|---------------|-------------------------------------------------------|
| STREET ADDRESS<br>5651 N. 7th St Ste 105 |               | CITY<br>Phoenix                                       |
| STATE<br>Arizona                         | ZIP<br>85,014 | PHONE (Please include area code)<br>+1 (602) 277-7526 |

When do you believe that the violation of health information privacy rights occurred?

LIST DATE(S)

November 9, 20212

Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed)

On Friday, November 9, 2012, (b)(6);(b)(7) the Director of Operational Standards, came to the Glendale Health Center (Planned Parenthood AZ) to obtain my medical records. I was not notified of this action and was never asked to sign a record release authorization for my employer to obtain my Protected Health Information. To my understanding, (b)(6);(b)(7) was given directions from her superior, (b)(6);(b)(7), the Director of Health Center Management and (b)(6);(b)(7) the Chief Operating Officer. Also, to my knowledge the Human Resources Director was also involved. As a result, (b)(6);(b)(7) viewed and copied my medical records and left the center with the records in her possession. To this point I have no knowledge of how my medical records were used, how many people had access to them, and if they were altered in any way. I feel that my rights were violated and my PHI was compromised. My employer had no business viewing my personal medical records for any reason without my written authorization.

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

SIGNATURE (b)(6);(b)(7)(C)

DATE (mm/dd/yyyy)

11/13/12

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Department for purposes associated with health information privacy compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's Web site at: [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html). To mail a complaint see reverse page for OCR Regional addresses.

From:PPAZ Glendale Front

6239373014

11/13/2012 14:07

#268 P.003/009

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect OCR's decision to process your complaint.

Do you need special accommodations for OCR to communicate with you about this complaint? (Check all that apply)

Braille  Large Print  Cassette tape  Computer diskette  Electronic mail  TDD

Sign language interpreter (specify language): \_\_\_\_\_

Foreign language interpreter (specify language): \_\_\_\_\_  Other: \_\_\_\_\_

If we cannot reach you directly, is there someone we can contact to help us reach you?

|                                       |     |                                       |  |
|---------------------------------------|-----|---------------------------------------|--|
| FIRST NAME                            |     | LAST NAME                             |  |
| HOME PHONE (Please include area code) |     | WORK PHONE (Please include area code) |  |
| STREET ADDRESS                        |     | CITY                                  |  |
| STATE                                 | ZIP | E-MAIL ADDRESS (if available)         |  |

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)

PERSON / AGENCY / ORGANIZATION / COURT NAME(S)

|               |                           |
|---------------|---------------------------|
| DATE(S) FILED | CASE NUMBER(S) (if known) |
|---------------|---------------------------|

To help us better serve the public, please provide the following information for the person you believe had their health information privacy rights violated (you or the person on whose behalf you are filing).

ETHNICITY (select one) RACE (select one or more)

Hispanic or Latino  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander

Not Hispanic or Latino  Black or African American  White  Other (specify): \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN (if other than English) \_\_\_\_\_

How did you learn about the Office for Civil Rights?

HHS Website/Internet Search  Family/Friend/Associate  Religious/Community Org  Lawyer/Legal Org  Phone Directory  Employer

Fed/State/Local Gov  Healthcare Provider/Health Plan  Conference/OCR Brochure  Other (specify): \_\_\_\_\_

To mail a complaint, please type or print, and return completed complaint to the OCR Regional Address based on the region where the alleged violation took place. If you need assistance completing this form, contact the appropriate region listed below.

|                                                                                                                                                                                                                                   |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Region I - CT, ME, MA, NH, RI, VT</b><br/>Office for Civil Rights, DHHS<br/>JFK Federal Building - Room 1875<br/>Boston, MA 02203<br/>(617) 565-1340; (617) 565-1343 (TDD)<br/>(617) 565-3809 FAX</p>                       | <p><b>Region V - IL, IN, MI, MN, OH, WI</b><br/>Office for Civil Rights, DHHS<br/>233 N. Michigan Ave. - Suite 240<br/>Chicago, IL 60601<br/>(312) 886-2359; (312) 353-5693 (TDD)<br/>(312) 886-1807 FAX</p> | <p><b>Region IX - AZ, CA, HI, NV, AS, GU,</b><br/>The U.S. Affiliated Pacific Island Jurisdictions<br/>Office for Civil Rights, DHHS<br/>90 7th Street, Suite 4-100<br/>San Francisco, CA 94103<br/>(415) 437-8310; (415) 437-8311 (TDD)<br/>(415) 437-8328 FAX</p> |
| <p><b>Region II - NJ, NY, PR, VI</b><br/>Office for Civil Rights, DHHS<br/>26 Federal Plaza - Suite 3312<br/>New York, NY 10278<br/>(212) 264-3313; (212) 264-2355 (TDD)<br/>(212) 264-3039 FAX</p>                               | <p><b>Region VI - AR, LA, NM, OK, TX</b><br/>Office for Civil Rights, DHHS<br/>1301 Young Street - Suite 1169<br/>Dallas, TX 75202<br/>(214) 767-4058; (214) 767-8940 (TDD)<br/>(214) 767-0432 FAX</p>       |                                                                                                                                                                                                                                                                     |
| <p><b>Region III - DE, DC, MD, PA, VA, WV</b><br/>Office for Civil Rights, DHHS<br/>150 S. Independence Mall West - Suite 372<br/>Philadelphia, PA 19108-3499<br/>(215) 861-4441; (215) 881-4440 (TDD)<br/>(215) 861-4431 FAX</p> | <p><b>Region VII - IA, KS, MO, NE</b><br/>Office for Civil Rights, DHHS<br/>601 East 12th Street - Room 248<br/>Kansas City, MO 64108<br/>(816) 426-7277; (816) 426-7065 (TDD)<br/>(816) 426-3686 FAX</p>    |                                                                                                                                                                                                                                                                     |
| <p><b>Region IV - AL, FL, GA, KY, MS, NC, SC, TN</b><br/>Office for Civil Rights, DHHS<br/>81 Forsyth Street, SW - Suite 18T70<br/>Atlanta, GA 30303-8909<br/>(404) 562-7886; (404) 562-7884 (TDD)<br/>(404) 562-7881 FAX</p>     | <p><b>Region VIII - CO, MT, ND, SD, UT, WY</b><br/>Office for Civil Rights, DHHS<br/>999 18th Street, Suite 417<br/>Denver, CO 80202<br/>(303) 844-2024; (303) 844-3439 (TDD)<br/>(303) 844-2025 FAX</p>     | <p><b>Region X - AK, ID, OR, WA</b><br/>Office for Civil Rights, DHHS<br/>2201 Sixth Avenue - Mail Stop RX-11<br/>Seattle, WA 98121<br/>(206) 615-2290; (206) 615-2298 (TDD)<br/>(206) 615-2297 FAX</p>                                                             |

#### Burden Statement

Public reporting burden for the collection of information on this complaint form is estimated to average 45 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. Please do not mail this complaint form to this address.  
HHS-700 (7/09) (BACK)

From: PPAZ Glendale Front

6239373014

11/13/2012 14:08

#268 P.004/009



## COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we 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.

Please read and review the documents entitled, *Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights and Protecting Personal Information in Complaint Investigations* for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

**In order to expedite the investigation of your complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.**

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.



From: PPAZ Glendale Front

6239373014

11/13/2012 14:09

#268 P.005/009



- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

**After reading the above information, please check ONLY ONE of the following boxes:**

**CONSENT:** I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

**CONSENT DENIED:** I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature:  Date: 11/13/12  
\*Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

Name (Please print):

Address:

Telephone Number:

From: PPAZ Glendale Front

6239373014

11/13/2012 14:10

#268 P.006/009



**NOTICE TO COMPLAINANTS AND OTHER  
INDIVIDUALS ASKED TO SUPPLY INFORMATION  
TO THE OFFICE FOR CIVIL RIGHTS**

**Privacy Act**

The Privacy Act of 1974 (5 U.S.C. §552a) requires OCR to notify individuals whom it asks to supply information that:

— OCR is authorized to solicit information under:

- (i) Federal laws barring discrimination by recipients of Federal financial assistance on grounds of race, color, national origin, disability, age, sex, religion under programs and activities receiving Federal financial assistance from the U.S. Department of Health and Human Services (HHS), including, but not limited to, Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794), the Age Discrimination Act of 1975 (42 U.S.C. §6101 et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. §1681 et seq.), and Sections 794 and 855 of the Public Health Service Act (42 U.S.C. §§295m and 296g);
- (ii) Titles VI and XVI of the Public Health Service Act (42 U.S.C. §§291 et seq. and 300s et seq.) and 42 C.F.R. Part 124, Subpart G (Community Service obligations of Hill-Burton facilities);
- (iii) 45 C.F.R. Part 85, as it implements Section 504 of the Rehabilitation Act in programs conducted by HHS; and
- (iv) Title II of the Americans with Disabilities Act (42 U.S.C. §12131 et seq.) and Department of Justice regulations at 28 C.F.R. Part 35, which give HHS "designated agency" authority to investigate and resolve disability discrimination complaints against certain public entities, defined as health and service agencies of state and local governments, regardless of whether they receive federal financial assistance.
- (v) The Standards for the Privacy of Individually Identifiable Health Information (The Privacy Rule) at 45 C.F.R. Part 160 and Subparts A and E of Part 164, which enforce the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 U.S.C. §1320d-2).

