

a result, the DOS viewed and copied the complainant's PHI and left PPAZ with said PHI. At no time did the complainant give permission to have her PHI disclosed to her employer, PPAZ. She does not know what happened to her PHI, how many people viewed her PHI or if the PHI was altered in any way.

PPAZ states the following: PPAZ hired the complainant as a health center assistant. Her duties included providing general health and contraceptive information to clients; assisting with medical procedures; performing clerical functions; and, entering information from clinicians in into patient charts, via PPAZ's Next Gen billing system, to support PPAZ's back-end patient billing processes. PPAZ offers a fringe benefit to their employee which includes discount medical services, but not medications or supplies. The complainant took advantage of this employee benefit as a result of which her clinical chart was subject the same data security measures as those of all other patients.

PPAZ continues: In October 2012, PPAZ noticed that the complainant had amassed a large, past-due balance on her health care charges. This included charges for \$1,178.00, incurred during her most recent visit, a balance that was much higher than the \$200.00 arrearages limit that PPAZ ordinarily imposes before declining to provide additional, non-emergency services. The complainant's balance was unusual, as PPAZ employees, who receive health care services at PPAZ, are expected to pay any fees for services at the time the services are received. Billing employees further noted, what appeared to be, entries by the complainant, in which the latter had set up her own payment arrangement and authorizations by management. Further inquiries revealed that none of the managers had authorized the payment arrangement in question, and/or the high-cost contraceptive services and devices.

PPAZ continues: PPAZ management asked the DOS, who was scheduled to visit its facility to provide training to the Center Manager, to look into the issue for them and to determine if any of PPAZ's managers had approved any exception to PPAZ's standard billing policy. On November 9, 2012, the DOS requested the complainant's chart, as directed. The DOS's review of the chart found a number of irregularities in the charting and billing process: (a) Although not technically a violation of PPAZ policy, at that time, the complainant had been treated by (b)(6);(b)(7)(C) the Medical Director of the facility; (b) unbeknownst to PPAZ, during the entire time the complainant worked at PPAZ, (b)(6);(b)(7)(C) was a close personal friend and roommate of the complainant's; (c) a number of services were noted in the complainant's chart but not billed for; (d) (b)(6);(b)(7)(C) prescribed medications to the complainant without the corresponding entries regarding office visits/examinations; (e) (b)(6);(b)(7)(C) prescribed an expensive contraceptive device (IUD) despite the fact that a less expensive, equally effective option was available; and, (f) the complainant had entered her own patient charges in the billing system and had signed the informed consent form, both, as the patient and as a witness representative of PPAZ.

PPAZ continues: The DOS documented her findings, made a photocopy of the complainant's clinical chart and brought the photocopy to PPAZ's Director of Human Resources (DHR), in a sealed envelope. The DHR placed the envelope in a locked file cabinet, in her office, to which only she has access. Upon learning about the DOS's copying the complainant's PHI, the Center Manager and the complainant complained to the DHR, alleging that the DOS's action was a

“breach of HIPAA”. The DHR referred the complaints to PPAZ’s Director of Risk/Quality Management and Clinical Research (DRQM), on November 12, 2012. After a thorough investigation, the DRQM concluded that PPAZ had not violated HIPAA as a covered entity is permitted to use and disclose PHI for its own treatment, payment, or health care operations. In this case, PPAZ reviewed the complainant’s PHI “incident to its efforts to obtain reimbursement for the provision of health care . . . ; and, incident to its efforts to ensure compliance with its billing and service delivery policies”.

PPAZ continues: After a thorough investigation and after interviewing various witnesses, it concluded that it had not violated HIPAA, as it only obtained the PHI, relevant to investigating and auditing apparent billing irregularities and policy violations; that is, it limited its use and disclosure of the complainant’s PHI to the minimum necessary. It opines that HIPAA’s payment and health care operations provisions permitted the use and disclosure of the PHI in question and cites the requisite HIPAA Privacy Rule citations [45 C.F.R. §§ 164.501, and 164.502(a)(1)(ii)], respectively.

PPAZ closes by stating: While its investigation did not reveal any HIPAA Privacy Rule violations, it, nevertheless, developed a plan of action to reinforce its HIPAA policies and procedures by (a) revising its policy on the release of PHI; (b) revising its “Health Care Visit for Employees Policy”, as a result of which PPAZ employees now are required to seek health care services from a health center, other than the one where they work, in order to minimize employees tampering with their own billing records (e.g. signing and witnessing their own consent forms); and, (c) clarifying that employees are prohibited from entering charges or adjusting billing entries on their own accounts and that their billing records must be an accurate reflection of the services they received.

On September 10, 2013, OCR contacted the complainant to clarify some issues. The complainant told OCR that: (a) She did enter her own billing information because that was her job that day and there was no policy that prohibited employees from entering their own charges into the system; (b) she charged herself the entire (b)(4) for the IUD and did not take the employee discount for herself; the discount was later applied to her account by management; (c) she, currently, owes a balance at PPAZ but PPAZ lied to her when it told her that it was pulling her PHI because of financial irregularities since they reviewed and copied her entire file; (d) she set up a monthly payment arrangement, first with (b)(6);(b)(7)(C) and later with (b)(6);(b) in billing; (e) she did not clock out while receiving those services since there was no policy that stated that she needed to clock out; (f) she was treated by her friend/roommate, a physician at PPAZ, but only after she was referred to her friend by the physician assistant who had been unable to insert the IUD; and, (e) she resigned from PPAZ, on December 29, 2012, because, while she loved her job, she no longer felt comfortable working at PPAZ.

The Privacy Rule deals with the permissible and impermissible uses and disclosures of PHI. The issue in this complaint is the alleged, impermissible disclosure of the complainant’s PHI to others. The Privacy Rule defines “use”, with respect to PHI, as “the sharing, employment,

application, utilization, examination, or analysis of such information within the entity that maintains such information". The Privacy Rule defines "disclosure", with respect to PHI, as "the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information" [45 C.F.R. § 160.103].

The Privacy Rule states that, except with respect to uses or disclosures that require an authorization under § 164.508(a)(2) through (4) or that are prohibited under § 164.502(a)(5)(i), a covered entity may use or disclose PHI for treatment, payment, or health care operations, as set forth in paragraph (c) of this section, provided that such use or disclosure is consistent with other applicable requirements of this subpart [45 C.F.R. § 164.506(a)].

The Privacy Rule defines *Payment* as: (1) The activities undertaken by: (ii) a health care provider or health plan to obtain or provide reimbursement for the provision of health care; and (2) The activities in paragraph (1) of this definition relate to the individual to whom health care is provided and include, but are not limited to: . . . (iii) billing, claims management, collection activities . . . ; (iv) review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges [45 C.F.R. § 164.501].

The Privacy Rule does not prohibit the use, disclosure, or request of an entire medical record; and a covered entity may use, disclose, or request an entire medical record without a case-by-case justification, if the covered entity has documented, in its policies and procedures, that the entire medical record is the amount reasonably necessary for certain identified purposes [45 C.F.R. § 164.502(b)].

Section 164.530 of the Privacy Rule requires that a covered entity (a) train all members of its workforce on the policies and procedures with respect to PHI, required by this subpart, as necessary and appropriate for the members of the workforce to carry out their function within the covered entity [45 CFR §164.530(b)(1)]; (b) have appropriate administrative, technical, and physical safeguards in place to protect the privacy of PHI and that it must reasonably safeguard PHI from any intentional or unintentional use or disclosure that is in violation of the standards, implementation specifications or other requirements of this subpart [45 CFR §164.530(c)(1)]; (c) have and apply appropriate sanctions against members of its workforce who fail to comply with the privacy policies and procedures of the covered entity . . . and, (2) document the sanctions that are applied, if any [45 CFR §164.530(e)(1)]; and, (d) mitigate, to the extent practicable, any harmful effect that is known to the covered entity of a use or disclosure of protected health information in violation of its policies and procedures . . . [45 CFR §164.530(f)(1)].

Finally, the Privacy Rule requires that covered entities that discover a breach of unsecured PHI notify "each individual whose . . . information has been . . . accessed, acquired, used, or disclosed as a result" of the breach, within 60 days [45 C.F.R § 164.404].

PPAZ concluded that the disclosure of the complainant's PHI did not constitute a breach, because it found no evidence of a breach. It did, however, revise the policies and procedures,

relating to the provision of health care services to its own employees and the subsequent billing of said services, in order to curb abuse.


