

Page 1001 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1002 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1003 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1004 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1005 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1006 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1007 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1008 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1009 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1010 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1011 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1012 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1013 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1014 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1015 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1016 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1017 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1018 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1019 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1020 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1021 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1022 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1023 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1024 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1025 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1026 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1027 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1028 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1029 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1030 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1031 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1032 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1033 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1034 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1035 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1036 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1037 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1038 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1039 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1040 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1041 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1042 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1043 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1044 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1045 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1046 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1047 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1048 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Voice - (617) 565-1340, (800) 368-1019
TDD - (617) 565-1343, (800) 537-7697
Fax - (617) 565-3809
<http://www.hhs.gov/ocr>

Office for Civil Rights
New England Region
Government Center
J.F. Kennedy Federal Building,
Room 1875
Boston, MA 02203-0002

JAN 27 2017

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

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

Director of IT/Compliance Officer
IT Department
Planned Parenthood
2314 Auburn Ave
Cincinnati, OH 45219
Our Reference number: 01-16-245913

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

On August 9, 2016, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) received a complaint alleging Planned Parenthood is in 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). Specifically, the complainant, (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) alleges that a Planned Parenthood employee disclosed her protected health information (PHI) to her boyfriend, without her consent. These allegations could reflect violations of 45 C.F.R. §§ 164.502(a) & 164.530(c).

OCR enforces the Privacy and Security 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.

On October 24, 2016, OCR notified Planned Parenthood of the complaint. On December 5, 2016, Planned Parenthood responded to the complaint allegations and provided supporting documentation.

OCR's investigation revealed the following: on March 8, 2016, the complainant underwent several clinical tests. On March 22, 2016, the complainant was informed of her test results via telephone, and she was asked to return to the facility for another test. The complainant subsequently visited the facility on March 24, 2016, and then the facility sent a prescription to her pharmacy at her request. Between March 8, 2016 and April 1, 2016, Planned Parenthood does not have any case notes regarding speaking to the complainant's boyfriend. The next visit that the complainant had at the facility was July 19, 2016. At this time she was prescribed

medications pending the results of her test. On July 26, 2016, the complainant contacted the facility and requested that another prescription be sent to her pharmacy, and the facility did so upon request. The facility states that there are no notes in the complainant's records stating that they spoke with her boyfriend regarding her PHI and further, there is no note that she complained to the facility about an alleged disclosure of her PHI to her boyfriend.

Additionally, Planned Parenthood provided OCR with a copy of its policies and procedures regarding safeguarding PHI, its policies and procedures related to uses and disclosures of PHI, a copy of its Notice of Privacy Practices, and evidence of Planned Parenthood employee HIPAA training. These materials appear to be in compliance with HIPAA.

Based on our review of the facts and circumstances of this matter, we have determined that there is insufficient evidence to substantiate the claim that Planned Parenthood violated the Privacy Rule. Therefore, OCR is closing this case. 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, please contact Francesca Korbas, Investigator, at (617) 565-1355 (Voice), (617) 565-1343, (800) 537-7697 (TDD).

Sincerely,

A handwritten signature in black ink that reads "Susan Pezzullo Rhodes". The signature is written in a cursive style with a large initial "S".

Susan M. Pezzullo Rhodes
Regional Manager



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



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

Are you filing this complaint for someone else? [] Yes [X] 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 the heartland

STREET ADDRESS po box 310281 CITY Des Moines
STATE Iowa ZIP 50331-0001 PHONE (Please include area code) (866) 290-4325

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

LIST DATE(S)

08/11/2016

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)

My daughter (b)(6); is a 20 year old college student. Her Father and I have been divorces for 8 years. She lives with me and is under my insurance. Yesterday (b)(6);(came to me and showed me a bill from her visit at planned parenthood. It was a billing statement addressed to her Father at his address and it stated it was for (b)(6);(b)(encounter and listed STD testing and HIV testing on the bill. There is no reason that a bill for her reproductive health should have ever been sent to her father.

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

DATE (mm/dd/yyyy)

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

08/17/2016

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. 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 us 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 (b)(6);(b)(7)		LAST NAME (b)(6);(b)(7)	
HOME / CELL PHONE (Please include area code) (b)(6);(b)(7)(C)		WORK PHONE (Please include area code)	
STREET ADDRESS (b)(6);(b)(7)(C)		CITY (b)(6);(b)	
STATE (b)(6);(b)(7)	ZIP (b)(6);(b)(7)	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): googled how to