OCR will request information for the purpose of determining and securing compliance with the Federal laws listed above. Disclosure of this requested information to OCR by individuals who are not recipients of federal financial assistance is voluntary; however, even individuals who voluntarily disclose information are subject to prosecution and penalties under 18 U.S.C. § 1001 for making false statements.

Additionally, although disclosure is voluntary for individuals who are not recipients of federal financial assistance, failure to provide OCR with requested information may preclude OCR from making a compliance determination or enforcing the laws above.

From: PPAZ Glendale Front

6239373014

11/13/2012 14:11

#268 P.007/009



OCR has the authority to disclose personal information collected during an investigation without the individual's consent for the following routine uses:

- (i) to make disclosures to OCR contractors who are required to maintain Privacy Act safeguards with respect to such records;
- (ii) for disclosure to a congressional office from the record of an individual in response to an inquiry made at the request of the individual;
- (iii) to make disclosures to the Department of Justice to permit effective defense of litigation; and
- (iv) to make disclosures to the appropriate agency in the event that records maintained by OCR to carry out its functions indicate a violation or potential violation of law.

Under 5 U.S.C. §552a(k)(2) and the HHS Privacy Act regulations at 45 C.F.R. §5b.11 OCR complaint records have been exempted as investigatory material compiled for law enforcement purposes from certain Privacy Act access, amendment, correction and notification requirements.

#### **Freedom of Information Act**

A complainant, the recipient or any member of the public may request release of OCR records under the Freedom of Information Act (5 U.S.C. §552) (FOIA) and HHS regulations at 45 C.F.R. Part 5.

#### **Fraud and False Statements**

Federal law, at 18 U.S.C. §1001, authorizes prosecution and penalties of fine or imprisonment for conviction of "whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry".

From: PPAZ Glendale Front

6239373014

11/13/2012 14:12

#268 P.008/009



## PROTECTING PERSONAL INFORMATION IN COMPLAINT INVESTIGATIONS

To investigate your complaint, the Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) will collect information from different sources. Depending on the type of complaint, we may need to get copies of your medical records, or other information that is personal to you. This Fact Sheet explains how OCR protects your personal information that is part of your case file.

### HOW DOES OCR PROTECT MY PERSONAL INFORMATION?

OCR is required by law to protect your personal information. The Privacy Act of 1974 protects Federal records about an individual containing personally identifiable information, including, but not limited to, the individual's medical history, education, financial transactions, and criminal or employment history that contains an individual's name or other identifying information.

Because of the Privacy Act, OCR will use your name or other personal information with a signed consent and only when it is necessary to complete the investigation of your complaint or to enforce civil rights laws or when it is otherwise permitted by law.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

### CAN I SEE MY OCR FILE?

Under the Freedom of Information Act (FOIA), you can request a copy of your case file once your case has been closed; however, OCR can withhold information from you in order to protect the identities of witnesses and other sources of information.

### CAN OCR GIVE MY FILE TO ANY ONE ELSE?

If a complaint indicates a violation or a potential violation of law, OCR can refer the complaint to another appropriate agency without your permission.

If you file a complaint with OCR, and we decide we cannot help you, we may refer your complaint to another agency such as the Department of Justice.

### CAN ANYONE ELSE SEE THE INFORMATION IN MY FILE?

Access to OCR's files and records is controlled by the Freedom of Information Act (FOIA). Under FOIA, OCR may be required to release information about this case upon public request. In the event that OCR receives such a request, we will make every effort,

From: PPAZ Glendale Front

6239373014

11/13/2012 14:13

#268 P.009/009



as permitted by law, to protect information that identifies individuals, or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

If OCR receives protected health information about you in connection with a HIPAA Privacy Rule investigation or compliance review, we will only share this information with individuals outside of HHS if necessary for our compliance efforts or if we are required to do so by another law.

**DOES IT COST ANYTHING FOR ME (OR SOMEONE ELSE) TO OBTAIN A COPY OF MY FILE?**

In most cases, the first two hours spent searching for document(s) you request under the Freedom of Information Act and the first 100 pages are free. Additional search time or copying time may result in a cost for which you will be responsible. If you wish to limit the search time and number of pages to a maximum of two hours and 100 pages; please specify this in your request. You may also set a specific cost limit, for example, cost not to exceed \$100.00.

If you have any questions about this complaint and consent package,  
Please contact OCR at <http://www.hhs.gov/ocr/office/about/contactus/index.html>

*OR*

Contact your OCR Regional Office  
(see Regional Office contact information on page 2 of the Complaint Form)

From: PPAZ Glendale Front

6239373014

11/13/2012 13:54

#267 P.001/009

www.ppaz.org



FAX TRANSMITTAL

Date: 11/13/12 Fax No.: (415) 437-8329  
To: MICHAEL LEOZ No. of pages: 9 (including cover)

From: Glendale

Phone No.:

Comments: HIPAA COMPLAINT FORM

PLEASE GIVE INFORMATION TO THE  
APPROPRIATE PERSON.

ANY QUESTIONS PLEASE CONTACT ME AT

(b)(6);(b)(7)(C)



THANK YOU!

From:PPAZ Glendale Front

6239373014

11/13/2012 13:55

#267 P.002/009



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE FOR CIVIL RIGHTS (OCR)

Form Approved: OMB No. 0990-0268  
See OMB Statement on Reverse.



### HEALTH INFORMATION PRIVACY COMPLAINT

|                                                        |                |                                                           |  |
|--------------------------------------------------------|----------------|-----------------------------------------------------------|--|
| YOUR FIRST NAME<br>(b)(6);(b)                          |                | YOUR LAST NAME<br>(b)(6);(b)(7)(C)                        |  |
| HOME PHONE (Please include area code)<br>(b)(6);(b)(7) |                | WORK PHONE (Please include area code)<br>(b)(6);(b)(7)(C) |  |
| STREET ADDRESS<br>(b)(6);(b)(7)(C)                     |                | CITY<br>(b)(6);(b)(7)(C)                                  |  |
| STATE<br>(b)(6);(b)(7)                                 | ZIP<br>(b)(6); | E-MAIL ADDRESS (if available)<br>(b)(6);(b)(7)(C)         |  |

Are you filing this complaint for someone else?  Yes  No

If Yes, whose health information privacy rights do you believe were violated?

|            |           |
|------------|-----------|
| FIRST NAME | LAST NAME |
|------------|-----------|

Who (or what agency or organization, e.g., provider, health plan) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?  
PERSON / AGENCY / ORGANIZATION

Planned Parenthood of Arizona

|                                          |               |                                                       |
|------------------------------------------|---------------|-------------------------------------------------------|
| STREET ADDRESS<br>5651 N. 7th St Ste 105 |               | CITY<br>Phoenix                                       |
| STATE<br>Arizona                         | ZIP<br>85,014 | PHONE (Please include area code)<br>+1 (602) 277-7526 |

When do you believe that the violation of health information privacy rights occurred?  
LIST DATE(S)

November 9, 2012

Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed)

On Friday, November 9, 2012, (b)(6);(b)(7) the Director of Operational Standards, came to the Glendale Health Center (Planned Parenthood AZ) to obtain my medical records. I was not notified of this action and was never asked to sign a record release authorization for my employer to obtain my Protected Health Information. To my understanding, (b)(6) was given directions from her superiors (b)(6);(b)(7) the Director of Health Center Management and (b)(6);(b)(7) the Chief Operating Officer. Also, to my knowledge the Human Resources Director was also involved. As a result (b)(6) viewed and copied my medical records and left the center with the records in her possession. To this point I have no knowledge of how my medical records were used, how many people had access to them, and if they were altered in any way. I feel that my rights were violated and my PHI was compromised. My employer had no business viewing my personal medical records for any reason without my written authorization.

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

SIGNATURE (b)(6);(b)(7)(C)

DATE (mm/dd/yyyy)

11/13/12

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Department for purposes associated with health information privacy compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's Web site at: [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html). To mail a complaint see reverse page for OCR Regional addresses.

HHS-700 (7/09) (FRONT)

PAC Compliance (PHI) 4-5-1029 EF



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Voice - (415) 437-8310, (800) 368-1019  
TDD - (415) 437-8311, (800) 537-7697  
(FAX) - (415) 437-8329  
<http://www.hhs.gov/ocr/>

**OFFICE OF THE SECRETARY**

Office for Civil Rights, Region IX  
90 7th Street, 4-100  
San Francisco, CA 94103-6705

November 26, 2012

(b)(6);(b)(7)(C)

OCR Reference number: 13-151831

Dear

(b)(6);(b)(7)(C)

Thank you for your correspondence received on November 13, 2012 by the Department of Health and Human Services, Office for Civil Rights (OCR).