Based on the information, provided by the complainant and PPAZ, OCR finds that it is unable to substantiate the complainant's allegation that PPAZ violated the HIPAA Privacy Rule when it reviewed and copied part of the complainant's PHI because of the billing irregularities as described above. OCR has no jurisdiction of PPAZ's employee policies and procedures. However, OCR notes that as a result of PPAZ's proactive implementation of additional safeguards, designed to protect patient and employee privacy that PPAZ has taken appropriate, voluntary, corrective action in order to initiate the successful resolution of this complaint. OCR is, therefore, closing this case and will take no further action.

OCR's determination, as stated in this letter, applies only to the allegations in the Privacy Rule complaint that were reviewed by OCR.

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.

If you have any questions, please contact our office at (415) 437-8310.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Leoz", written in a cursive style.

Michael Leoz
Regional Manager



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

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



YOUR FIRST NAME (b)(6);(b)(7)(C)		YOUR LAST NAME (b)(6);(b)(7)(C)	
HOME 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)(C)	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 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

REC'D JAN 29 2013

Planned Parenthood of Southwest Oregon

STREET ADDRESS 3579 Franklin Blvd		CITY Eugene
STATE OR	ZIP 97403	PHONE (Please include area code) 5414339411

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

LIST DATE(S) 1/25/2013

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 1/28/13 I received in the mail sensitive medical test results from Planned Parenthood of Southwestern Oregon. The envelope was postmarked 1/25/2013. The results arrived in an envelope that was unsealed, with the flap simply tucked into the envelope, very easily openable. The adhesive on the envelope was never moistened or sealed. There was no tape or other adhesive used to seal the envelope. Because it came through the mail unsealed, I have no way of knowing that people did not see my sensitive medical records.

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

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/privacyhowtofile.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)
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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 discrimination took place. If you need assistance completing this form, contact the appropriate region listed below.

Region I - CT, ME, MA, NH, RI, VT Office for Civil Rights, DHHS JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD) (617) 565-3809 FAX	Region V - IL, IN, MI, MN, OH, WI 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	Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions 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
Region II - NJ, NY, PR, VI Office for Civil Rights, DHHS 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD) (212) 264-3039 FAX	Region VI - AR, LA, NM, OK, TX Office for Civil Rights, DHHS 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD) (214) 767-0432 FAX	
Region III - DE, DC, MD, PA, VA, WV 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	Region VII - IA, KS, MO, NE 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	
Region IV - AL, FL, GA, KY, MS, NC, SC, TN Office for Civil Rights, DHHS 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30303-8909 (404) 562-7886; (404) 331-2867 (TDD) (404) 562-7881 FAX	Region VIII - CO, MT, ND, SD, UT, WY Office for Civil Rights, DHHS 1961 Stout Street - Room 1426 Denver, CO 80294 (303) 844-2024; (303) 844-3439 (TDD) (303) 844-2025 FAX	Region X - AK, ID, OR, WA Office for Civil Rights, DHHS 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (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.



- 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: _____

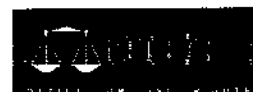
**Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.*

Name (Please type or print): _____

Address: _____

Telephone Number _____

REC'D JAN 29 2013



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, *Protecting Personal Information in Complaint Investigations* and *Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights* 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.



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 fact sheet, please contact OCR
<http://www.hhs.gov/ocr/contact.html>

OR

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

Pritchard, Ben (HHS/OCR)

From: OCR Mail
Sent: Tuesday, January 29, 2013 10:59 AM
To: OS OCRmail, Reg10 (HHS/OS)
Subject: FW: HIPAA complaint
Attachments: hipcomplaintform.pdf

The attached complaint is forwarded for review.

From: (b)(6);(b)(7)(C)
Sent: Tuesday, January 29, 2013 11:54 AM
To: OS OCR Complaint (HHS/OS)
Subject: HIPAA complaint

Please find my filled out complaint form attached.

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



DEPARTMENT OF HEALTH & HUMAN SERVICES

Voice - (206) 615-2290, (800) 362-1710
TDD - (206) 615-2296, (800) 537-7697
(FAX) - (206) 615-2297
<http://www.hhs.gov/ocr/>

OFFICE OF THE SECRETARY

Office for Civil Rights, Region X
2201 Sixth Avenue, Mail Stop RX-11
Seattle, WA 98121-1831

January 30, 2013

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

OCR Transaction number: 13-154590

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

Thank you for your correspondence received on January 29, 2013, by the U.S. Department of Health and Human Services, Office for Civil Rights (OCR).

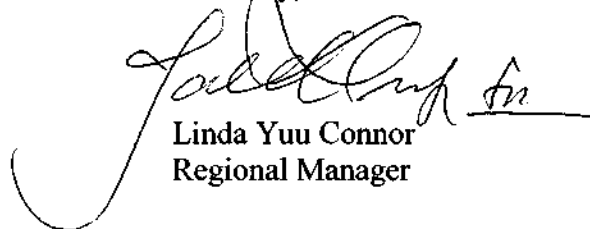
We are in the process of reviewing your correspondence to decide whether OCR has authority and is able to take action with respect to the matters you have raised. We will complete our initial review as quickly as possible.

If you have any questions, please contact:

Office for Civil Rights, Region 10
2201 Sixth Ave., M/S RX-11
Seattle, WA 98121-1831
1-800-362-1710

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,



Linda Yuu Connor
Regional Manager



DEPARTMENT OF HEALTH & HUMAN SERVICES

Voice - (206) 615-2290, (800) 362-1710
TDD - (206) 615-2296, (800) 537-7697
(FAX) - (206) 615-2297
<http://www.hhs.gov/ocr/>

OFFICE OF THE SECRETARY

Office for Civil Rights, Region X
2201 Sixth Avenue, Mail Stop RX-11
Seattle, WA 98121-1831

Date: FEB 12 2013

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

Re: OCR Transaction Number: 13-154590

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

On January 29, 2013, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) received your complaint alleging that Planned Parenthood of Southwest Oregon (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 the facility mailed sensitive medical records to your home address in an unsealed envelope. These allegations 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 permits certain incidental uses and disclosures of protected health information (PHI) that occur as a by-product of another permissible or required use or disclosure of PHI, as long as 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 C.F.R. § 164.502(a)(1)(iii). For example, the Privacy Rule permits covered health care providers to share PHI for treatment purposes without patient authorization as long as they use reasonable safeguards when doing so. These safeguards may vary depending on the mode of communication used. For example, when discussing patient health information orally with another provider in proximity of others, a doctor may be able to reasonably safeguard the information by lowering his/her voice.

We have carefully reviewed your complaint against the covered entity and have determined to resolve this matter informally through the provision of technical assistance to the covered entity. Should OCR receive a similar allegation of noncompliance against the covered entity 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 Sarah Brown, Deputy Regional Manager, at (206) 615-2293 (Voice) or (800) 537-7697 (TDD).

Sincerely,

A handwritten signature in cursive script that reads "Sarah C. Brown" followed by a horizontal line and the word "for".

Linda Yuu Connor
Regional Manager



DEPARTMENT OF HEALTH & HUMAN SERVICES

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OFFICE OF THE SECRETARY

Office for Civil Rights, Region X
2201 Sixth Avenue, Mail Stop RX-11
Seattle, WA 98121-1831

Date: FEB 12 2013

(b)(6);(b)(7)(C) Privacy Officer
Planned Parenthood of Southwest Oregon
3579 Franklin Boulevard
Eugene, OR 97403

Re: OCR Transaction Number: 13-154590

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

On January 29, 2013, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received a complaint alleging that Planned Parenthood of Southwest Oregon (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, the complaint, (b)(6);(b)(7)(C) alleges that your facility mailed sensitive medical records to her home address in an unsealed envelope. 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.

The Privacy Rule permits certain incidental uses and disclosures of protected health information (PHI) that occur as a by-product of another permissible or required use or disclosure of PHI, as long as 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 C.F.R. § 164.502(a)(1)(iii). For example, the Privacy Rule permits covered health care providers to share PHI for treatment purposes without patient authorization as long as they use reasonable safeguards when doing so. These safeguards may vary depending on the mode of communication used. For example, when discussing patient health information orally with another provider in proximity of others, a doctor may be able to reasonably safeguard the information by lowering his/her voice.