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 align="center">Region I - CT, ME, MA, NH, RI, VT</p> Office for Civil Rights, DHHS JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD) (617) 565-3809 FAX	<p align="center">Region V - IL, IN, MI, MN, OH, WI</p> Office for Civil Rights, DHHS 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD) (312) 886-1807 FAX	<p align="center">Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions</p> Office for Civil Rights, DHHS 90 7th Street, Suite 4-100 San Francisco, CA 94103 (415) 437-8310; (415) 437-8311 (TDD) (415) 437-8329 FAX
<p align="center">Region II - NJ, NY, PR, VI</p> Office for Civil Rights, DHHS 26 Federal Plaza - Suite 3312 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD) (212) 264-3039 FAX	<p align="center">Region VI - AR, LA, NM, OK, TX</p> Office for Civil Rights, DHHS 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD) (214) 767-0432 FAX	
<p align="center">Region III - DE, DC, MD, PA, VA, WV</p> Office for Civil Rights, DHHS 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD) (215) 861-4431 FAX	<p align="center">Region VII - IA, KS, MO, NE</p> Office for Civil Rights, DHHS 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (TDD) (816) 426-3686 FAX	
<p align="center">Region IV - AL, FL, GA, KY, MS, NC, SC, TN</p> Office for Civil Rights, DHHS 61 Forsyth Street, SW. - Suite 16T70 Atlanta, GA 30303-8909 (404) 562-7886; (404) 562-7884 (TDD) (404) 562-7881 FAX	<p align="center">Region VIII - CO, MT, ND, SD, UT, WY</p> Office for Civil Rights, DHHS 999 18th Street, Suite 417 Denver, CO 80202 (303) 844-2024; (303) 844-3439 (TDD) (303) 844-2025 FAX	<p align="center">Region X - AK, ID, OR, WA</p> Office for Civil Rights, DHHS 701 Fifth Avenue, Suite 1600, MS - 11 Seattle, WA 98104 (206) 615-2290; (206) 615-2296 (TDD) (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 complaint form to this address.**



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 Date: 08/17/2016

**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

Office of the Secretary

Voice - (202) 619-0403
TDD - (202) 619-3257
Fax - (202) 619-3818
<http://www.hhs.gov/ocr>

Office for Civil Rights
200 Independence Avenue,
S.W., Room 506F
Washington, DC 20201

September 16, 2016

Planned Parenthood of the Heartland
PO Box 4557
Des Moines, IA 50305
Attn: Privacy Officer

OCR Transaction Number: CU-16-246661
(b)(6);(b)(7)(C) vs Planned Parenthood of the Heartland

Dear Privacy Officer:

On August 17, 2016, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received a complaint alleging that Planned Parenthood of the heartland, the covered entity, has violated 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). Specifically, the complainant (b)(6);(b)(7)(C) alleges that, on August 11, 2016 Planned Parenthood of the Heartland mailed her daughter's medical statement along with other protected health information (PHI) to her ex-husband, who is not listed as the insurer. This allegation could reflect a violation of 45 C.F.R. § 164.530(c).

OCR enforces the Privacy, Security, and Breach Notification Rules, and also 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.

In this matter, the complainant alleges that the covered entity does not employ reasonable safeguards to prevent impermissible disclosures of protected health information (PHI). A covered entity must maintain reasonable and appropriate administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of PHI in violation of the Privacy Rule and to limit its incidental use and disclosure pursuant to otherwise permitted or required use or disclosure. 45 C.F.R. § 164.530(c).

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 the Heartland. To that end, OCR has enclosed material explaining the Privacy Rule provisions related to Reasonable Safeguards.

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 any 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. In addition, OCR encourages you to review the facts of this individual's complaint and provide the individual the appropriate written response swiftly if necessary to comply with the requirements of the Privacy Rule. Should OCR receive a similar allegation of noncompliance against Planned Parenthood of the Heartland in the future, OCR may initiate a formal investigation of that matter. In addition, please note that, after a period of six months has passed, OCR may initiate and conduct a compliance review of Planned Parenthood of the Heartland related to your compliance with the Privacy Rule's provisions related to Reasonable Safeguards.

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 Jerra Mitchell, Investigator, at (202) 205-1944 (Voice) or (202) 619-3257 (TDD).

Sincerely,

A handwritten signature in black ink that reads "Peggy Lee". The signature is written in a cursive, flowing style.

Peggy Lee
Acting Chief, Centralized Case Management Operations
(CCMO)

Enclosure: Reasonable Safeguards

Reasonable Safeguards

45 C.F.R. § 164.530(c)

A covered entity must have in place appropriate administrative, technical, and physical safeguards that protect against uses and disclosures not permitted by the Privacy Rule, as well as that limit incidental uses or disclosures. See 45 C.F.R. §164.530 (c). It is not expected that a covered entity's safeguards guarantee the privacy of protected health information from any and all potential risks. Reasonable safeguards will vary from covered entity to covered entity depending on factors, such as the size of the covered entity and the nature of its business. In implementing reasonable safeguards, covered entities should analyze their own needs and circumstances, such as the nature of the protected health information it holds, and assess the potential risks to patients' privacy. Covered entities should also take into account the potential effects on patient care and may consider other issues, such as the financial and administrative burden of implementing particular safeguards.

Many health care providers and professionals have long made it a practice to ensure reasonable safeguards for individuals' health information – for instance:

- By speaking quietly when discussing a patient's condition with family members in a waiting room or other public area;
- By avoiding using patients' names in public hallways and elevators, and posting signs to remind employees to protect patient confidentiality;
- By isolating or locking file cabinets or records rooms; or
- By providing additional security, such as passwords, on computers maintaining personal information.

Protection of patient confidentiality is an important practice for many health care and health information management professionals; covered entities can build upon those codes of conduct to develop the reasonable safeguards required by the Privacy Rule.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Voice - (202) 619-0403
TDD - (202) 619-3257
Fax - (202) 619-3818
<http://www.hhs.gov/ocr>

Office for Civil Rights
200 Independence Avenue,
S.W., Room 506F
Washington, DC 20201

September 16, 2016

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

OCR Transaction Number: CU-16-246661

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

vs Planned Parenthood of the heartland

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

On August 17, 2016, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received your complaint alleging that Planned Parenthood of the heartland, the covered entity, has violated 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). Specifically, you allege that on August 11, 2016, Planned Parenthood of the Heartland mailed your daughter's medical statements to your ex-husband. This allegation could reflect a violation of 45 C.F.R. §§ 164.530(c).