We are in the process of reviewing your correspondence to decide whether OCR has authority and is able to take action with respect to the matters you have raised. We will conduct our initial review as quickly as possible, and will contact you when the review has been completed.

If you have any questions, please contact:

Office for Civil Rights, Region IX  
90 7th Street, 4-100  
San Francisco, CA 94103-6705  
(415) 437-8310

Sincerely,

Michael Leoz  
Regional Manager





Squire Sanders (US) LLP  
1 E. Washington St., Suite 2700  
Phoenix, Arizona 85004

O +1 602 528 4000  
F +1 602 253 8129  
squiresanders.com

Lawrence J. Rosenfeld  
T +1 602 528 4886  
lawrence.rosenfeld@squiresanders.com

August 5, 2013

VIA E-MAIL (SIBYLLE.OMALLEY@HHS.GOV), CONFIRMED BY U.S. MAIL

Sibylle O'Malley  
Investigator  
Department of Health & Human Services  
Office of the Secretary  
Office for Civil Rights, Region IX  
90 7th Street, Suite 4-100  
San Francisco, CA 94103

Re: Complaint by (b)(6);(b)(7)(C) OCR Transaction Number 13-151831

Dear Ms. O'Malley:

Please be advised that this firm and undersigned counsel represent Planned Parenthood Arizona, Inc. with respect to the above referenced complaint filed by its former employee, (b)(6);(b)(7)(C) on November 13, 2012. Please direct all further communications related to this matter to my attention.

**I. Background Information**

Planned Parenthood Arizona, Inc. ("PPAZ" or the "Company") is the largest sexual health organization in Arizona. PPAZ serves more than 90,000 women, men, teens, and parents through health care, education outreach, and advocacy efforts. The Company operates 13 health centers statewide in Phoenix, Chandler, Glendale, Mesa, Scottsdale, Tempe, Tucson, Flagstaff, Prescott Valley, and Yuma. Planned Parenthood health centers offer a wide range of education and health care services, including gynecological exams, birth control consultations and supplies, screening and treatment for sexually transmitted infections and reproductive cancers, vaccinations, abortions, pregnancy testing and counseling, and sexual health patient consultation.

**II. PPAZ's Compliance With HIPAA**

As a covered health care provider, PPAZ takes very seriously its obligations under the Health Insurance Portability and Accountability Act ("HIPAA"), as well as other federal and state laws protecting patient privacy. PPAZ has developed and disseminated a policy and procedure regarding the limited permitted disclosures of protected health information ("PHI") for treatment, payment, and healthcare operations, which parallel and are consistent with the HIPAA privacy regulations. See Exhibit 1; see also, 45 C.F.R. § 164.506(a).

39 Offices in 19 Countries  
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According to PPAZ's HIPAA permitted use policy:

Planned Parenthood Arizona may use or disclose Health Information for its own purposes of Treatment, Payment or Health Care Operations without an individual's consent or other Authorization. [ . . . ]

Under the final Modifications to the Privacy Regulation, a provider no longer has to obtain written patient consent to use and disclose patient Health Information for its own Treatment, Payment, or Health Care Operations. Use and disclosure of patient information for these purposes is permitted under the final Privacy Regulation and is referred to as "regulatory permission." [ . . . ]

~~Payment means activities undertaken to obtain or provide reimbursement for the provision of health care. This term includes, but is not limited to, determinations of eligibility or coverage; billing; claims management; and collection activities; review of healthcare services for medical necessity; appropriateness of care; or justification of charges; utilization review activities; and disclosure of patient name and address, date of birth, social security number, account history, account number, and name and address of a health care provider to commercial insurance entities. 45 C.F.R. [§] 164.501. [ . . . ]~~

**Health Care Operations** include quality assessment and improvement activities, licensing and credentialing of healthcare professionals; medical review; legal services; and auditing functions for fraud and abuse detection and compliance programs; business management and general administrative activities including, but not limited to, management, customer service, resolution of internal grievances, due diligence in connection with sale or transfer of assets to a potential successor in interest; and creating de-identified information, and fundraising as allowable under the law. 45 C.F.R. [§] 164.501. [ . . . ]

Covered Entities also must implement the Minimum Necessary Rule, which requires, among other things, that it limit those within the entity who have access to an individual's Health Information, based on which persons need access to such information in order to perform their job duties.

See *id.* (emphasis added).

In addition, PPAZ regularly trains managers and staff on their obligations to protect and keep confidential the PHI of its patients, except as otherwise permitted to be used consistent with HIPAA exceptions.

### III. PPAZ's Review of (b)(6);(b)(7)(C) Clinical File For Authorized Billing and Operations Purposes.

PPAZ hired (b)(6);(b)(7)(C) to work as a health center assistant at its Glendale, Arizona health center. Her job responsibilities included providing general health and contraceptive information to clients, assisting with medical procedures, performing clerical functions, and entering information from clinicians' notes in patient charts into PPAZ's NextGen billing system in order to support PPAZ's back-end patient billing processes.

PPAZ offers, as a fringe benefit to its employees, discount medical services (but not medication or supplies). (b)(6);(b)(7)(C), like many of PPAZ's employees, took advantage of this employee benefit and received health care services from PPAZ. Her clinical chart was subject to the same data security measures as all other patients who receive health care at PPAZ. In other words, no information from (b)(6);(b)(7)(C) clinical file was kept or commingled with her personnel file.

In October 2012, PPAZ's billing department realized as part of its collection efforts that (b)(6);(b)(7)(C) had amassed a large, past-due balance on her health care charges. At the time, (b)(6);(b)(7)(C) had accrued a substantial balance, including charges of \$1,178.00 on her most recent visit alone, which was well beyond the \$200 arrearages limit that PPAZ ordinarily imposes before declining to provide additional, non-emergency services. (b)(6);(b)(7)(C) high balance was unusual, as PPAZ employees who receive health care services at PPAZ are ordinarily treated as "prompt pay" patients, meaning that they are expected to pay any fees for services at the time that the service is rendered.

Other factors stood out as unusual, as well. For example, a note appeared in PPAZ's accounting system related to (b)(6);(b)(7)(C) account, which (b)(6);(b)(7)(C) appears to have entered herself on August 28, 2012, stating that she was authorized to make monthly payments on the balance using her credit card, and that it had been approved by a health center employee. Furthermore, (b)(6);(b)(7)(C) billing entries showed that she had been prescribed high-cost services and devices, such as having an expensive intrauterine contraceptive device (IUD) inserted, rather than having been prescribed lower-cost pharmaceutical contraceptive alternatives.

(b)(6);(b)(7)(C) a member of PPAZ's billing department responsible for collecting outstanding balances from PPAZ's clients, sent an e-mail to (b)(6);(b)(7)(C) PPAZ's Director of Human Resources, because she was "concerned about the amount" of (b)(6);(b)(7)(C) balance. See Exhibit 2. (b)(6);(b)(7)(C) confirmed that she had not been aware of any authorization permitting (b)(6);(b)(7)(C) to deviate from Company policy. After further inquiry, (b)(6);(b)(7)(C) PPAZ's Director of Operational Standards, and (b)(6);(b)(7)(C) PPAZ's Chief Operating Officer, also denied that they had approved any exception to the standard billing policy.

(b)(6);(b)(7) who, as Director of Operational Standards, is responsible for policy writing, standardizing best practices at the administrative offices and health centers, providing oversight on compliance, and conducting onboarding and annual manager training on PPAZ's HIPAA

policies,<sup>1</sup> informed her colleagues that she was already scheduled to visit the Glendale health center to conduct training with (b)(6);(b)(7)(C) the Glendale Center Manager.<sup>2</sup> (b)(6);(b)(7) offered to retrieve (b)(6);(b)(7)(C) clinical chart while she was at the Glendale health center so that she, on behalf of PPAZ, could compare it to (b)(6);(b)(7)(C) billing records to try to determine whether any member of PPAZ Administration had authorized the extended payment schedule and delinquent balance, and whether there was any justification for the high-cost treatments that had been provided.

(b)(6);(b)(7) went to the Glendale health center on November 9, 2012. She asked (b)(6);(b)(7) to provide her with (b)(6);(b)(7)(C) patient chart. (b)(6);(b)(7) agreed, but could not locate (b)(6);(b)(7)(C) chart at first, as it was not in alphabetical order with other patient charts. (b)(6);(b)(7) later found it stashed in the file cabinet out of place.