In this matter, the complainant alleges the incidental use or disclosure of PHI was not permissible, either because reasonable safeguards were not in place to prevent the use or disclosure and/or because the minimum necessary standard was not implemented when it should have been. 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 the covered entity. To that end, OCR has enclosed material explaining the Privacy Rule provisions related to Incidental Uses and Disclosures, Reasonable Safeguards, and the Minimum Necessary requirement.

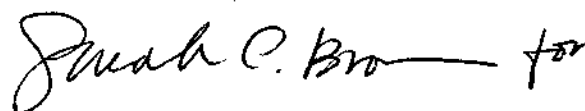
You are encouraged to review these materials closely and to share them with your staff as part of the Health Insurance Portability and Accountability Act (HIPAA) training you provide to your workforce. You are also encouraged to assess and determine whether there may have been an incident of noncompliance 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 the covered entity 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 Ben Pritchard at (206) 615-3866 (Voice) or (800) 537-7697 (TDD).

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Yuu Connor" followed by a flourish and the word "for".

Linda Yuu Connor
Regional Manager

Enclosures: Incidental Disclosures
 Reasonable Safeguards
 Minimum Necessary

INCIDENTAL USES AND DISCLOSURES [45 CFR 164.502(a)(1)(iii)]

Background

Many customary health care communications and practices play an important or even essential role in ensuring that individuals receive prompt and effective health care. Due to the nature of these communications and practices, as well as the various environments in which individuals receive health care or other services from covered entities, the potential exists for an individual's health information to be disclosed incidentally. For example, a hospital visitor may overhear a provider's confidential conversation with another provider or a patient, or may glimpse a patient's information on a sign-in sheet or nursing station whiteboard. The HIPAA Privacy Rule is not intended to impede these customary and essential communications and practices and, thus, does not require that all risk of incidental use or disclosure be eliminated to satisfy its standards. Rather, the Privacy Rule permits certain incidental uses and disclosures of protected health information to occur when the covered entity has in place reasonable safeguards and minimum necessary policies and procedures to protect an individual's privacy.

How the Rule Works

General Provision. The Privacy Rule permits certain incidental uses and disclosures that occur as a by-product of another permissible or required use or disclosure, as long as 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(a)(1)(iii). An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the Rule. However, an incidental use or disclosure is not permitted if it is a by-product of an underlying use or disclosure which violates the Privacy Rule.

Reasonable Safeguards. 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 CFR 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.

Minimum Necessary. Covered entities also must implement reasonable minimum necessary policies and procedures that limit how much protected health information is used, disclosed, and requested for certain purposes. These minimum necessary policies and procedures also reasonably must limit who within the entity has access to protected health information, and under what conditions, based on job responsibilities and the nature of the business. The minimum necessary standard does not apply to disclosures, including oral disclosures, among health care providers for treatment purposes. For example, a physician is not required to apply the minimum necessary standard when discussing a patient's medical chart information with a specialist at another hospital. See 45 CFR 164.502(b) and 164.514(d), and the fact sheet and frequently asked questions on this web site about the minimum necessary standard, for more information.

An incidental use or disclosure that occurs as a result of a failure to apply reasonable safeguards or the minimum necessary standard, where required, is not permitted under the Privacy Rule.

For example:

- The minimum necessary standard requires that a covered entity limit who within the entity has access to protected health information, based on who needs access to perform their job duties. If a hospital employee is allowed to have routine, unimpeded access to patients' medical records, where such access is not necessary for the hospital employee to do his job, the hospital is not applying the minimum necessary standard. Therefore, any incidental use or disclosure that results from this practice, such as another worker overhearing the hospital employee's conversation about a patient's condition, would be an unlawful use or disclosure under the Privacy Rule

INCIDENTAL USES AND DISCLOSURES

Frequently Asked Questions

Q: Can health care providers engage in confidential conversations with other providers or with patients, even if there is a possibility that they could be overheard?

A: Yes. The HIPAA Privacy Rule is not intended to prohibit providers from talking to each other and to their patients. Provisions of this Rule requiring covered entities to implement reasonable safeguards that reflect their particular circumstances and exempting treatment disclosures from certain requirements are intended to ensure that providers' primary consideration is the appropriate treatment of their patients. The Privacy Rule recognizes that oral communications often must occur freely and quickly in treatment settings. Thus, covered entities are free to engage in communications as required for quick, effective, and high quality health care. The Privacy Rule also recognizes that overheard communications in these settings may be unavoidable and allows for these incidental disclosures.

For example, the following practices are permissible under the Privacy Rule, if reasonable precautions are taken to minimize the chance of incidental disclosures to others who may be nearby:

- Health care staff may orally coordinate services at hospital nursing stations.
- Nurses or other health care professionals may discuss a patient's condition over the phone with the patient, a provider, or a family member.
- A health care professional may discuss lab test results with a patient or other provider in a joint treatment area.
- A physician may discuss a patients' condition or treatment regimen in the patient's semi-private room.
- Health care professionals may discuss a patient's condition during training rounds in an academic or training institution.
- A pharmacist may discuss a prescription with a patient over the pharmacy counter, or with a physician or the patient over the phone.

In these circumstances, reasonable precautions could include using lowered voices or talking apart from others when sharing protected health information. However, in an emergency situation, in a loud emergency room, or where a patient is hearing impaired, such precautions may not be practicable. Covered entities are free to engage in communications as required for quick, effective, and high quality health care.

Q: Does the HIPAA Privacy Rule require hospitals and doctors' offices to be retrofitted, to provide private rooms, and soundproof walls to avoid any possibility that a conversation is overheard?

A: No, the Privacy Rule does not require these types of structural changes be made to facilities.

Covered entities must have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information. This standard requires that covered entities make reasonable efforts to prevent uses and disclosures not permitted by the Rule. The Department does not consider facility restructuring to be a requirement under this standard.

For example, the Privacy Rule does not require the following types of structural or systems changes:

- Private rooms.
- Soundproofing of rooms.
- Encryption of wireless or other emergency medical radio communications which can be intercepted by scanners.
- Encryption of telephone systems.

Covered entities must implement reasonable safeguards to limit incidental, and avoid prohibited, uses and disclosures. The Privacy Rule does not require that all risk of protected health information disclosure be eliminated. Covered entities must review their own practices and determine what steps are reasonable to safeguard their patient information. In determining what is reasonable, covered entities should assess potential risks to patient privacy, as well as consider such issues as the potential effects on patient care, and any administrative or financial burden to be incurred from implementing particular safeguards. Covered entities also may take into consideration the steps that other prudent health care and health information professionals are taking to protect patient privacy.

Examples of the types of adjustments or modifications to facilities or systems that may constitute reasonable safeguards are:

- Pharmacies could ask waiting customers to stand a few feet back from a counter used for patient counseling.
- In an area where multiple patient-staff communications routinely occur, use of cubicles, dividers, shields, curtains, or similar barriers may constitute a reasonable safeguard. For example, a large clinic intake area may reasonably use cubicles or shield-type dividers, rather than separate rooms, or providers could add curtains or screens to areas where discussions often occur between doctors and patients or among professionals treating the patient.
- Hospitals could ensure that areas housing patient files are supervised or locked.