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

OCR enforces the Privacy, Security, and Breach Notification Rules, and also 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.

A covered entity must maintain reasonable and appropriate administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of PHI in violation of the Privacy Rule and to limit its incidental use and disclosure pursuant to otherwise permitted or required use or disclosure. 45 C.F.R. §164.530(c). For example, such safeguards might include shredding documents containing protected health information before discarding them, securing medical records with lock and key or passcode, and limiting access to keys or pass codes.

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

For your informational purposes, OCR has enclosed material regarding the Privacy Rule provisions related to Safeguards.

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 Centralized Case Management Operations at (800) 368-1019 or (202) 619-3257 (TDD).

Sincerely,



Peggy Lee
Acting Chief, Centralized Case Management Operations
(CCMO)

Enclosure: Reasonable Safeguards

English	If you speak a non-English language, call 1-800-368-1019 (TTY: 1-800-537-7697), and you will be connected to an interpreter who will assist you with this document at no cost.
Español - Spanish	Si usted habla español marque 1-800-368-1019 (o a la línea de teléfono por texto TTY 1-800-537-7697) y su llamada será conectada con un intérprete que le asistirá con este documento sin costo alguno.
中文 - Chinese	如果你讲中文, 请拨打1-800-368-1019 (打字电话: 1-800-537-7697), 你将被连接到一位讲同语种的翻译员为你提供免费服务。
Tiếng Việt - Vietnamese	Nếu bạn nói tiếng Việt, xin gọi 1-800-368-1019 (TTY: 1-800-537-7697), và bạn sẽ được kết nối với một thông dịch viên, người này sẽ hỗ trợ bạn với tài liệu này miễn phí.
한국어 - Korean	한국어를 하시면 1-800-368-1019 (청각 장애용: 1-800-537-7697) 로 연락 주세요. 통역관과 연결해서 당신의 서류를 무료로 도와 드리겠습니다.
Tagalog (Filipino)	Kung ikaw ay nagsasalita nang Tagalog, tumawag sa 1-800-368-1019 (TTY: 1-800-537-7697) para makonek sa tagapagsalin na tutulong sa iyo sa dokumentong ito na walang bayad.
Русский - Russian	Если вы говорите по-русски, наберите 1-800-368-1019. Для клиентов с ограниченными слуховыми и речевыми возможностями: 1-800-537-7697), и вас соединят с русскоговорящим переводчиком, который вам поможет с этим документом безвозмездно.

Reasonable Safeguards

45 C.F.R. § 164.530(c)

A covered entity must have in place appropriate administrative, technical, and physical safeguards that protect against uses and disclosures not permitted by the Privacy Rule, as well as that limit incidental uses or disclosures. See 45 C.F.R. §164.530 (c). It is not expected that a covered entity's safeguards guarantee the privacy of protected health information from any and all potential risks. Reasonable safeguards will vary from covered entity to covered entity depending on factors, such as the size of the covered entity and the nature of its business. In implementing reasonable safeguards, covered entities should analyze their own needs and circumstances, such as the nature of the protected health information it holds, and assess the potential risks to patients' privacy. Covered entities should also take into account the potential effects on patient care and may consider other issues, such as the financial and administrative burden of implementing particular safeguards.

Many health care providers and professionals have long made it a practice to ensure reasonable safeguards for individuals' health information – for instance:

- By speaking quietly when discussing a patient's condition with family members in a waiting room or other public area;
- By avoiding using patients' names in public hallways and elevators, and posting signs to remind employees to protect patient confidentiality;
- By isolating or locking file cabinets or records rooms; or
- By providing additional security, such as passwords, on computers maintaining personal information.

Protection of patient confidentiality is an important practice for many health care and health information management professionals; covered entities can build upon those codes of conduct to develop the reasonable safeguards required by the Privacy Rule.