When (b)(6);(b)(7) reviewed (b)(6);(b)(7)(C) chart, she determined that there were a number of irregularities in the charting and billing process:

- First, although not technically a violation of PPAZ policy at the time (it has since changed), (b)(6);(b)(7)(C) had been treated by (b)(6);(b)(7)(C) an obstetrician/gynecologist who, at the time, was the Medical Director of the Glendale health center and the most senior member of the Glendale health center's clinical staff. Unknown to PPAZ at the time it hired her, (b)(6);(b)(7)(C) was close personal friends and roommates with (b)(6);(b)(7)(C) before and throughout her employment at PPAZ, including for the entire time that (b)(6);(b)(7)(C) reported to, and was treated by, (b)(6);(b)(7)(C).
- A number of (b)(6);(b)(7)(C) visits with (b)(6);(b)(7)(C) were documented in her patient chart, but were not billed for. In addition, (b)(6);(b)(7) had prescribed medication for (b)(6);(b)(7)(C) but (b)(6);(b)(7) could not find documentation of a corresponding health care visit/examination. Had the total number of patient examinations and visits been properly billed, (b)(6);(b)(7)(C) balance would have been even higher than it was.
- (b)(6);(b)(7) also learned that (b)(6);(b)(7)(C) had prescribed an IUD for (b)(6);(b)(7)(C). Ordinarily, PPAZ will not prescribe an expensive device or procedure such as an IUD (which costs between \$975.00 alone, even before the health care provider's fees for insertion) for a patient with a significant balance when a less expensive, equally effective option (such as contraceptive pills or a barrier method of contraception) is available.
- Finally, (b)(6);(b)(7) learned that (b)(6);(b)(7)(C) had entered her own patient charges in the billing system, and had signed her informed consent form both as the patient and as a witness representative on behalf of PPAZ.

<sup>1</sup> In addition to delivering HIPAA training, (b)(6);(b)(7) has received annual training on HIPAA compliance since at least 2006, and previously was the medical records supervisor for Planned Parenthood's operations in Massachusetts. She has never been the subject of a complaint regarding a patient privacy violation.

<sup>2</sup> (b)(6);(b)(7) is no longer employed by PPAZ.

Based on her review of (b)(6);(b)(7)(C) clinical chart, (b)(6);(b)(7)(C) confirmed that (b)(6);(b)(7)(C) had made the notation in her account regarding the extended payment plan without authorization by PPAZ administrators. (b)(6);(b)(7)(C) further determined that, more likely than not, (b)(6);(b)(7)(C) had deviated from Company policy by providing costly health care treatment to her friend and roommate despite (b)(6);(b)(7)(C) delinquent bill payment.

(b)(6);(b)(7)(C) made a photocopy of (b)(6);(b)(7)(C) clinical chart and left the original at the Glendale health center. She brought the photocopy directly to (b)(6);(b)(7)(C) in a sealed envelope. (b)(6);(b)(7)(C) then stored the sealed envelope in a locked file cabinet in her office which only she has access to, where it remains – sealed and locked – to this moment.

After (b)(6);(b)(7)(C) had left the Glendale health center, (b)(6);(b)(7)(C) told (b)(6);(b)(7)(C) that (b)(6);(b)(7)(C) had taken a copy of her medical chart. (b)(6);(b)(7)(C) then called and left a message for (b)(6);(b)(7)(C) stating that she believed that (b)(6);(b)(7)(C) review and copying of (b)(6);(b)(7)(C) patient chart was a violation of HIPAA. (b)(6);(b)(7)(C) also called (b)(6);(b)(7)(C) for the same purpose.

(b)(6);(b)(7)(C) turned the complaints over to (b)(6);(b)(7)(C) PPAZ's Director of Risk/Quality Management and Clinical Research, who on November 12, 2012 – the very next business day – conducted a series of interviews with percipient witnesses. See Exhibit 3 (redacted in part to protect attorney-client privileged communications).

During the investigation, (b)(6);(b)(7)(C) stated that (b)(6);(b)(7)(C) had approached her about the possible HIPAA breach, and specifically that (b)(6);(b)(7)(C) had taken her patient chart. After hearing this, (b)(6);(b)(7)(C) said that she called (b)(6);(b)(7)(C) (whose had resigned from PPAZ in October 2012) to ask whether it was permissible for PPAZ to copy her patient chart. According to (b)(6);(b)(7)(C) told (b)(6);(b)(7)(C) that it was not, and that doing so was a breach of her HIPAA rights. (b)(6);(b)(7)(C) also told (b)(6);(b)(7)(C) that she had retained a civil rights attorney because of the incident.

After interviewing additional witnesses, who verified that PPAZ only obtained (b)(6);(b)(7)(C) clinical chart to investigate and audit apparent billing irregularities and policy violations, (b)(6);(b)(7)(C) concluded that PPAZ had not violated HIPAA. And indeed, PPAZ had not. Pursuant to Privacy Rule regulations, the Company is permitted to use and disclose PHI in connection with, *inter alia*, payment or health care operations. Consistent with those regulations, (b)(6);(b)(7)(C) reviewed (b)(6);(b)(7)(C) patient chart for two covered purposes:

- 1) Incident to its efforts to obtain reimbursement for the provision of health care, including, without limitation, billing, collection activities, and review of health care services with respect to appropriateness of care; and
- 2) Incident to its health care operations, including internal auditing, and ensuring compliance with Company billing and service delivery policies.

See 45 C.F.R. §§ 164.501, 164.502(a)(1)(ii); see also, *Citizens for Health v. Leavitt*, 428 F.3d 167, 173-74 (3rd Cir. 2005) (HIPAA's privacy rule allows uses and disclosures without patient

consent for treatment, payment, and healthcare operations – so-called “routine uses”).

Moreover, PPAZ took reasonable steps to limit disclosure of (b)(6);(b)(7)(C) protected health information to the minimum necessary to accomplish the intended purpose of the use. Only (b)(6);(b)(7) whose job expressly includes compliance and maintaining PPAZ's operational standards, reviewed (b)(6);(b)(7)(C) chart, and she did so only to determine the source of the irregular billing and payment arrangements. She then gave the only photocopy of (b)(6);(b)(7)(C) clinical chart to (b)(6);(b)(7)(C) in a sealed envelope to be locked in a personnel file cabinet to which only (b)(6);(b)(7)(C) has access. See 45 C.F.R. § 164.501(b)(1).

Satisfied that PPAZ had complied with HIPAA's privacy rule, (b)(6);(b)(7)(C) and (b)(6);(b)(7) met in person with (b)(6);(b)(7)(C) on November 19, 2012 and explained that PPAZ had concluded its investigation and determined that PPAZ had not violated her HIPAA privacy rights. (b)(6);(b)(7)(C) angrily disagreed, and mentioned the attorney she purportedly had retained. (b)(6);(b)(7)(C) told (b)(6);(b)(7)(C) that her attorney was welcome to contact PPAZ's outside counsel to discuss the Company's reasoning further, but she did not pursue the matter further. (b)(6);(b)(7)(C) voluntarily resigned from PPAZ on January 4, 2013.<sup>3</sup>

Although PPAZ's investigation did not reveal any violations of (b)(6);(b)(7)(C) privacy rights under HIPAA, the Company nonetheless developed a plan of action to reinforce its HIPAA policies and procedures:

- First, the Company revised its policy on “Releasing Medical Records.” See Exhibit 4.
- Next, PPAZ revised its “Health Care Visit for Employees Policy,” such that employees were required to schedule health care visits at health centers other than the one at which they worked, in order to minimize the possibility that employees could tamper with their own billing records and the risk of employees coming in contact with their coworkers' health records. See Exhibit 5.<sup>4</sup>
- PPAZ also clarified that employees were prohibited from entering charges or adjusting billing entries on their own accounts, and that their billing records must identically correspond to and reflect services rendered in their charts.<sup>5</sup> (b)(6);(b)(7)(C) reviewed this policy

<sup>3</sup> (b)(6);(b)(7)(C) performance had been deficient for some time prior to her resignation. She had been the subject of numerous customer service complaints by patients, and had been frequently observed behaving unprofessionally at the health center, even in plain view of managers, apparently capitalizing on her personal friendship with (b)(6);(b)(7)(C).

<sup>4</sup> Your June 27, 2013 correspondence requests several categories of documents. We have included herewith a copy of PPAZ's HIPAA policies and procedures, a copy of the investigation notes, a copy of the policies created and/or revised in light of the incident, and additional material helpful for the resolution of the complaint. The remaining categories of documents requested are not applicable.

<sup>5</sup> PPAZ also clarified that health care visits must be scheduled outside of employees' working hours, as it appeared from reviewing (b)(6);(b)(7)(C) records that she was receiving medical treatment from (b)(6);(b)(7)(C) without “clocking out.” PPAZ also clarified that employees who receive health services at PPAZ may not sign and witness their own consent forms or other documents as both a patient and, simultaneously, as a representative of PPAZ.

at a Manager's Meeting on November 27, 2012. See Exhibit 6.

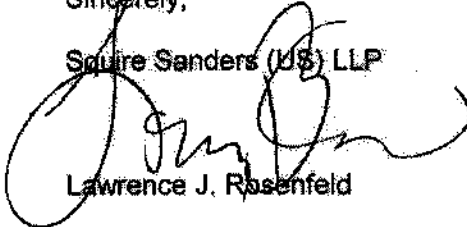
Thus, even though the Company had complied in all respects with HIPAA, it nonetheless used the opportunity to reinforce and retrain managers on patient privacy.