- Q: May physician's offices or pharmacists leave messages for patients at their homes, either on an answering machine or with a family member, to remind them of appointments or to inform them that a prescription is ready? May providers continue to mail appointment or prescription refill reminders to patients' homes?**
- A:** Yes. The HIPAA Privacy Rule permits health care providers to communicate with patients regarding their health care. This includes communicating with patients at their homes, whether through the mail or by phone or in some other manner. In addition, the Rule does not prohibit covered entities from leaving messages for patients on their answering machines. However, to reasonably safeguard the individual's privacy, covered entities should take care to limit the amount of information disclosed on the answering machine. For example, a covered entity might want to consider leaving only its name and number and other information necessary to confirm an appointment, or ask the individual to call back.
- A covered entity also may leave a message with a family member or other person who answers the phone when the patient is not home. The Privacy Rule permits covered entities to disclose limited information to family members, friends, or other persons regarding an individual's care, even when the individual is not present. However, covered entities should use professional judgment to assure that such disclosures are in the best interest of the individual and limit the information disclosed. See 45 CFR 164.510(b)(3).
- In situations where a patient has requested that the covered entity communicate with him in a confidential manner, such as by alternative means or at an alternative location, the covered entity must accommodate that request, if reasonable. For example, the Department considers a request to receive mailings from the covered entity in a closed envelope rather than by postcard to be a reasonable request that should be accommodated. Similarly, a request to receive mail from the covered entity at a post office box rather than at home, or to receive calls at the office rather than at home are also considered to be reasonable requests, absent extenuating circumstances. See 45 CFR 164.522(b).
- Q: May physicians offices use patient sign-in sheets or call out the names of their patients in their waiting rooms?**
- A:** Yes. Covered entities, such as physician's offices, may use patient sign-in sheets or call out patient names in waiting rooms, so long as the information disclosed is appropriately limited. The HIPAA Privacy Rule explicitly permits the incidental disclosures that may result from this practice, for example, when other patients in a waiting room hear the identity of the person whose name is called, or see other patient names on a sign-in sheet. However, these incidental disclosures are permitted only when the covered entity has implemented reasonable safeguards and the minimum necessary standard, where appropriate. For example, the sign-in sheet may not display medical information that is not necessary for the purpose of signing in (e.g., the medical problem for which the patient is seeing the physician). See 45 CFR 164.502(a)(1)(iii).

Q: Are physicians and doctor's offices prohibited from maintaining patient medical charts at bedside or outside of exam rooms, or from engaging in other customary practices where the potential exists for patient information to be incidentally disclosed to others?

A: No. The HIPAA Privacy Rule does not prohibit covered entities from engaging in common and important health care practices; nor does it specify the specific measures that must be applied to protect an individual's privacy while engaging in these practices. Covered entities must implement reasonable safeguards to protect an individual's privacy. In addition, covered entities must reasonably restrict how much information is used and disclosed, where appropriate, as well as who within the entity has access to protected health information. Covered entities must evaluate what measures make sense in their environment and tailor their practices and safeguards to their particular circumstances.

For example, the Privacy Rule does not prohibit covered entities from engaging in the following practices, where reasonable precautions have been taken to protect an individual's privacy:

- Maintaining patient charts at bedside or outside of exam rooms, displaying patient names on the outside of patient charts, or displaying patient care signs (e.g., "high fall risk" or "diabetic diet") at patient bedside or at the doors of hospital rooms.

Possible safeguards may include: reasonably limiting access to these areas, ensuring that the area is supervised, escorting non-employees in the area, or placing patient charts in their holders with identifying information facing the wall or otherwise covered, rather than having health information about the patient visible to anyone who walks by.

- Announcing patient names and other information over a facility's public announcement system.

Possible safeguards may include: limiting the information disclosed over the system, such as referring the patients to a reception desk where they can receive further instructions in a more confidential manner.

- Use of X-ray lightboards or in-patient logs, such as whiteboards, at a nursing station.

Possible safeguards may include: if the X-ray lightboard is in an area generally not accessible by the public, or if the nursing station whiteboard is not readily visible to the public, or any other safeguard which reasonably limits incidental disclosures to the general public.

The above examples of possible safeguards are not intended to be exclusive. Covered entities may engage in any practice that reasonably safeguards protected health information to limit incidental uses and disclosures.

OCR HIPAA Privacy
December 3, 2002

Q: A clinic customarily places patient charts in the plastic box outside an exam room. It does not want the record left unattended with the patient, and physicians want the record close by for fast review right before they walk into the exam room. Will the HIPAA Privacy Rule allow the clinic to continue this practice?

A: Yes, the Privacy Rule permits this practice as long as the clinic takes reasonable and appropriate measures to protect the patient's privacy. The physician or other health care professionals use the patient charts for treatment purposes. Incidental disclosures to others that might occur as a result of the charts being left in the box are permitted, if the minimum necessary and reasonable safeguards requirements are met. See 45 CFR 164.502(a)(1)(iii). As the purpose of leaving the chart in the box is to provide the physician with access to the medical information relevant to the examination, the minimum necessary requirement would be satisfied. Examples of measures that could be reasonable and appropriate to safeguard the patient chart in such a situation would be limiting access to certain areas, ensuring that the area is supervised, escorting non-employees in the area, or placing the patient chart in the box with the front cover facing the wall rather than having protected health information about the patient visible to anyone who walks by. Each covered entity must evaluate what measures are reasonable and appropriate in its environment. Covered entities may tailor measures to their particular circumstances. See 45 CFR 164.530(c).

Q: A hospital customarily displays patients' names next to the door of the hospital rooms that they occupy. Will the HIPAA Privacy Rule allow the hospital to continue this practice?

A: The Privacy Rule explicitly permits certain incidental disclosures that occur as a by-product of an otherwise permitted disclosure—for example, the disclosure to other patients in a waiting room of the identity of the person whose name is called. In this case, disclosure of patient names by posting on the wall is permitted by the Privacy Rule, if the use or disclosure is for treatment (for example, to ensure that patient care is provided to the correct individual) or health care operations purposes (for example, as a service for patients and their families). The disclosure of such information to other persons (such as other visitors) that will likely also occur due to the posting is an incidental disclosure.

Incidental disclosures are permitted only to the extent that the covered entity has applied reasonable and appropriate safeguards and implemented the minimum necessary standard, where appropriate. See 45 CFR 164.502(a)(1)(iii). In this case, it would appear that the disclosure of names is the minimum necessary for the purposes of the permitted uses or disclosures described above, and there do not appear to be additional safeguards that would be reasonable to take in these circumstances. However, each covered entity must evaluate what measures are reasonable and appropriate in its environment. Covered entities may tailor measures to their particular circumstances.

Q: May mental health practitioners or other specialists provide therapy to patients in a group setting where other patients and family members are present?

A: Yes. Disclosures of protected health information in a group therapy setting are treatment disclosures and, thus, may be made without an individual's authorization. Furthermore, the HIPAA Privacy Rule generally permits a covered entity to disclose protected health information to a family member or other person involved in the individual's care. Where the individual is present during the disclosure, the covered entity may disclose protected health information if it is reasonable to infer from the circumstances that the individual does not object to the disclosure. Absent countervailing circumstances, the individual's agreement to participate in group therapy or family discussions is a good basis for inferring the individual's agreement.

Q: **Are covered entities required to document incidental disclosures permitted by the HIPAA Privacy Rule, in an accounting of disclosures provided to an individual?**

A: No. The Privacy Rule includes a specific exception from the accounting standard for incidental disclosures permitted by the Rule. See 45 CFR 164.528(a)(1).

Q: **Do the HIPAA Privacy Rule's provisions permitting certain incidental uses and disclosures apply only to treatment situations or discussions among health providers?**

A: No. The Provisions apply universally to incidental uses and disclosures that result from any use or disclosure permitted under the Privacy Rule, and not just to incidental uses and disclosures resulting from treatment communications, or only to communications among health care providers or other medical staff. For example:

- A provider may instruct an administrative staff member to bill a patient for a particular procedure, and may be overheard by one or more persons in the waiting room.
- A health plan employee discussing a patient's health care claim on the phone may be overheard by another employee who is not authorized to handle patient information.

If the provider and the health plan employee made reasonable efforts to avoid being overheard and reasonably limited the information shared, an incidental use or disclosure resulting from such conversations would be permissible under the Rule.

Q: **Is a covered entity required to prevent any incidental use or disclosure of protected health information?**

A: No. The HIPAA Privacy Rule does not require that all risk of incidental use or disclosure be eliminated to satisfy its standards. Rather, the Rule requires only that covered entities implement reasonable safeguards to limit incidental uses or disclosures. See 45 CFR 164.530(c)(2).

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.

THE MINIMUM NECESSARY REQUIREMENT

45 C.F.R. §§ 164.502(b) and 164.514(d)

Background

The minimum necessary standard, a key protection of the HIPAA Privacy Rule, is derived from confidentiality codes and practices in common use today. It is based on sound current practice that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. The minimum necessary standard requires covered entities to evaluate their practices and enhance safeguards as needed to limit unnecessary or inappropriate access to and disclosure of protected health information. The Privacy Rule's requirements for minimum necessary are designed to be sufficiently flexible to accommodate the various circumstances of any covered entity.