HITECH Breach Report for the Office for Civil Rights

Name: Planned Parenthood of Greater Washington and North Idaho

Breach Tracking No:	VYS2Q8G7RS	Report Type:	Initial Breach Report	CE State:	WA	CE Zip:	99207
Breach Affecting:	500 or More Individuals	CE City:	Spokane	CE Email:	(b)(6);(b)(7)(C)	CE Type:	Healthcare Provider
CE Address:	123 East Indiana Ave.	CE Phone:	(b)(6);(b)(7)(C)				
CE Contact Name:	(b)(6);(b)(7)(C)						
BA Name:	athenahealth, Inc.	BA City:	Watertown	BA State:	MA	BA Zip:	02472
BA Address:	311 Arsenal Street	BA Phone:	(b)(6);(b)(7)(C)	BA Email:	(b)(6);(b)(7)(C)		
BA Contact Name:	(b)(6);(b)(7)(C)	Discovery Start Date:	06/28/2016	Approximate # of Individuals Affected by the Breach:			10700
Breach Start Date:	06/28/2016	Discovery End Date:	06/28/2016				
Breach End Date:	06/28/2016	Location of Breached Information:	Email	Type of PHI Involved in the Breach:			Demographic
Type of Breach:	Unauthorized Access/Disclosure	Financial:		Clinical:			
Demographic:	Name						
Type of Breach (other):							
Location of Breached Information (other):							
Type of PHI Involved in the Breach (other):							
Brief Description of the Breach:	On June 28, some emails inviting individuals to a Planned Parenthood of Greater Washington and North Idaho (GWNI) online portal were inadvertently sent to the wrong addresses by our Business Associate, athenahealth, Inc. The emails included only the individual's first and last name, and no other health or personal information.						
	Upon discovery of the incident on the same day, athenahealth and GWNI took steps to promptly shut down the portal and determine the root cause of the incident, as well as to implement additional safeguards to reduce the risk of similar incidents in the future.						
Safeguards:	Privacy Rule Safeguards (Training, Policies and Procedures, etc.), Security Rule Administrative Safeguards (Risk Analysis, Risk Management, etc.), Security Rule Physical Safeguards (Facility Access Controls, Workstation Security, etc.), Security Rule Technical Safeguards (Access Controls, Transmission Security, etc.)						
Notice Start Date:	08/26/2016	Substitute:	Yes	10 or more:	Yes		
Notice End Date:	08/26/2016	Media:	Yes	Media States:	Washington		
Action Response:	Implemented new technical safeguards, Implemented periodic technical and nontechnical evaluations, Other, Performed a new/updated Security Rule Risk Analysis, Provided business associate with additional training on HIPAA requirements, Revised policies and procedures, Took steps to mitigate harm						
Action Description:	Following the incident, the portal was shut down and the email links were deactivated. GWNI and athenahealth worked together to get the portal back online and reconfirm permissions and processes.						

Signature Name: (b)(6);(b)(7)(C)

Signature Date: 08/26/2016

This report from the Department of Health and Human Services, Office for Civil Rights contains information that is PRIVILEGED and CONFIDENTIAL. You are hereby notified that any dissemination of this message is strictly prohibited. If you have received this report in error, please do not read, copy or forward and permanently delete all copies.

Wednesday, April 06, 2011

**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, Pacific Region
90 7th Street, Suite 4-100
San Francisco, California 94103

September 8, 2016

Marcy Wilder
Partner
Hogan Lovells US LLP
Columbia Square
555 Thirteenth Street, NW
Washington, DC 20004

OCR Transaction Number: 16-247465

Dear Ms. Wilder:

Please be advised that, August 26, 2016, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received a breach notification report, from Karl Eastlund, required by 45 C.F.R. § 164.408, related to the Planned Parenthood of Greater Washington and North Idaho (PPGWNI) breach. Based on this breach notification report, OCR is investigating whether PPGWNI is in compliance with the applicable 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), and the Breach Notification Rule (45 C.F.R. Parts 160 and 164, Subpart D).

The breach notification report states that, on June 28, 2016, some e-mails, inviting individuals to a PPGWNI online portal, were inadvertently sent to the wrong addresses, by its business associate (BA), athenahealth, Inc. The emails included only the individuals' first and last name, but no other health or personal information. The breach affected 10,700 individuals. Upon discovery of the incident, on the same day, athenahealth and PPGWNI took steps to promptly shut down the portal in order to determine the root cause of the incident, as well as to implement additional safeguards to reduce the risk of similar incidents in the future. After shutting down the portal and de-activating the e-mail links, PPGWNI and athenahealth then worked together to get the portal back on-line and re-confirmed permissions and processes.

The information, reported by PPGWNI, could reflect the following, potential violations:

Section	Implementation Specification	Action/Standard
45 C.F.R. § 164.308(b)(1)	BA Contracts & Other Arrangements	Required
45 C.F.R. § 164.314(a)(1)	BA Contract or Other Arrangements	Required
45 C.F.R. § 164.404(a)	Breach Notification to Individuals	Required
45 C.F.R. § 164.406(a)	Breach Notification to the Media	Required

Section	Implementation Specification	Action/Standard
45 C.F.R. § 164.504(e)	BA Contracts	Standard

OCR enforces the Privacy and Security Rules, and the Breach Notification Rule. OCR 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 Rules, and the Breach Notification Rule, as those Rules apply to “covered entities” and “business associates.” Covered entities are 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. Business associates are persons or entities that provide certain services to or perform functions on behalf of covered entities, or other business associates of covered entities, that require access to protected health information.

OCR’s enforcement authority is codified at 45 C.F.R. Part 160, Subparts C, D, and E (the Enforcement Rule), which relates to compliance with, and enforcement of, each of the above referenced Rules. The Enforcement Rule requires that covered entities and business associates cooperate with OCR during an investigation or compliance review of a covered entity’s or business associate’s policies, procedures, or practices to determine whether it is complying with the applicable provisions. 45 C.F.R. § 160.310(b). It also requires that covered entities and business associates permit OCR access to its 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).

For questions, please contact the OCR Investigator, named below. In addition, please submit your response to the enclosed data request, **within 30 days of the date of this letter (i.e., no later than October 8, 2016)** and number each response to correspond with the number and letter in the data request. Be sure to produce the documents in compliance with the “Instructions”, set forth below, including the placement of consecutive bates numbers on the documents.