#### IV. Conclusion

(b)(6);(b)(7) very brief review of (b)(6);(b)(7)(C) file complied in full with the Privacy and Security Rule, as it was intended to aid in bill collection and to audit internal compliance with Company policy. No person other than (b)(6);(b)(7) has reviewed (b)(6);(b)(7)(C) clinical chart, (except, presumably, (b)(6);(b)(7)(C) in the course of delivering care), and her PHI is not reasonably susceptible to unauthorized review by PPAZ employees. Accordingly, we respectfully request that (b)(6);(b)(7)(C) complaint be dismissed and no further action taken with respect thereto.

Sincerely,

Squire Sanders (US) LLP



Lawrence J. Rosenfeld

Enclosures

**EXHIBIT 1**



# Planned Parenthood Arizona

## PERMITTED DISCLOSURES for TREATMENT, PAYMENT and HEALTHCARE OPERATIONS Policy and Procedure

### Policy: 7

Planned Parenthood Arizona® may use or disclose Health Information for its own purposes of Treatment, Payment or Health Care Operations without an individual's consent or other Authorization as outlined in HIPAA Privacy Regulations [45 C.F.R. 164.506(a)].

### Procedure:

Planned Parenthood Arizona may use or disclose Health Information for its own purposes of Treatment, Payment or Health Care Operations without an individual's consent or other Authorization. It may also disclose Health Information:

- (i) to another healthcare provider for the treatment activities of that provider, or
- (ii) to another Covered Entity for the payment activities of that entity without obtaining the individual's consent or other Authorization.

### Explanation:

*Under the final Modifications to the Privacy Regulation, a provider no longer has to obtain written patient consent to use and disclose patient Health Information for its own Treatment, Payment, or Health Care Operations. Use and disclosure of patient information for these purposes is permitted under the final Privacy Regulation and is referred to as "regulatory permission." Despite this regulatory permission, providers are free to obtain consent for such purposes if they so desire or otherwise adopt a more stringent policy than the sample provided above.*

*"Patient consent" to use or disclose Health Information under the Privacy Regulation is separate and distinct from "informed consent" for a particular procedure or service. While the Privacy Regulation no longer mandates the former, informed consent must always be obtained from a patient in accordance with PPFA Medical Standards and Guidelines. As indicated above, a provider has regulatory permission to use Health Information for purposes of Treatment, Payment or Healthcare Operations ("TPO"). These terms are each defined and explained below.*

*Treatment means "the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another." 45 C.F.R. 164.501. While treatment is*

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generally between healthcare providers, keep in mind that treatment also includes the "coordination or management of healthcare with a third party." In other words, there may be some instances where the Privacy Regulation will permit a disclosure to a third party (a non-provider) so long as the third party is providing healthcare to the patient.

The Final Regulation also permits a Covered Entity to disclose Health Information to another provider for Treatment purposes of the other provider. For example, a Covered Entity may send a copy of an individual's medical record to a specialist who needs the information to treat the same individual without first obtaining that individual's consent. However, NYS law requires obtaining the individual's permission for such a disclosure.

Payment means activities undertaken to obtain or provide reimbursement for the provision of health care. This may include, but is not limited to, determinations of eligibility or coverage; billing, claims management, and collection activities; review of healthcare services for medical necessity, appropriateness of care, or justification of charges; utilization review activities; and disclosure of patient name and address, date of birth, social security number, payment history, account number, and name and address of a health care provider to consumer reporting agencies. 45 C.F.R. 164.501.

A Covered Entity may disclose Health Information to another Covered Entity for that entity's Payment activities. The Minimum Necessary Rule (see Policy & Procedure 12) applies to all disclosures of information for Payment purposes, and the entire medical record should not be disclosed for such purposes. Only that information necessary to process a particular claim for payment may legally be disclosed. Additionally, a Covered Entity may disclose Health Information to another Covered Entity for the payment activities of that other entity. Again, state law must be consulted, and if it requires patient consent or authorization before sending Health Information to a payor or other entity, such laws must be followed.

Health Care Operations include quality assessment and improvement activities, licensing and credentialing of healthcare professionals; medical review; legal services; and auditing functions for fraud and abuse detection and compliance programs; business management and general administrative activities including, but not limited to, management, customer service, resolution of internal grievances, due diligence in connection with sale or transfer of assets to a potential successor in interest; and creating de-identified information, and fundraising as allowable under the law. 45 C.F.R. 164.501.

Health Care Operations is an area where many permitted uses and disclosures of Health Information can occur, as it encompasses a broad range of day-to-day health care business and administrative activities. While the Privacy Regulation does not require patient consent for such uses and disclosures, the Minimum Necessary Rule applies. Additionally, any disclosures of Health Information to third parties necessary to enable them to perform health care operation activities on behalf of a Covered Entity

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must comply with the *Minimum Necessary Rule* and the *Business Associate provisions* (see *Policy & Procedure 13*) of the *Privacy Regulation*.

**Incidental Uses and Disclosures.** The *Privacy Regulation* also permits certain *incidental uses and disclosures* that occur as a by-product of another permissible or required use or disclosure. Such uses and disclosures are limited and cannot reasonably be prevented. Many such *incidental disclosures* occur in the treatment context, such as when someone overhears part of a provider's confidential conversation with another provider or patient, hears a patient's name called out in the waiting room, or sees another patient's name on a sign-in sheet. Such *incidental uses and disclosures* are permitted provided the *Covered Entity* has applied reasonable safeguards and implemented the *Minimum Necessary Standard*, where applicable, with respect to the primary use or disclosure. See 45 CFR 164.502(e)(1)(ii).

"Reasonable safeguards" refers to the requirement that a *Covered Entity* have in place appropriate administrative, technical, and physical safeguards to protect the privacy and confidentiality of patient *Health Information*. Such safeguards would include, for example, ensuring that treatment discussions occur behind closed doors wherever possible, that no medical information is entered on a clinic sign-in sheet and that patient charts are not left open or unattended on a practitioner's desk or elsewhere. The practice of placing patient charts in a box outside an exam room for review by a practitioner is permissible under the *Privacy Regulation*, providing certain safeguards are observed, such as escorting non-employees in the exam area or placing the charts so that the front cover is facing backward.

*Covered Entities* also must implement the *Minimum Necessary Rule*, which requires, among other things, that it limit those within the entity who have access to an individual's *Health Information*, based on which persons need access to such information in order to perform their job duties. If such limits are not in place, and patient *Health Information* is viewed by those who do not need to see it to perform their job duties, any *incidental uses or disclosures* that result would be unlawful under the *Privacy Regulation*.

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HIPAA Policy 7

# EXHIBIT 2

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Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act



Patient Chart - Mayseng, Darinelle

(b)(6),(b)(7)(C)

Medical Record # 11404  
Person Number 119227

Patient Information | Financial | Clinical History/Notes

Encounters

Transactions

| Enc Date   |
|------------|
| 08/28/2012 |
| 07/31/2012 |
| 06/11/2012 |
| 04/06/2012 |
| 03/17/2012 |
| 10/14/2011 |

| Created  | Enc Date | SIM Description              | CPT4  | Qty  | Amount | Type | Deduct |
|----------|----------|------------------------------|-------|------|--------|------|--------|
| 08/28/12 | 08/28/12 | Visit Moderate Severity, est | 99213 | 1.00 | (b)(4) | Chg  |        |
| 08/28/12 | 08/28/12 | INSERT INTRAUTERINE DEVICE   | 58300 | 1.00 |        | Chg  |        |
| 08/28/12 | 08/28/12 | Misna                        | 7302  | 1.00 |        | Chg  |        |
| 08/28/12 | 08/28/12 | Adj - Self Pay               |       |      |        | Adj  |        |
| 08/28/12 | 08/28/12 | Pay - Visa/Mc                |       |      |        | Pmt  |        |

Encounter Financial Summary

- Encounter Number
- Encounter Date

| Charges | Unapplied | Payments | Adjustments | Refunds | Bad Debt |
|---------|-----------|----------|-------------|---------|----------|
| (b)(4)  |           |          |             |         |          |

Ready

**Patient Notes**

Subject  
BALANCE

User Note Description

Note Entry  
pt is aware of \$1145 balance and will be making monthly payments.  
Approved per lma.

To use the user note descriptions, first pick the text you wish to use from the User Note Description drop down list. Next click the arrow next to the area you wish to place the text.