How the Rule Works

The Privacy Rule generally requires covered entities to take reasonable steps to limit the use or disclosure of, and requests for, protected health information to the minimum necessary to accomplish the intended purpose. The minimum necessary standard does not apply to the following:

- Disclosures to or requests by a health care provider for treatment purposes.
- Disclosures to the individual who is the subject of the information.
- Uses or disclosures made pursuant to an individual's authorization.
- Uses or disclosures required for compliance with the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Rules.
- Disclosures to the Department of Health and Human Services (HHS) when disclosure of information is required under the Privacy Rule for enforcement purposes.
- Uses or disclosures that are required by other law.

The implementation specifications for this provision require a covered entity to develop and implement policies and procedures appropriate for its own organization, reflecting the entity's business practices and workforce. While guidance cannot anticipate every question or factual application of the minimum necessary standard to each specific industry context, where it would be generally helpful we will seek to provide additional clarification on this issue in the future. In addition, the Department will continue to monitor the workability of the minimum necessary standard and consider proposing revisions, where appropriate, to ensure that the Rule does not hinder timely access to quality health care.

Uses and Disclosures of, and Requests for, Protected Health Information

For uses of protected health information, the covered entity's policies and procedures must identify the persons or classes of persons within the covered entity who need access to the information to carry out their job duties, the categories or types of protected health information needed, and conditions appropriate to such access. For example, hospitals may implement policies that permit doctors, nurses, or others involved in treatment to have access to the entire medical record, as needed. Case-by-case review of each use is not required. Where the entire medical record is necessary, the covered entity's policies and procedures must state so explicitly and include a justification. For routine or recurring requests and disclosures, the policies and procedures may be standard protocols and must limit the protected health information disclosed or requested to that which is the minimum necessary for that particular type of disclosure or request. Individual review of each disclosure or request is not required. For non-routine disclosures and requests, covered entities must develop reasonable criteria for determining and limiting the disclosure or request to only the minimum amount of protected health information necessary to

accomplish the purpose of a non-routine disclosure or request. Non-routine disclosures and requests must be reviewed on an individual basis in accordance with these criteria and limited accordingly. Of course, where protected health information is disclosed to, or requested by, health care providers for treatment purposes, the minimum necessary standard does not apply.

Reasonable Reliance

In certain circumstances, the Privacy Rule permits a covered entity to rely on the judgment of the party requesting the disclosure as to the minimum amount of information that is needed. Such reliance must be reasonable under the particular circumstances of the request. This reliance is permitted when the request is made by:

- A public official or agency who states that the information requested is the minimum necessary for a purpose permitted under 45 CFR 164.512 of the Rule, such as for public health purposes (45 CFR 164.512(b)).
- Another covered entity.
- A professional who is a workforce member or business associate of the covered entity holding the information and who states that the information requested is the minimum necessary for the stated purpose.
- A researcher with appropriate documentation from an Institutional Review Board (IRB) or Privacy Board.

The Rule does not require such reliance, however, and the covered entity always retains discretion to make its own minimum necessary determination for disclosures to which the standard applies.

Frequently Asked Questions

Q: How are covered entities expected to determine what is the minimum necessary information that can be used, disclosed, or requested for a particular purpose?

A: The HIPAA Privacy Rule requires a covered entity to make reasonable efforts to limit use, disclosure of, and requests for protected health information to the minimum necessary to accomplish the intended purpose. To allow covered entities the flexibility to address their unique circumstances, the Rule requires covered entities to make their own assessment of what protected health information is reasonably necessary for a particular purpose, given the characteristics of their business and workforce, and to implement policies and procedures accordingly. This is not an absolute standard and covered entities need not limit information uses or disclosures to those that are absolutely needed to serve the purpose. Rather, this is a reasonableness standard that calls for an approach consistent with the best practices and guidelines already used by many providers and plans today to limit the unnecessary sharing of medical information.

The minimum necessary standard requires covered entities to evaluate their practices and enhance protections as needed to limit unnecessary or inappropriate access to protected health information. It is intended to reflect and be consistent with, not override, professional judgment and standards. Therefore, it is expected that covered entities will utilize the input of prudent professionals involved in health care activities when developing policies and procedures that appropriately limit access to personal health information without sacrificing the quality of health care.

Q: Does the HIPAA Privacy Rule strictly prohibit the use, disclosure, or request of an entire medical record? If not, are case-by-case justifications required each time the entire medical record is disclosed?

A: No. The Privacy Rule does not prohibit the use, disclosure, or request of an entire medical record; and a covered entity may use, disclose, or request an entire medical record without a case-by-case justification, if the covered entity has documented in its policies and procedures that the entire medical record is the amount reasonably necessary for certain identified purposes.

For uses, the policies and procedures would identify those persons or classes of person in the workforce that need to see the entire medical record and the conditions, if any, that are appropriate for such access. Policies and procedures for routine disclosures and requests and the criteria used for non-routine disclosures and requests would identify the circumstances under which disclosing or requesting the entire medical record is reasonably necessary for particular purposes. The Privacy Rule does not require that a justification be provided with respect to each distinct medical record.

Finally, no justification is needed in those instances where the minimum necessary standard does not apply, such as disclosures to or requests by a health care provider for treatment purposes or disclosures to the individual who is the subject of the protected health information.

Q: In limiting access, are covered entities required to completely restructure existing workflow systems, including redesigning office space and upgrading computer systems, in order to comply with the HIPAA Privacy Rule's minimum necessary requirements?

A: No. The basic standard for minimum necessary uses requires that covered entities make reasonable efforts to limit access to protected health information to those in the workforce that need access based on their roles in the covered entity.

The Department generally does not consider facility redesigns as necessary to meet the reasonableness standard for minimum necessary uses. However, covered entities may need to make certain adjustments to their facilities to minimize access, such as isolating and locking file cabinets or records rooms, or providing additional security, such as passwords, on computers maintaining personal information.

Covered entities should also take into account their ability to configure their record systems to allow access to only certain fields, and the practicality of organizing systems to allow this capacity. For example, it may not be reasonable for a small, solo practitioner who has largely a paper-based records system to limit access of employees with certain functions to only limited fields in a patient record, while other employees have access to the complete record. In this case, appropriate training of employees may be sufficient. Alternatively, a hospital with an electronic patient record system may reasonably implement such controls, and therefore, may choose to limit access in this manner to comply with the Privacy Rule.



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)(C) 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 Delaware
STREET ADDRESS 625 Shipley Street CITY Newark
STATE Delaware ZIP 19801 PHONE (Please include area code)

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

LIST DATE(S)

08/23/2002

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 name is (b)(6);(b)(7)(C). I am a registered nurse in the State of Delaware. I (as well as others) have witnessed numerous HIPPA violations occurring at Planned Parenthood of Delaware. I reported these violations to Delaware Health and Social Services and was told that they (meaning DHSS) would report these violations to you...so I did not because I was told they were going to do so. In the meantime, DHSS stated that they were not going to report to your department. I am not sure why they do not feel it is necessary but Planned Parenthood is in violation of HIPPA regulations. Patients have no privacy and are crammed into a recovery room where they sit beside one another listening to personal and private patient information. Please help me protect the patients at Planned Parenthood. It is not fair that their rights are being ignored.

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) 08/23/2013

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		LAST NAME	
HOME / CELL 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): I am a registered

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 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (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: 08/23/2013

**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- (215) 861-4441
TDD - (215) 861-4440
FAX - (215) 861-4431
<http://www.hhs.gov/ocr>

Office for Civil Rights, Region III
150 S. Independence Mall West
Public Ledger Building, Suite 372
Philadelphia, PA 19106-3499

Reference: 13-165734
Investigator: Alisha Welch
Contact Telephone: (215) 861-4439

September 26, 2013

Privacy Officer
Planned Parenthood of Delaware
625 Shipley Street
Wilmington, DE 19801

Dear Sir or Madam,

On August 23, 2013, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), Region III received a complaint alleging Planned Parenthood of Delaware, 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, the complainant alleges that Planned Parenthood of Delaware has no curtains or separations between patient treatment areas, permitting patients to hear other patients' protected health information. 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.

The Privacy Rule permits certain incidental uses and disclosures of protected health information (PHI) that occur as a by-product of another permissible or required use or disclosure of PHI, as long as 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 C.F.R. § 164.502(a)(1)(iii). For example, the Privacy Rule permits covered health care providers to share PHI for treatment purposes without patient authorization as long as they use reasonable safeguards when doing so. These safeguards may vary depending on the mode of communication used. For example, when discussing patient health information orally with another provider in proximity of others, a doctor may be able to reasonably safeguard the information by lowering his/her voice.