A covered entity or business associate has the right to submit additional data, beyond that requested by OCR in the data request, as the covered entity or business associate deems appropriate. Such data could pertain to the covered entity’s or business associate’s compliance with the applicable provisions of the Privacy, Security, and Breach Notification Rules and/or pertain to the actions the covered entity or business associate has taken to correct the noncompliance.

If OCR is unable to resolve this matter voluntarily, and if OCR’s investigation results in a finding that PPGWNI, and, by extension, athenahealth, Inc., has failed to comply with the applicable provisions of the Privacy and Security Rules and/or the Breach Notification Rule, HHS may initiate formal enforcement action which may result in the imposition of civil money penalties, or take other actions consistent with OCR’s jurisdiction. OCR has enclosed a separate fact sheet

explaining the penalty provisions under the Privacy, Security, and Breach Notification Rules. The fact sheet also explains that certain violations of the Privacy and Security Rules 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 by 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. OCR will also attempt to protect information from disclosure that is submitted by PPGWNI in response to this or other data requests if such information constitutes "proprietary information" for purposes of the Freedom of Information Act and/or HHS's implementing regulations.

If you have any questions, please do not hesitate to contact Sibylle O'Malley, Investigator, at 415-437-8316 (Voice), or by e-mail at Sibylle.OMalley@hhs.gov. When contacting this office, please remember to include your Transaction Number: **16-247465**.

Sincerely,

Sibylle M. O'Malley, Ph.D. for

Michael Leoz
Regional Manager

Enclosures: Data Request
Privacy and Security Rules Enforcement and Penalty Provisions Fact Sheet

**Planned Parenthood of Greater Washington and North Idaho (PPGWNl), Privacy Manager
Breach**

OCR Transaction Number: 16-247465

DATA REQUEST

(Please number each response to correspond with the numbers, below, and include a table of contents):

1. Provide a written discussion that explains the results of any internal investigation in response to the allegations;
2. Provide a copy of PPGWNl's Business Associate Contracts or Other Arrangements, in effect, both, at the time of the incident and currently, if they were revised;
3. Provide a copy of PPGWNl's Breach Notification policies and procedures, as they relate to the notification of individuals, in effect, both, at the time of the incident and currently, if they were revised. In addition, please provide evidence of said notification;
4. Provide a copy of PPGWNl's Breach Notification policies and procedures, as they relate to the notification of the Media, in effect, both, at the time of the incident and currently, if they were revised. In addition, please provide evidence of said notification;

Please note: OCR is requesting the above listed data in order to provide guidance in compiling an adequate response to the privacy and/or security incident. The submission of the requested data, in full, does not prevent OCR from requesting additional information as necessary.

THE PRIVACY, SECURITY, AND BREACH NOTIFICATION RULES ENFORCEMENT AND PENALTIES FOR NONCOMPLIANCE

The Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) and the Security Standards for the Protection of Electronic Protected Health Information (Security Rule) establish a set of national standards for the use, disclosure, and safeguarding of an individual's health information – called protected health information – by covered entities and business associates. The Privacy Rule sets standards for the use and disclosure of protected health information by covered entities and business associates and also sets standards for providing individuals with privacy rights to understand and control how their health information is used and disclosed. The Security Rule's standards specify a series of administrative, technical, and physical security procedures for covered entities and business associates to use to assure the confidentiality, integrity, and availability of electronic protected health information. The Breach Notification Rule's standards require covered entities and business associates to provide notification following a breach of unsecured protected health information. The Department of Health and Human Services, Office for Civil Rights (OCR) is responsible for administering and enforcing these standards and may conduct complaint investigations and compliance reviews.

Consistent with the principles for achieving compliance provided in the Privacy, Security, and Breach Notification Rules, OCR will seek the cooperation of covered entities and business associates and may provide technical assistance to help them comply voluntarily with the applicable provisions of the Privacy, Security, and Breach Notification Rules. Covered entities and business associates that fail to comply voluntarily with the applicable standards may be subject to civil money penalties. In addition, certain violations of the Privacy, Security, and Breach Notification Rules may be subject to criminal prosecution. These penalty provisions are explained below.

Civil Money Penalties. OCR may impose a penalty on a covered entity or business associate for a failure to comply with an applicable requirement of the Privacy, Security, or Breach Notification Rule. Penalties will vary significantly depending on factors such as the date of the violation, whether the covered entity or business associate knew or should have known of the failure to comply, or whether the covered entity's or business associate's failure to comply was due to willful neglect. Penalties may not exceed a calendar year cap for multiple violations of the same requirement.

For violations occurring on or after February 18, 2009, OCR may impose penalties of \$100 to \$50,000 or more per violation with a calendar year cap of \$1,500,000. A penalty may not be imposed for violations in certain circumstances, such as if the covered entity or business associate establishes to the satisfaction of OCR that:

- the failure to comply was not due to willful neglect, and
- the failure to comply was corrected during a 30-day period after the entity knew or should have known the failure to comply had occurred (unless the period is

extended at the discretion of OCR).

In addition, OCR may choose to reduce a penalty if the failure to comply was due to reasonable cause and the penalty would be excessive given the nature and extent of the noncompliance.