Created By: (b)(6),(b)(7)(C)  
Date: 08/29/2012  
Time: 6:49P

Modified By: (b)(6),(b)(7)(C)  
Date: 08/28/2012  
Time: 6:49P

Seal Note

Delete Print OK Cancel

(b)(6),(b)(7)(C)  
**Credentialing and Medical Billing Specialist**  
**Planned Parenthood Arizona**  
**5651 N 7th Street, Phoenix AZ 85014**  
**Phone (b)(6),(b)(7)(C)**  
 (b)(6),(b)(7)(C)

# EXHIBIT 3



Summary of a Potential HIPAA Breach R-Glendale Health Center

November 5, 2012

**Problem:** Center manager filed a possible HIPAA Privacy Breach complaint on behalf of a  
Glendale staff member – (b)(6);(b)(7)(C)

**Interviewed all the staff involved** (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

**Report prepared by:** (b)(6);(b)(7)(C)

**Potential Breach:** IH filed a possible HIPAA privacy complaint on behalf of her employee (b)(6);(b)(7)(C). (b)(6);(b)(7)(C) believes her HIPAA privacy rights had been violated because (b)(6);(b)(7)(C) took a copy of her medical record and transported it to HR.

**Summary of events:** (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) conducted the interviews.

**11.12.2012 – Interview with (b)(6);(b)(7)(C)** stated on 11.9.12 she was working at the health center and later in the day (b)(6);(b)(7)(C) came to her and said that (b)(6);(b)(7)(C) was making a copy of her medical record because “they” wanted to review her medical record to see if she qualified for some “funding” for the services she received. (b)(6);(b)(7)(C) told (b)(6);(b)(7)(C) that she thought this was illegal for (b)(6);(b)(7)(C) to access her medical record without her consent. (b)(6);(b)(7)(C) called (b)(6);(b)(7)(C) (two times) and told her what was happening and (b)(6);(b)(7)(C) told her it was illegal for (b)(6);(b)(7)(C) to make access her medical records without her permission. (b)(6);(b)(7)(C) stated she was confused as to why (b)(6);(b)(7)(C) wanted a copy of her medical record to review. (b)(6);(b)(7)(C) stated she told (b)(6);(b)(7)(C) that it was illegal for (b)(6);(b)(7)(C) to review and copy her record without her consent. (b)(6);(b)(7)(C) stated that (b)(6);(b)(7)(C) told her that (b)(6);(b)(7)(C) placed a copy of her medical record in her bag and then left.

Approximately 4:00pm (b)(6);(b)(7)(C) stated she called (b)(6);(b)(7)(C) to report that she believed that her HIPAA privacy rights had been violated when (b)(6);(b)(7)(C) made a copy of her record and left the building with a copy of her medical. (b)(6);(b)(7)(C) stated that (b)(6);(b)(7)(C) stated she knew nothing about what was going on and as for the possibility of a HIPAA violation she would have to talk with (b)(6);(b)(7)(C). (b)(6);(b)(7)(C) stated (b)(6);(b)(7)(C) said she would have (b)(6);(b)(7)(C) call her on Monday when she returned from PTO.

Approximately 4:30pm (b)(6);(b)(7)(C) stated she called (b)(6);(b)(7)(C) and left her a message stating that she knew she had made a copy of her medical record without her consent and she thought it was illegal. (b)(6);(b)(7)(C) stated (b)(6);(b)(7)(C) did not call her back.

(b)(6);(b)(7)(C) stated she is very upset about this incident that occurred on Friday the 9<sup>th</sup>. (b)(6);(b)(7)(C) stated she was not aware of what was going on and was concerned about who would be reviewing her medical record. (b)(6);(b)(7)(C) also stated she felt she was being “targeted” because of (b)(6);(b)(7)(C). She said she did not think anything was unusual about the services that she received and that her payment plan was approved by (b)(6);(b)(7)(C). (b)(6);(b)(7)(C) stated she would be filing a complaint with the office of civil rights and also has secured a civil rights attorney.

11.12.2012 -- Interview with (b)(6);(b)(7)(C) - (b) reported on 11.9.12 (b) was at the center and was looking for (b) medical record and could not find the record. (b) asked why she needed (b)(6); medical record. (b) proceeded to get the medical record which she stated was in the "to be filed back" section of the medical record cabinet. (b) stated that (b) said she needed a copy of the record to review because we have a "grant that pays for services" when patient can't afford a particular service (IUC's something). (b) also stated that (b) stated that (b) wanted a copy of the medical record.

(b) stated she conducted a Google search for HIPAA compliance and determined that if (b) wanted a copy of (b)(6); medical record she would have to have the consent of (b)(6);(b) stated she told (b) that (b) was making a copy of her medical record and that this was a breach of her HIPAA privacy rights. (b) stated she was going to talk with (b) about this violation before she left Glendale although (b) left with a copy of the medical record before she could talk with her.

(b) stated she emailed (b) and told her she needed (b)(6) consent before she could take and or review a copy of (b)(6); medical record and that she would give (b) HIPAA release form for her to sign. She also asked (b) to contact (b)

11.12.12 -- I spoke with (b)(6);(b) and she stated that she had planned on going out to talk to (b) about (b)(6); accessing her own account and posting a payment to her balance, although went home sick. She stated she did not ask (b) to make a copy of (b)(6); medical record and bring it to Administration.

11.12.12 -- (b) and I spoke with (b) and she stated that (b) asked her to get a copy of (b)(6); (b)(7)(C) medical record since she was going to the Glendale office (not a quote). (b) also stated she did not say why she was making a copy of (b)(6); medical record when (b) asked her why she needed a copy of (b)(6); medical record.

11.12.12 - I spoke with (b) and she stated she did not know what was going on Friday November 9<sup>th</sup> and she did not ask (b) to make a copy of (b)(6); (b)(7)(C) medical record and bring it back to (b) (6);

11.15.2012 -

11.19.2012 -- (b) (6);(b) and I met with (b)(6);(b) shared with (b) (6);(b) that we have concluded our investigation and based on our findings that her HIPAA privacy rights were not violated.

(b) also shared with (b)(6) that we were conducting a billing and audit investigation of all employees's who have received services at PPAZ, and once the investigation is completed if there is any information that must be shared with her they will notify her.

6/9/11

Page 0075 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

**EXHIBIT 4**

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Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

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Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 0079 of 1306

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(b)(4)

of the Freedom of Information Act

# EXHIBIT 5



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(b)(4)

of the Freedom of Information Act

Page 0082 of 1306

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of the Freedom of Information Act

**EXHIBIT 6**

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(b)(4)

of the Freedom of Information Act

Page 0085 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

**OMalley, Sibylle M. (HHS/OCR)**

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**From:** (b)(6);(b)(7)(C)  
**Sent:** Sunday, September 15, 2013 1:11 PM  
**To:** OMalley, Sibylle M. (HHS/OCR)  
**Subject:** Re: Your OCR Complaint against PP AZ (OCR # 13-151831)  
**Attachments:** OCR.doc

Hello Ms. O'Malley,

I found it much easier to provide you with the answers to your questions on a document. I have attached the following document for your review. Please let me know if you have further questions for me. Thank you in advance for looking into this matter.

Respectfully,

(b)(6);  
(b)(7)(C)

On Tue, Sep 10, 2013 at 11:57 AM, OMalley, Sibylle M. (HHS/OCR) <[Sibylle.OMalley@hhs.gov](mailto:Sibylle.OMalley@hhs.gov)> wrote:

Dear (b)(6);(b)(7)(C)

I have heard from PP AZ and received a lot of additional information. As a result, I have some questions for you:

1. When did you start to work for PPAZ? – Please provide the date.
2. What was your job title?
3. What were your job duties?
4. Did you take advantage of PPAZ's discount medical services for PPAZ employees?
5. If yes, please explain how that worked.
6. Did you input your own billing information?
7. If no, who did? – Please provide the name and contact information for the person who did.
8. Did you incur a large balance at PPAZ?
9. If yes, did you set up your own payment arrangement?

10. If no, who set up your payment arrangement? - Please provide the name and contact information for the person who did.
11. Were you treated by your friend and roommate, a physician at PPAZ?
12. If yes, how long had you been her patient? – Please provide the date.
13. Are you still working for PPAZ?
14. If yes, did PPAZ change their policies since you filed this complaint?
15. If yes, please explain how.
16. If no, when was your last day at PPAZ? - Please provide the date.
17. Please feel free to add anything else you feel would be important for me to know in this investigation.

Please provide me with the answers to the above questions by **September 20, 2013.**

Sincerely,

Sibylle M. O'Malley, Ph.D.

Equal Opportunity Specialist (Investigator)

U.S. Dept. of Health & Human Services

Office for Civil Rights, Region IX

90 7th Street, Suite 4-100

San Francisco, CA 94103-6705

Tel.: 415-437-8316

Fax: 415-437-8329

E-mail: [Sibylle.OMalley@hhs.gov](mailto:Sibylle.OMalley@hhs.gov)

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1. **When did you start to work for PPAZ? – Please provide the date.**

My first day employed at PPAZ was the end of (b)(6);(b)(7)(C) I believe it was (b)(6);(b)(7)(C)

2. **What was your job title?** I was initially hired as a Per-Diem employee then later became full time.

3. **What were your job duties?** Here is a list of my job duties.