In this matter, the complainant alleges the incidental use or disclosure of PHI was not permissible, either because reasonable safeguards were not in place to prevent the use or disclosure and/or because the minimum necessary standard was not implemented when it should have been. 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 Delaware. To that end, OCR has enclosed material explaining the Privacy Rule

provisions related to Incidental Uses and Disclosures, Reasonable Safeguards, and the Minimum Necessary requirement.

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 Delaware in the future, OCR may initiate a formal investigation of that matter.

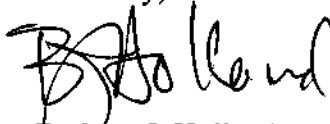
Based on the foregoing, OCR is closing this case without further action, effective the date of this letter. OCR's determination as stated in this letter applies only to the allegations in this complaint that were reviewed by OCR.

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.

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 Alisha Welch, Investigator, at (215) 816-4439 (Voice) or (215) 816-4440 (TDD).

Sincerely,



Barbara J. Holland
Regional Manager

Enclosures: Incidental Disclosures
Reasonable Safeguards

Planned Parenthood of Delaware

November 6, 2013

Barbara Holland
Department of Health & Human Services
Office for Civil Rights, Region III
150 S Independence Mall West
Public Ledger Building, Suite 372
Philadelphia, PA 19106-3499

Reference: 13-165734

Dear Ms. Holland:

Thank you for contacting me regarding the complaint you received alleging a lack of adequate privacy in patient treatment areas. Planned Parenthood of Delaware takes all concerns regarding the security and privacy of patient information very seriously, and we welcome all regulatory bodies as partners in this effort.

In this matter, we have found no evidence to substantiate the allegations made by the complainant. All patient treatment areas in our three health centers, including exam rooms, procedure rooms, counseling rooms, and laboratories, are appropriately private and do not compromise the privacy of PHI. We do have a recovery room in two of our locations, however no patient treatment is performed in these areas. When needed, we do have screens and/or curtains available for patient privacy and comfort in recovery rooms.

Once again, thank you for reaching out to us about this complaint. The privacy of our patient's information is extremely important to our mission, as is compliance with HIPAA and all federal and state regulations.

Best regards,

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

President and CEO



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Voice- (215) 861-4441
TDD - (215) 861-4440
FAX - (215) 861-4431
<http://www.hhs.gov/ocr>

Office for Civil Rights, Region III
150 S. Independence Mall West
Public Ledger Building, Suite 372
Philadelphia, PA 19106-3499

Reference: 13-165734
Investigator: Alisha Welch
Contact Telephone: (215) 851-4439

September 26, 2013

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

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

On August 23, 2013, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), Region III received your complaint alleging that the covered entity, Planned Parenthood of Delaware, 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 Planned Parenthood of Delaware does not have curtains or separations between patient treatment areas, and that patients can hear discussions of other patients' protected health information. 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 permits certain incidental uses and disclosures of protected health information (PHI) that occur as a by-product of another permissible or required use or disclosure of PHI, as long as 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 C.F.R. § 164.502(a)(1)(iii). For example, the Privacy Rule permits covered health care providers to share PHI for treatment purposes without patient authorization as long as they use reasonable safeguards when doing so. These safeguards may vary depending on the mode of communication used. For example, when discussing patient health information orally with another provider in proximity of others, a doctor may be able to reasonably safeguard the information by lowering his/her voice.

We have carefully reviewed your complaint against Planned Parenthood of Delaware and have determined to resolve this matter informally through the provision of technical assistance to Planned Parenthood of Delaware. Should OCR receive a similar allegation of noncompliance

against Planned Parenthood of Delaware 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 Alisha Welch, Investigator, at (215) 861-4439 (Voice) or (215) 861-4440 (TDD).

Sincerely,

A handwritten signature in black ink, appearing to read "B. Holland". The signature is stylized with a large initial "B" and a cursive "Holland".

Barbara Holland
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)
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)(C) ZIP (b)(6);(b)(7) 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:olympia
STREET ADDRESS 402 legion way se #201 CITY olympia
STATE Washington ZIP 98501 PHONE (Please include area code) (800) 230-7526

When do you believe that the violation of health information privacy rights occurred?
LIST DATE(S) 07/05/2013

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 7/5/2013 I had two in office procedures done at the planned parenthood in olympia. The following day I began recieving Threatening calls and text messages from my ex boyfriend. I was called very explicit names and he explained that his friends wife worked at planned parenthood and told him she saw me there. The following day I began recieving more messages from various people. I have been verbally And physically assaulted. My patient rights were violated by a medical assistant named (b)(6);(b)(7)(C) was a medical assistant shawdowing one of my procedures. That night she told my ex boyfriend that I was at planned parenthood, the procedures I had done, who came with me as support, and date information about a prior procedure. I do have proof of this violation and considering the circumstances I believe all disciplinary action should fall on (b)(6);(b)(7)(C) not the
This field may be truncated due to size limit. See the "Allegation Description" file in the case folder.

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) 09/12/2013

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		LAST NAME	
HOME / CELL 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 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 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (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: 09/12/2013

*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)

On 7/5/2013 I had two in office procedures done at the planned parenthood in olympia. The following day I began receiving Threatening calls and text messages from my ex boyfriend. I was called very explicit names and he explained that his friends wife worked at planned parenthood and told him she saw me there. The following day I began receiving more messages from various people. I have been verbally And physically assaulted. My patient rights were violated by a medical assistant named (b)(6);(b)(7) (b)(6);(b)(7) was a medical assistant shadowing one of my procedures. That night she told my ex boyfriend that I was at planned parenthood, the procedures I had done, who came with me as support, and date information about a prior procedure. I do have proof of this violation and considering the circumstances I believe all disciplinary action should fall on (b)(6);(b)(7) not the organization itself.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Voice - (206) 615-2290, (800) 362-1710
TDD - (206) 615-2296, (800) 537-7697
(FAX) - (206) 615-2297
<http://www.hhs.gov/ocr/>

OFFICE OF THE SECRETARY

Office for Civil Rights, Region X
2201 Sixth Avenue, Mail Stop RX-11
Seattle, WA 98121-1831

September 13, 2013

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

RE: OCR Transaction Number: 13-167107

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

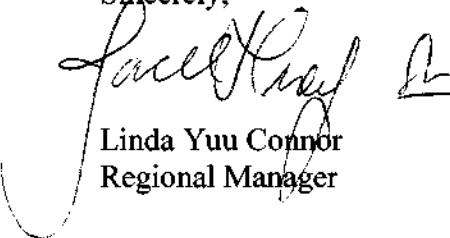
Thank you for your complaint, received on September 13, 2013, by the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR).

We are in the process of reviewing your complaint to decide whether OCR has authority and is able to take action with respect to the matters you have raised. We will complete our review as quickly as possible. If you have questions or correspondence, please contact:

Office for Civil Rights, Region 10
U.S. Department of Health and Human Services
2201 Sixth Ave., M/S RX-11
Seattle, WA 98121-1831
Toll Free: 1-800-362-1710
TDD: 1-800-537-7697
Fax: 1-206-615-2297

When contacting this office, please remember to include the OCR Transaction Number, as shown in the reference line above. In the event that you move, change your telephone number, or obtain a new email account during the course of OCR's review and processing of your complaint, please inform us at the OCR Regional Office noted herein so that we may maintain current contact information for you.

Sincerely,



Linda Yuu Connor
Regional Manager



DEPARTMENT OF HEALTH & HUMAN SERVICES

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TDD - (206) 615-2296, (800) 537-7697
(FAX) - (206) 615-2297
<http://www.hhs.gov/ocr/>

OFFICE OF THE SECRETARY

Office for Civil Rights, Region X
2201 Sixth Avenue, Mail Stop RX-11
Seattle, WA 98121-1831

Date: NOV 06 2013

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

OCR Transaction Number: 13-167107

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

The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) received your complaint on September 13, 2013 in which 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) against Planned Parenthood.

OCR 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). 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.