Before OCR imposes a penalty, it will notify the covered entity or business associate and provide the covered entity or business associate with an opportunity to provide written evidence of those circumstances that would reduce or bar a penalty. This evidence must be submitted to OCR within 30 days of receipt of the notice. In addition, if OCR states that it intends to impose a penalty, a covered entity or business associate has the right to request an administrative hearing to appeal the proposed penalty.

Criminal Penalties. A person who knowingly obtains or discloses individually identifiable health information in violation of the Privacy and Security Rules may face a criminal penalty of up to \$50,000 and up to one-year imprisonment. The criminal penalties increase to \$100,000 and up to five years imprisonment if the wrongful conduct involves false pretenses, and to \$250,000 and up to 10 years imprisonment if the wrongful conduct involves the intent to sell, transfer, or use identifiable health information for commercial advantage, personal gain or malicious harm. The Department of Justice is responsible for criminal prosecutions under the Privacy and Security Rules.

VIA EMAIL

Regional Manager Michael Leoz
U.S. Department of Health and Human Services
Office of the Secretary
Office for Civil Rights, Pacific Region
90 7th Street, Suite 4-100
San Francisco, CA 94103

Re: OCR Transaction Number: 16-247465

Dear Mr. Leoz:

Planned Parenthood of Greater Washington and North Idaho ("PPGWN") submits the following information to the U.S. Department of Health and Human Services Office for Civil Rights ("OCR") in response to OCR's September 8, 2016 Data Request ("Request") regarding the breach report submitted by PPGWN on August 26, 2016.¹

Data Request Responses

1. Provide a written discussion that explains the results of any internal investigation in response to the allegations.

PPGWN is a non-profit healthcare organization that has provided high-quality reproductive healthcare services since 1967. PPGWN runs 12 health centers in Washington state and North Idaho, providing care to both women and men, many of whom receive reduced-rate or free services.

In late 2015, PPGWN began the process of changing to a new vendor, athenahealth, for an updated practice management system, including an improved online patient

¹ This Response contains confidential, proprietary and/or trade secret information of PPGWN, and/or its affiliated entities and customers. The public use or disclosure of the information provided in this response would cause harm, including competitive harm, to PPGWN. The information provided in this Response is exempt from public disclosure pursuant to the Freedom of Information Act (FOIA) regulations, 5 U.S.C. § 552. Accordingly, the information provided in this Response, as well as corresponding documentation, may not be released in response to a freedom of information request or under any other circumstances.

Should HHS determine that any portion of the information and documentation provided is not exempt from disclosure, PPGWN requests that HHS provide two (2) weeks' notice of such determination so that they may take the appropriate steps, including obtaining an appropriate protective order or other relief from a court of competent jurisdiction, to protect the information from disclosure. PPGWN expressly reserves any applicable privileges or immunities to which they are entitled under applicable law.

portal. athenahealth and PPGWNI entered into an agreement, which included a business associate agreement. In addition, as part of the implementation process, PPGWNI and athenahealth held regularly scheduled meetings that included discussions and decisions to ensure privacy and security protections were in place.

On June 28, 2016, emails were sent through athenahealth's Communicator product inviting individuals to sign up for the new PPGWNI patient portal. The invitation email contained only an individual's first and last name, and no other personal or health information. athenahealth maintains that invitation emails are sent by default as part of their standard process for setting up the patient portal, though that was not clearly communicated and PPGWNI was unaware that the invitation emails would be sent. PPGWNI does not typically permit email campaigns directed to its patients. Demographic information, including email addresses, had been provided to athenahealth for purposes related to the consolidation of patient information in the new records, as well as for continuity of care. Some of the email addresses provided by PPGWNI were mis-assigned on a spreadsheet, and when the portal adoption campaign launched, a small percentage were directed to the wrong email address.

Upon discovery of the email campaign and the misdirected emails on June 28, 2016, PPGWNI and athenahealth promptly investigated the incident. Each email contained the first and last name of the individual, and no health information, and the recipient could not obtain access to another individual's portal (including the intended recipient's) through any information provided in the email. At PPGWNI's direction, athenahealth shut down the patient portal, and links in the emails were deactivated. In addition to these mitigation steps, corrective actions were taken to prevent similar incidents from occurring in the future, including re-importation of the email files.

Before getting the patient portal back online, PPGWNI confirmed that appropriate permissions and safeguards were in place. PPGWNI also evaluated athenahealth's compliance with its obligations as outlined in the business associate agreement between the two entities. PPGWNI and athenahealth held numerous meetings to implement additional technical safeguards for PPGWNI, including more stringent permissions for communications with patients. PPGWNI concluded that this incident was an isolated occurrence and permitted re-activation of the patient portal.

On August 26, 2016, PPGWNI began the process of notifying individuals, the media, and OCR of the incident, as described in response to Requests 3 and 4.

PPGWNI and athenahealth have no evidence of any misuse of the information involved in the incident. However, as an added precaution aimed to mitigate any potential harm to individuals, the entities engaged AllClear ID to provide affected individuals with

Identity Repair for the 12 months following the incident.

- 2. Provide a copy of the PPGWNI Business Associate Contracts or Other Arrangements, in effect, both, at the time of the incident and currently, if they were revised;**

Attached as Exhibit 1, please find a copy of the business associate agreement executed as part of the master services agreement between athenahealth and PPGWNI, effective December 23, 2015. The business associate agreement remains current.