- Front office- data entry
- Auditing and maintaining medical records
- Greeting patients, answering incoming phone calls, and scheduling appointments with patients.
- Collecting insurance co-payments and cash payments
- Performed end of the day financial audits and account balancing
- Handling all money transfers for the Health Center through personal bank deposits or preparation for bank pick ups
- Back office duties, including laboratory testing, vital signs, measuring height, weight, and blood pressure, performed chemistrips, hematocrits and venipuncture.
- Performing IM injections as directed, blood draws and collecting urine samples
- Assisting M.D. during surgical abortion procedures
- Instructing and reassuring patients prior to and during surgical procedures
- Educating patients on post-surgical care and birth control methods
- Preparing patient rooms with adequate supplies and broke down rooms at the end of clinic, cleaning surgical rooms, maintaining the sterilization of all instruments and instrument packs on an ongoing basis, providing education on a group and individual basis.

4. **Did you take advantage of PPAZ's discount medical services for PPAZ employees?** No I did not personally, but later the employee discount was added to my account by (b)(6);

5. **If yes, please explain how that worked.**

6. **Did you input your own billing information?** On the day in question, yes I did enter my own billing information because on this same day, I was scheduled to work and the position that I was assigned to that day was Check-Out.

7. **If no, who did? – Please provide the name and contact information for the person who did.**

8. **Did you incur a large balance at PPAZ?** I currently have a balance at PPAZ.

9. **If yes, did you set up your own payment arrangement?** Yes, I set up a monthly payment arrangement with (b)(6); (b)(7)(C) in Billing.

**10. If no, who set up your payment arrangement? - Please provide the name and contact information for the person who did.**

**11. Were you treated by your friend and roommate, a physician at PPAZ? Yes.**

**12. If yes, how long had you been her patient? – Please provide the date.** I was only her patient the day I received my IUD, on September 4<sup>th</sup> or 11<sup>th</sup> not exactly sure of the date . Outside of that date, I was not treated by (b)(6);(b)(7)

**13. Are you still working for PPAZ? No**

**14. If yes, did PPAZ change their policies since you filed this complaint?**

**15. If yes, please explain how.**

**16. If no, when was your last day at PPAZ? - Please provide the date.** My last date of employment was (b)(6);(b)(7)(C)

**17. Please feel free to add anything else you feel would be important for me to know in this investigation.** I think it is important for you to know that the date/services that are being questioned here still does not give PPAZ the rights to copy and transfer my medical records without my permission. As a patient of PPAZ I have rights! I was lied to as to why my records were being “audited”. I was told my records had been requested from the finance department to be “audited” because there were “discrepancies” with my chart and they did not need my permission to pull or copy my medical records for that. I was never told that there was a specific service that they were concerned with until much later. When I contacted the finance department to see if this was true, no one in finance knew what I was talking about and I was told there was no financial “audit” that they were aware of. Also, (b)(6);(b)(7) was NOT my first choice to go to as my medical provider. I had been seeing the PA, (b)(6);(b)(7)(C) for ALL of my medical needs. (b)(6);(b)(7)(C) tired twice to insert my IUD and was not successful. SHE recommended that I go to (b)(6);(b)(7)(C) because she usually can insert IUD’s into those difficult patients without having any trouble. This is the reason my IUD was put in by my “friend/roommate” who just so happened to be the Expert Medical Provider/VP of Medical Affairs at PPAZ. Not because she was simply my friend and worked there, but because she is an expert at what she does and in my case, I needed an expert to provide me with the necessary services.

You asked me if I put in my own charges for the service that I received. The answer is yes. Not because I was trying to manipulate anything. Why would I do that knowing that everything I enter into the system has my name all over it! I entered my own charges b/c that was my JOB for the day. I was assigned to do Check Out. It never occurred to me to ask someone else to do it for me and even if I had, there was no other person there that understood the financial part of the office so it would have done me no good. There was NO policy stating that an employee CANNOT enter their own charges into the system, so of course, I did not believe I was violating any rules or regulations. I also did not even

give myself the employee discount, which I could have if I was trying to lower my cost in any way. I charged myself the full amount that an IUD and insertion cost, (b)(4). Again, I was not trying to get over on anyone. My initial payment arrangement was agreed upon with my manager at the time, (b)(6);(b)(7)(C) and later with (b)(6); (b)(7)(C) in billing. It was much later that the employee discount was added to my account by (b)(6); (b)(7)(C). I was not even informed that this happened until I received my bill in the mail and noticed that there were reduced charges. I immediately contacted (b)(6); (b)(7)(C) in finance to see what the issue was and why my charges had changed so much and it was then that I was told that management applied the new charges. I still have the invoices to prove it.

Something not mentioned here but I think is relevant is that I also did not clock myself out while I was getting my insertion. This was not an intentional move on my part. (b)(6);(b)(7)(C) was the provider that day and I was fitted into her schedule as it became free. Once she had a break between patients it was only then that I would be able to get my IUD. When I was notified that she was ready for me, I just had someone cover my position while I was gone so I could hurry up and get my services. It was NOT my intention to "get paid" for having personal services done. It was really a spare of the moment situation. This could have also been taken care of by management much sooner. Taking an hour of pay away from me would not have been a problem had they just communicated that to me. Also, there was NO policy stating that I needed to clock out.

Overall, I was lied to and my rights had been violated. When (b)(6);(b)(7)(C) copied my Personal Medical Records without my permission and left the medical clinic I don't know what she may have done during the time she left the clinic and my medical records getting to whoever "requested" them. I am NOT sure that my medical records were not altered in ANY way. I am NOT confident that my records were not manipulated to fit PPAZ's personal agenda. ALL of my records were copied not just the specific services that is being questioned here. What does the rest of my medical records have to do with this specific situation? I do have a copy of my medical records just in case something doesn't match up right. I would suggest comparing medical records with what they may have provided to you and what my chart says.

Lastly, I loved my job at PPAZ and would have continued to work there had this not happened to me. PPAZ's management made it VERY difficult for me to function with confidence at my job. I felt violated and disrespected as an employee and as a patient. The lack of communication and respect was overwhelming therefore, I chose to leave. It was a very hard decision for me but there was no way I was going to continue to work for an agency that cares very little about their employees.

I hope this information helps. If there is anything else you need from me, please feel free to contact me at any time. Thank you!



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Voice - (415) 437-8310, (800) 368-1019  
TDD - (415) 437-8311, (800) 537-7697  
(FAX) - (415) 437-8329  
<http://www.hhs.gov/ocr/>

**OFFICE OF THE SECRETARY**

**Office for Civil Rights, Region IX**  
**90 7<sup>th</sup> Street, Suite 4-100**  
**San Francisco, CA 94103**

June 20, 2013

(b)(6);(b)(7)(C)

Planned Parenthood of Arizona  
5651 N. 7<sup>th</sup> Street  
Phoenix, AZ 85014

**OCR Reference Number: 13-151831**

Dear (b)(6);(b)(7)(C)

Please be advised that the Department of Health and Human Services (HHS), Office for Civil Rights (OCR) received a complaint from (b)(6);(b)(7)(C) (complainant), on November 13, 2012, alleging that Planned Parenthood of Arizona (PPAZ; covered entity), at 5651 7<sup>th</sup> Street, Suite 105, in Phoenix, is not in compliance with the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rule). Specifically, the complainant alleges that, on November 9, 2012, PPAZ, impermissibly, disclosed her protected health information (PHI) to (b)(6);(b)(7)(C) Director of Operational Standards, who had come to the "Glendale Health Center" of PPAZ, and was given the complainant's PHI without the latter's permission. This allegation could reflect a violation of 45 C.F.R. 164.502(a) (uses and disclosure of protected health information: general rules).

OCR enforces the Privacy and Security Rule, and also enforces Federal civil rights laws that prohibit discrimination in the delivery of health and human services because of race, color, national origin, disability, age, and, under certain circumstances, sex and religion.

OCR is responsible for enforcing the Privacy and Security Rule as they apply to "covered entities." Covered entities include health care clearinghouses, health plans, and health care providers that transmit health information in electronic form in connection with a transaction for which HHS has adopted standards. See 45 C.F.R. Part 162.

To learn more about what types of providers are covered entities, please go to <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/index.html> and click on "Are You a Covered Entity?" You can also find helpful information about the Privacy and Security Rule on OCR's website, [www.hhs.gov/ocr/privacy/index.html](http://www.hhs.gov/ocr/privacy/index.html). Among other things, the website will lead you to a summary of the Privacy and Security Rule, and answers to hundreds of frequently asked questions. If you do not have access to the Internet, you may also obtain additional information and request a summary of the Privacy and Security Rule by calling the investigator, identified at the end of this letter.

OCR's authority to collect information and ascertain a covered entity's compliance is found at 45 C.F.R. §§ 160.300 - 160.316. These provisions give OCR specific authority to investigate complaints and conduct compliance reviews. Covered entities must cooperate with OCR during a complaint investigation [45 C.F.R. § 160.310(b)] and permit OCR access to their facilities, records and other information during normal business hours or at any time, without notice, if exigent circumstances exist [45 C.F.R. § 160.310(c)].