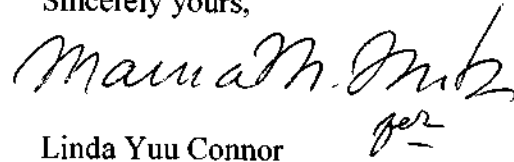
Your complaint did not contain enough information for us to determine whether we have the authority to investigate the concerns you raise. On October 24, 2013, October 29, 2013, and November 1, 2013, the investigator assigned to this case attempted to contact you at the number you provided in your correspondence with OCR, but was unable to reach you. To assist in determining whether we have the authority to investigate the concerns you raise, please contact the investigator at the telephone number or email address listed at the bottom of this letter by **November 16, 2013**.

If we do not hear from you by the date above, OCR will not be able to investigate your case; your file will be closed, and this letter will serve as our final correspondence to you. If your complaint is closed, you may file another complaint with our office when you are ready to provide the additional information requested. However, under the law, we only can investigate complaints that are filed within 180 days of when you knew or should have known of the possible violation of the Privacy Rule. In some limited circumstances, OCR can give you more time, but only if you have a very good reason for having filed a late complaint.

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.

Please be assured that this office is committed to resolving this matter in an efficient and timely manner. If you have any questions regarding this matter, please do not hesitate to contact Lenny Sanchez, investigator, at (206) 615-3871 (Voice) or (800) 362-1710.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Linda Yuu Connor".

Linda Yuu Connor
Regional Manager

Handwritten initials "per" with a horizontal line underneath.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Voice - (206) 615-2290, (800) 362-1710

TDD - (206) 615-2296, (800) 537-7697

(FAX) - (206) 615-2297

<http://www.hhs.gov/ocr/>

OFFICE OF THE SECRETARY

Office for Civil Rights, Region X

2201 Sixth Avenue, Mail Stop RX-11

Seattle, WA 98121-1831

Date: NOV 20 2013

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

Privacy Official
Planned Parenthood of the Great Northwest
2001 E. Madison Street
Seattle, WA 98122

OCR Transaction Number: 13-167107

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

Please be advised that the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received a complaint from (b)(6);(b)(7)(C) (Complainant) on September 13, 2013, alleging that Planned Parenthood of the Great Northwest (Planned Parenthood) is not in compliance with 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, Complainant alleges that on approximately July 5, 2013, (b)(6);(b)(7)(C) a Planned Parenthood workforce member at its Olympia, Washington location, impermissibly disclosed Complainant's protected health information to Complainant's ex-boyfriend. Complainant alleged that the protected health information that was disclosed included the fact that Complainant attended an appointment at Planned Parenthood, the procedure she had done, the name of the person who came to the appointment with her, and the date of a prior procedure. This allegation could reflect violations of 45 C.F.R. § 164.502(a) (impermissible disclosures) and 164.530(c) (safeguards).

OCR 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 also responsible for enforcing the Privacy and Security Rules 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 Rules on OCR's website, www.hhs.gov/ocr/privacy/index.html. Among other things, the website will lead you to a summary of the Privacy and Security Rules, guidance and fact sheets about the Privacy and Security Rules, 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 Rules by calling the investigator identified at the end of this letter.

Our 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 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)). **To this end, we have attached a list of requested information. Please respond within 20 calendar days of the date of this letter.**

The Privacy and Security Rules 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 Rules.

A covered entity has the right to respond to an allegation by submitting any of the following evidence to OCR: it is not a covered entity subject to the Privacy and Security Rules; the alleged violation did not occur as described by the complainant; the action complied with the Privacy and Security Rules; or the covered entity has taken prompt and effective action to correct the noncompliance.

If we are unable to resolve this matter voluntarily, and if OCR's investigation results in a finding that a covered entity is not complying with the Privacy and Security Rules, HHS may initiate formal enforcement action which may result in the imposition of civil money penalties. We have enclosed a separate fact sheet explaining the penalty provisions under the Privacy and Security 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, 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.

Please be assured that our office is committed to resolving this matter in an efficient and timely manner. If you have any questions, please do not hesitate to contact Lenny Sanchez, Investigator, at 206-615-3871 (Voice), 206-615-2296 (TDD). When contacting this office, please remember to include the transaction number that we have given this file. That number is located in the upper left-hand corner of this letter.

Sincerely yours,



Linda Yuu Connor
Regional Manager



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

DATA REQUEST
Transaction #13-167107

- 1) Narrative response to the allegations, including corrective action taken, if applicable;
- 2) Policies and procedures to safeguard patients' protected health information from any impermissible use or disclosure; and
- 3) Copy of any confidentiality agreement signed by the workforce member referenced in this complaint.

Please send the information requested above **within 20 calendar days** to the following address:

Lenny Sanchez
U.S. Department of Health and Human Services
Office for Civil Rights
2201 6th Avenue, MS RX-11
Seattle, WA 98121

**THE PRIVACY AND SECURITY 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. The Privacy Rule sets standards for the use and disclosure of protected health information by covered entities 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 to use to assure the confidentiality, integrity, and availability of electronic 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 and Security Rules, OCR will seek the cooperation of covered entities and may provide technical assistance to help them comply voluntarily with the Privacy and Security Rules. Covered entities that fail to comply voluntarily with the standards may be subject to civil money penalties. In addition, certain violations of the Privacy and Security 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 for a failure to comply with a requirement of the Privacy and Security Rules. Penalties will vary significantly depending on factors such as the date of the violation, whether the covered entity knew or should have known of the failure to comply, or whether the covered entity'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 prior to 2/18/2009	For violations occurring on or after 2/18/2009
	Up to \$100 per violation	\$100 to \$50,000 or more per violation
	\$25,000	\$1,500,000

A penalty will not be imposed for violations in certain circumstances, such as if:

- # the failure to comply was not due to willful neglect, and 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); or
- # the U.S. Department of Justice has imposed a criminal penalty for the failure to comply (see below).

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 and provide the covered entity 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 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 U.S. Department of Justice is responsible for criminal prosecutions under the Privacy and Security Rules.



Planned Parenthood of the Great Northwest

December 19, 2013

Lenny Sanchez
Department of Health and Human Services
Office for Civil Rights, Region X
2201 Sixth Avenue, Mail Stop RX-11
Seattle, WA 98121

Re: OCR Transaction Number: 13-167107

Dear Mr. Sanchez:

We received your letter regarding an incident at our Olympia Health Center, where a patient alleged that we disclosed certain information to her ex-boyfriend on July 5, 2013, specifically that "Complainant attended an appointment at Planned Parenthood, the procedure she had done, the name of the person who came to the appointment with her, and the date of a prior procedure." We do not know the name of the individual to whom we purportedly shared this information, nor the circumstances under which she believes we shared it. Nonetheless, I have attempted to conduct a full investigation of this Complaint.

We do not have an employee named (b)(6);(b)(7)(C) but we had another employee named (b)(6);(b)(7)(C) who was working in Olympia as a Patient Care Coordinator on July 5, 2013. (b)(6);(b) began working at PPGNW on June 13, 2013, and was terminated on August 6, 2013, having failed to meet the qualifications for the job during her probationary period. I have been unable to contact her during my investigation.

Our records show that on July 5, the Complainant came to PPGNW for an appointment. She was accompanied by (b)(6);, who is also listed as her emergency contact. (b)(6) is also identified as the individual who took her home. We are unaware of whether (b) is a boyfriend or ex-boyfriend or just a friend. As is our usual practice, the Complainant had the option of having (b)(6) be with her during the visit. Our records do not show whether (b) participated in the visit or stayed in the waiting area (and typically would not show that). If he did accompany her, then he would have learned about the reason for the visit and her health history.

We also can ascertain every individual who "touched" the Complainant's electronic medical record that day. They are the physician, nurse practitioner, three Patient Care Coordinators, and the Medical Assistant who did intake. None of these were (b)(6);(b) – which means that (b)(6);(b)(6) never accessed the Complainant's medical chart. I also checked with these individuals whose names are in the chart; none has any recollection of talking to a male, or any third party, about the Complainant.

The Complainant was also at PPGNW in 2012, at which time she was accompanied by (b)(6); _____. (b)(6);() is listed as her emergency contact, and he drove her home. We do not know who (b)(6);() is, of course, or whether he was a boyfriend at the time, or an ex-boyfriend now. But there is no indication that he or anyone else came to PPGNW on July 5 or telephoned us about the Complainant. The only entries in the medical record near the July 5 encounter are two billing entries, on July 11 and 19.

Against this backdrop, it is difficult to discern how (b)(6);() could have disclosed the information she purportedly disclosed, or who she disclosed it to.