- 3. Provide a copy of PPGWNI's Breach Notification policies and procedures, as they relate to the notification of individuals, in effect, both, at the time of the incident and currently, if they were revised. In addition, please provide evidence of said notification.**

Attached as Exhibit 2, please find PPGWNI's "Policy and Procedure No. 21, Notification of Breaches of Unsecured Protected Health Information," effective July 2016, which addresses notification to individuals. Attached as Exhibit 3, please find the version of the policy in place at the time of the incident, "HIPAA Privacy Policy #22, Notification of Breaches of Unsecured Protected Health Information."

Attached as Exhibit 4, please find English and Spanish copies of the written notice that was mailed to individuals for whom PPGWNI had sufficient contact information. Attached as Exhibit 5, please find a copy of the substitute notice posted by PPGWNI on its website, on August 26, 2016, which will remain in place for at least 90 days.

- 4. Provide a copy of PPGWNI's Breach Notification policies and procedures, as they relate to the notification of the Media, in effect, both, at the time of the incident, and currently, if they were revised. In addition, please provide evidence of said notification.**

Attached as Exhibits 2 and 3, as described in response to Request 3, please find the breach notification policies that address notification of the media. In addition, please find attached as Exhibit 6 a copy of the notification provided to media on August 26, 2016. Attached as Exhibit 7, please find a list of the media outlets to whom notification was provided.

* * *

October 7, 2016

If you have any additional questions, please contact me by email at Karl.Eastlund@ppgwni.org or by phone at (509) 241-4247.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karl Eastlund', with a large, stylized flourish at the end.

Karl Eastlund
President and CEO
Planned Parenthood of Greater Washington and North Idaho

Page 1076 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1077 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1078 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1079 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1080 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1081 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1082 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1083 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1084 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1085 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1086 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1087 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1088 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1089 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1090 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1091 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1092 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1093 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 1094 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1095 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

TAKE ACTION >>
DONATE >>

Data Security Update

Welcome

About Us

Patient Resources

Education

Events

News

Jobs

Volunteer

Contact Us

Donate

Advocacy

Public Notice of Email Error

On June 28, 2016, some emails notifying individuals of an online portal were inadvertently sent to the wrong addresses. This caused individuals to receive another person's email, which included the intended recipient's first and last name. There was no other personal or health information in the email, and the recipient would not have been able to use the information to access the portal under another person's name.

Upon discovery on June 28, we took action to assess the situation and shut down the portal. We immediately determined it was an isolated occurrence, and it was resolved promptly. We have no evidence that any of the information involved in this incident has been misused in any way.

We are committed to ensuring individuals affected by this incident have the necessary information about this matter. Those individuals who believe they could have been affected by the incident and would like to obtain more information can do so by calling 1-877-412-7146 between 8 a.m. and 8 p.m. Central Time, Monday through Saturday.

Privacy is a top priority for us, and we regret any confusion or concern this error has caused. We are reinforcing existing privacy policies and technological protocols internally and with our partners, and are evaluating additional safeguards to prevent any similar incidents from occurring in the future.