The Privacy and Security Rule provide that, to the extent practicable, OCR will seek the cooperation of covered entities to informally resolve complaints. For example, OCR can provide technical assistance to help a covered entity voluntarily comply with the Privacy and Security Rule.

**A covered entity has the right to respond to an allegation by submitting evidence to OCR indicating that:**

**(a) It is not a covered entity subject to the Privacy and Security Rule;**

**(b) the alleged violation did not occur as described by the complainant;**

**(c) the action complied with the Privacy and Security Rule; or,**

**(d) the covered entity has taken prompt and effective action to correct the noncompliance.**

Please provide OCR with the following information in regard to this incident **by July 20, 2013:**

- A copy of your PPAZ HIPAA policies and procedures relating to impermissible uses and disclosures of PHI.
- A copy of the investigation, conducted by PPAZ, if applicable.
- A copy of the documentation of the corrective actions taken by PPAZ, if applicable.
- A copy of any policies created and/or revised, designed to prevent future impermissible actions of this type, if applicable.
- A copy of any documentation, pertaining to any disciplinary actions taken against the workforce member(s), if applicable.
- A copy of any documentation, pertaining to retraining the workforce member(s), if applicable.
- A copy of the breach notification to OCR, if applicable.
- Anything else you believe would be important for us to know in the resolution of this complaint.

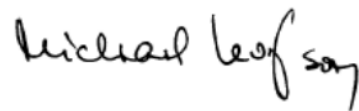
If OCR is unable to resolve this matter voluntarily, and if OCR's investigation results in a finding that PPAZ is not complying with the Privacy and/or Security Rule, HHS may initiate formal enforcement action which may result in the imposition of civil money penalties. Enclosed is a separate fact sheet which explains the penalty provisions under the Privacy and Security Rule. The fact sheet also explains that certain violations of the Privacy and Security

Rule may be subject to criminal penalties, which the U.S. Department of Justice is responsible for enforcing.

Under the Freedom of Information Act, OCR may be required to release this letter and other information about this case upon request to the public. In the event OCR receives such a request, 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.

Please be assured that OCR is committed to resolving this matter in an efficient and timely manner. If you have any questions, please do not hesitate to contact Sibylle O'Malley, Investigator, at 415-437-8316 (Voice) or TDD Number 415-437-8311 (TDD); you may also contact her at [Sibylle.OMalley@hhs.gov](mailto:Sibylle.OMalley@hhs.gov). When contacting this office, please remember to include your **OCR Transaction Number: 13-151831**.

Sincerely yours,

A handwritten signature in black ink that reads "Michael Leoz". The signature is written in a cursive style with a small flourish at the end.

Michael Leoz  
Regional Manager

Enclosure: Privacy and Security Rule Penalty Provisions Fact Sheet

**OMalley, Sibylle M. (HHS/OCR)**

**From:** Lawless Robertson, Laura M. (b)(6);(b)(7)(C)  
**Sent:** Tuesday, July 16, 2013 7:58 AM  
**To:** OMalley, Sibylle M. (HHS/OCR)  
**Cc:** (b)(6);(b)(7)(C)  
**Subject:** Office of the Secretary Letter to Planned Parenthood of Arizona, OCR Reference Number 13-151831

Dear Ms. O'Malley,

This is to confirm our telephone discussion in which you granted Planned Parenthood of Arizona a two-week extension to submit its response to the Department's June 27, 2013 letter. As agreed, we will submit our response on or before August 5, 2013. Thank you for your professional courtesy.

Best regards,

**Laura Lawless Robertson**

(b)(6);(b)(7)(C)

T (b)(6);(b)(7)(C)  
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**OMalley, Sibylle M. (HHS/OCR)**

---

**From:** OMalley, Sibylle M. (HHS/OCR)  
**Sent:** Tuesday, July 16, 2013 8:31 AM  
**To:** 'Lawless Robertson, Laura M.'  
**Cc:** (b)(6);(b)(7)(C)  
**Subject:** RE: Office of the Secretary Letter to Planned Parenthood of Arizona, OCR Reference Number 13-151831

Dear Ms. Robertson,

You are welcome. Please let me know if you have any other questions or concerns.

Sincerely,

Sibylle M. O'Malley, Ph.D.  
Equal Opportunity Specialist (Investigator)  
U.S. Dept. of Health & Human Services  
Office for Civil Rights, Region IX  
90 7th Street, Suite 4-100  
San Francisco, CA 94103-6705  
Tel.: 415-437-8316  
Fax: 415-437-8329  
E-mail: [Sibylle.OMalley@hhs.gov](mailto:Sibylle.OMalley@hhs.gov)

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**From:** Lawless Robertson, Laura M. [mailto:(b)(6);(b)(7)(C)]  
**Sent:** Tuesday, July 16, 2013 7:58 AM  
**To:** OMalley, Sibylle M. (HHS/OCR)  
**Cc:** Rosenfeld, Lawrence J.  
**Subject:** Office of the Secretary Letter to Planned Parenthood of Arizona, OCR Reference Number 13-151831

Dear Ms. O'Malley,

This is to confirm our telephone discussion in which you granted Planned Parenthood of Arizona a two-week extension to submit its response to the Department's June 27, 2013 letter. As agreed, we will submit our response on or before August 5, 2013. Thank you for your professional courtesy.

Best regards,

**Laura Lawless Robertson**

(b)(6);(b)(7)(C)

T (b)(6);(b)(7)(C)



O (b)(6);(b)(7)(C)  
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---

**OMalley, Sibylle M. (HHS/OCR)**

---

**From:** OMalley, Sibylle M. (HHS/OCR)  
**Sent:** Tuesday, September 10, 2013 11:58 AM  
**To:** (b)(6);(b)(7)(C)  
**Subject:** Re: Your OCR Complaint against PP AZ (OCR # 13-151831)

**Importance:** High

Dear (b)(6);(b)(7)(C)

I have heard from PP AZ and received a lot of additional information. As a result, I have some questions for you:

1. When did you start to work for PPAZ? – Please provide the date.
2. What was your job title?
3. What were your job duties?
4. Did you take advantage of PPAZ's discount medical services for PPAZ employees?
5. If yes, please explain how that worked.
6. Did you input your own billing information?
7. If no, who did? – Please provide the name and contact information for the person who did.
8. Did you incur a large balance at PPAZ?
9. If yes, did you set up your own payment arrangement?
10. If no, who set up your payment arrangement? - Please provide the name and contact information for the person who did.
11. Were you treated by your friend and roommate, a physician at PPAZ?
12. If yes, how long had you been her patient? – Please provide the date.
13. Are you still working for PPAZ?
14. If yes, did PPAZ change their policies since you filed this complaint?
15. If yes, please explain how.
16. If no, when was your last day at PPAZ? - Please provide the date.
17. Please feel free to add anything else you feel would be important for me to know in this investigation.

Please provide me with the answers to the above questions by September 20, 2013.

Sincerely,

Sibylle M. O'Malley, Ph.D.  
Equal Opportunity Specialist (Investigator)  
U.S. Dept. of Health & Human Services  
Office for Civil Rights, Region IX  
90 7th Street, Suite 4-100  
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Tel.: 415-437-8316  
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**DEPARTMENT OF HEALTH & HUMAN SERVICES**

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**OFFICE OF THE SECRETARY**

Office for Civil Rights, Region IX  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103

October 30, 2013

(b)(6);(b)(7)(C)

Lawrence J. Rosenfeld  
Squire Sanders (US) LLP  
1 E. Washington Street, Suite 2700  
Phoenix, AZ 85004

**OCR Reference Number: 13-151831**

Dear (b)(6);(b)(7)(C) and Mr. Rosenfeld:

On November 13, 2012, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) received a complaint, from (b)(6);(b)(7)(C) (the complainant), alleging a violation of the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rule). Specifically, the complainant alleges that, on November 9, 2012, Planned Parenthood of Arizona (PPAZ; covered entity), impermissibly, disclosed her protected health information (PHI) to Dominique Lee, the Director of Operational Standards, without notifying her and/or obtaining her permission. This allegation could reflect a violation of 45 C.F.R. §§ 164.502(a), and, 164.530(c), respectively.

OCR enforces the Privacy Rule and Security Rule and also enforces federal civil rights laws which prohibit discrimination in the delivery of health and human services because of race, color, national origin, disability and age.

In enforcing the Privacy Rule, OCR is required, by the regulation, to attempt, whenever possible, to resolve matters arising from complaints by informal means [45 C.F.R. §160.312(a)(1)].

On June 20, 2013, OCR notified (b)(6);(b)(7)(C) at PPAZ, of the allegation and asked for a response; on August 5, 2013, (b)(6);(b)(7)(C) attorney for PPAZ, responded to the allegation. Below is a summary of the complainant's allegation and PPAZ's response to the allegation.

The complainant states the following: On November 5, 2012, PPAZ disclosed her PHI to (b)(6);(b)(7)(C), Director of Operational Standards (DOS), at the request of (b)(6);(b)(7)(C) Director of Health Center Management and (b)(6);(b)(7)(C) Chief Operating Officer of PPAZ. As