FIND A
HEALTH CENTER

Zip Code OR State

OR CALL

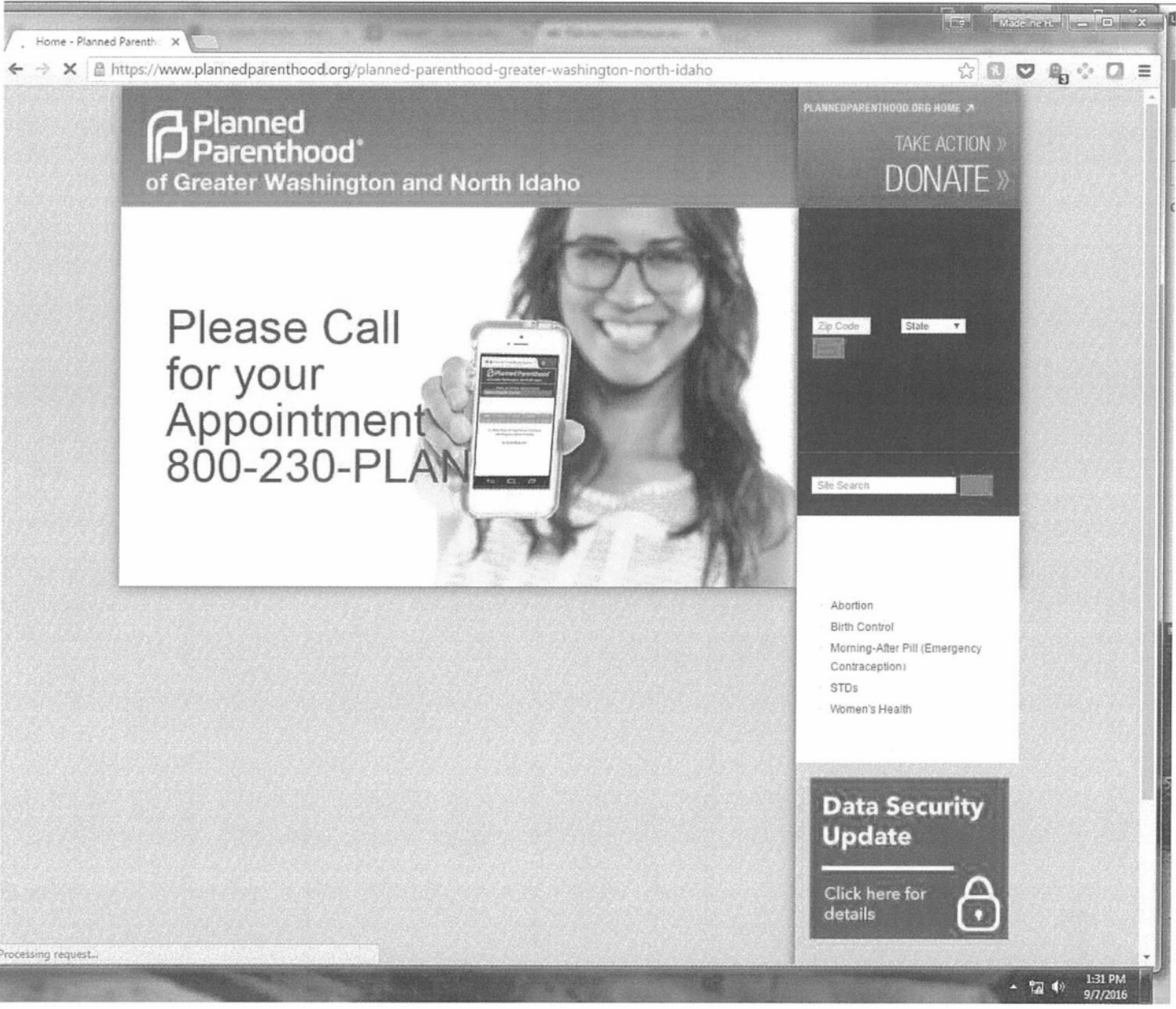
1-800-230-PLAN

Site Search

FOLLOW



Care. No matter what.



Please Call
for your
Appointment
800-230-PLAN

Zip Code State

Site Search

- Abortion
- Birth Control
- Morning-After Pill (Emergency Contraception)
- STDs
- Women's Health

Data Security Update

Click here for details

Processing request...

Planned Parenthood of Greater Washington and North Idaho
For Immediate Release: August 26, 2016
Contact: communications@ppgwni.org

Public Notice of Email Error

On June 28, 2016, some emails notifying individuals of an online portal were inadvertently sent to the wrong addresses. This caused individuals to receive another person's email, which included the intended recipient's first and last name. There was no other personal or health information in the email, and the recipient would not have been able to use the information to access the portal under another person's name.

Upon discovery on June 28, we took action to assess the situation and shut down the portal. We immediately determined it was an isolated occurrence, and it was resolved promptly. We have no evidence that any of the information involved in this incident has been misused in any way.

We are committed to ensuring individuals affected by this incident have the necessary information about this matter. Those individuals who believe they could have been affected by the incident and would like to obtain more information can do so by calling 1-877-412-7146 between 8 a.m. and 8 p.m. Central Time, Monday through Saturday.

Privacy is a top priority for us, and we regret any confusion or concern this error has caused. We are reinforcing existing privacy policies and technological protocols internally and with our partners, and are evaluating additional safeguards to prevent any similar incidents from occurring in the future.

-end-

Planned Parenthood of Greater Washington and North Idaho (PPGWNI) is a non-profit, 501(c)3 organization and the leading provider and advocate of high-quality, affordable reproductive health care for women, men, and young people, as well as the primary provider of sexual health education in the region. PPGWNI operates 12 health centers across Central and Eastern Washington, and has been dedicated to serving all patients with supportive care since 1967. Through comprehensive health services, education programs, and fearless advocacy, PPGWNI provides all people with the expert health care and resources they need to be healthy, plan their futures, and achieve their dreams.

Media Notice

Washington

Seattle Times

Tacoma News Tribune

Inlander

Spokesman Review

Yakima Herald Republic

Tri-Cities Herald

Idaho

Spokesman Review

Idaho Statesman

Lewiston Morning Tribune

Coeur d'Alene Press

Twin Falls Times-News

Bonner County Daily Bee

Dear Ms. Wilder,

Your Data Response was reviewed by our subject matter experts and found to need the following, additional information:

1. The date the document (Business Associate Agreement) was executed.
2. A description of what specific parts of the Security Rule the business associate (BA), (AthenaHealth), is obligated to meet.
3. A description of how your entity monitors and enforces the BA's required actions.

Please see the link, below, for any questions regarding business associate agreements (BAA).

<http://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html>

Please also let me know if you have any questions.

Sincerely,

Sibylle.

Sibylle M. O'Malley, Ph.D.
Investigator
U.S. Dept. of Health & Human Services
Office for Civil Rights, Pacific Region
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

Notice

This message (including any attachments) from the U.S. Department of Health and Human Services, Office for Civil Rights, contains information that is PRIVILEGED and CONFIDENTIAL. If you are not an intended recipient, you are hereby notified that any dissemination of this message is strictly prohibited. If you have received this message in error, please do not read, copy or forward it. Please permanently delete all copies and any attachments and notify the sender immediately by reply e-mail.

Please be aware that email communication can be intercepted in transmission or misdirected. Your use of email to communicate individually identifiable health information (IIHI) and other sensitive or confidential information to us indicates that you acknowledge and accept the possible risks associated with such communication. Please consider communicating any