At PPGNW, adherence to the HIPAA privacy rules is paramount. Every new employee is required to undergo a comprehensive course in HIPAA compliance prepared by the Planned Parenthood Federation. We also review HIPAA rules regarding patient privacy in our "jump start" new-hire orientation program. Finally, each year, we prepare a HIPAA refresher training. This year, for our annual HIPAA update, we specifically covered topics related to third parties contacting PPGNW about a patient.

Because of the particular sensitivity of reproductive health services, PPGNW has established procedures to protect our patients' privacy, not only with regard to health information but even that someone is a patient of ours. For example, if our billing department or a health center receives a telephone call from someone identifying themselves as a patient, we ask a series of questions to ascertain it is, in fact, the patient. These procedures are strictly followed, and we are very successful at protecting patient privacy. Likewise, at the health center, we never confirm that someone is a patient or that she is even on the premises. Recently, we had an incident where a boyfriend was parking a car, and his partner was taken to the back before he got to the building. When our front desk staff declined to confirm she was in the building he became quite angry. But, without the patient's authorization, we will not reveal if she is a patient or whether she is on the premises seeking services. And, as another example, while third parties may make appointments for an individual, we do not allow a third party to cancel an appointment, out of an abundance of caution that the cancellation is a ruse used to ascertain if someone is our patient, and why she is coming to PPGNW.

PPGNW also has a robust incident reporting system, including incidents regarding HIPAA. As the Privacy Officer, I monitor these carefully. If (b)(6);(b)() disclosed any information, she did not submit an incident report that day, as required. Our employees are very conscientious about reporting a breach such as this (though (b)(6);(b)() fell short in some standards and could have failed to understand a HIPAA issue). Also, we frequently learn of alleged HIPAA violations because the patient contacts us after the fact. We have procedures for that: the call would be referred to the Health Center Manager. She would prepare an incident report, and refer the complaint to me for further investigation. The Complainant did not file a complaint with us.

In sum, the allegations, if true, violate our HIPAA policies and procedures, and our core value of patient privacy. We are aware that our patients can be pursued by third parties, and we have created procedures aimed at avoiding disclosure that an individual is our patient along with any personal health information. If (b)(6);(b)() revealed patient health information to a third party, then she acted contrary to our policies and procedures.

Please let me know if you have additional questions.

Sincerely,

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

Chief Legal Counsel

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

(b)

Signed privacy statement

HIPAA Privacy Statement

The use of and disclosure of Health Information is subject to the restrictions of the HIPAA Privacy Regulation and Planned Parenthood of the Great Northwest's Privacy Policies and Procedures. Under HIPAA, penalties and fines can be imposed by the federal government on anyone who improperly uses or discloses Protected Health Information. In addition to penalties and fines, any improper use of disclosure of Protected Health Information may lead to immediate termination of employment.

Your signature below indicates that you have read and understand this Privacy Statement and that you understand the Privacy Policies and Procedures of PPGNW and agree to abide by their provisions.

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

Name (printed)

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

Employee Signature

6/3/13

Date



DEPARTMENT OF HEALTH & HUMAN SERVICES

Voice - (206) 615-2290, (800) 362-1710
TDD - (206) 615-2296, (800) 537-7697
(FAX) - (206) 615-2297
<http://www.hhs.gov/ocr/>

OFFICE OF THE SECRETARY

Office for Civil Rights, Region X
2201 Sixth Avenue, Mail Stop RX-11
Seattle, WA 98121-1831

Date: FEB 26 2014

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

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

Chief Legal Counsel
Planned Parenthood of the Great Northwest
2001 E. Madison Street
Seattle, WA 98122

OCR Transaction Number: 13-167107

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

On September 13, 2013, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) received a complaint from (b)(6);(b)(7)(C) (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 Rules). Specifically, Complainant alleged that on approximately July 5, 2013, (b)(6);(b)(7)(C) a Planned Parenthood of the Great Northwest (Planned Parenthood) workforce member at its Olympia, Washington location, impermissibly disclosed Complainant's protected health information (PHI) to Complainant's ex-boyfriend. This allegation reflected potential violations of 45 C.F.R. § 164.502(a) (impermissible disclosures) and 164.530(c) (safeguards).

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.

The Privacy Rule regulates the uses and disclosures of PHI by covered entities, which are health plans, health care clearinghouses, and certain health care providers. A covered entity, such as Planned Parenthood, may only use and disclose PHI as permitted or required by the Privacy Rule. See 45 C.F.R. § 164.502(a). Generally, a covered entity may not disclose an individual's PHI to third parties without the individual's written authorization. See 45 C.F.R. § 164.508.

We have reviewed the matter raised in the complaint. OCR notified Planned Parenthood of this complaint in writing on November 20, 2013. Planned Parenthood responded in writing on December 19, 2013. Planned Parenthood stated it did not employ an individual by the name of (b)(6);(b)(7)(C) but did employ a patient care coordinator with the first name of (b)(6);(b)(7)(C). Planned Parenthood indicated that this patient care coordinator was working on July 5, 2013, but that her employment ended on August 6, 2013 for reasons unrelated Complainant's allegations.

Planned Parenthood provided OCR with a confidentiality agreement signed by the patient care coordinator and a copy of its procedure entitled "Managing Patient Privacy in the Health Center and Contact Center: Reasonable Safeguards." This procedure provides guidance to Planned Parenthood workforce members by describing several safeguards employees should undertake when discussing patient PHI, including how to handle phone calls from third parties and how to appropriately communicate with individuals regarding patient appointments.

OCR attempted to contact Complainant to obtain additional information regarding her allegation, but was unable to contact her.

Based on the foregoing, we have determined that no further OCR action is required. 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 regarding this matter, please contact Lenny Sanchez, Investigator, at 206-615-3871 (Voice), 206-615-2296 (TDD).

Sincerely,



Linda Yuu Connor
Regional Manager





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



YOUR FIRST NAME (b)(6);(b)(7)
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)(C)
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
STREET ADDRESS 1501 S. Taylor St.
CITY Amarillo
STATE Texas
ZIP 79101
PHONE (Please include area code) (806) 372-8731

When do you believe that the violation of health information privacy rights occurred?
LIST DATE(S)
09/19/2013

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)
I went in to Planned Parenthood to get a STD check. The women at the front desk, her husband is friends with my ex. I didn't even get the test due to income but the women went home and told her husband I was in there to get tested. The very next day on 9/20/2013 my ex comes over asking me if I was at the clinic trying to get tested for STD's. The women told her husband and my ex said (b) called him and told him.

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) 09/21/2013

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		LAST NAME	
HOME / CELL 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)
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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 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 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (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: 09/21/2013

**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: (H)



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 - (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

September 26, 2013

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

Our Transaction number: 13-167699

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

Thank you for your correspondence received on September 23, 2013 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,

Jorge A. Lozano

Jorge A. Lozano
Regional Manager



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

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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

NOV 01 2013

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

Our Transaction Number: 06-13-167699

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

On September 23, 2013, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received your complaint alleging that Planned Parenthood, 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 alleged that on September 19, 2013, the front desk employee of Planned Parenthood released your protected health information to an unauthorized party. 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 pass code, and limiting access to keys or pass codes.

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.

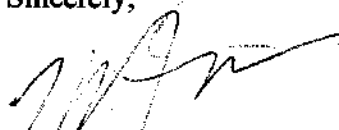
For your informational purposes, OCR has enclosed material regarding the Privacy Rule provisions related to Safeguards.

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 Cecilia Velastegui, Investigator, at 214-767-3919 (Voice) or (214) 767-8940, (800) 537-7697(TDD).

Sincerely,



Jorge A. Lozano
Regional Manager

Enclosure: Reasonable Safeguards

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 - (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

NOV 01 2013

Planned Parenthood
1501 S. Taylor St.
Amarillo, TX 79101

Our Transaction Number: 06-13-167699

Dear Privacy Officer:

On September 23, 2013, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received a complaint alleging that Planned Parenthood, 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, (b)(6);(b)(7)(C) (Complainant) alleged that on September 19, 2013, the front desk employee of Planned Parenthood released her protected health information to an authorized party. 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. 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 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 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 Cecilia Velastegui, Investigator, at 214-767-3919 (Voice) or (214) 767-8940, (800) 537-7697 (TDD).

Sincerely,



Jorge A. Lozano
Regional Manager

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 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)(C) 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
STREET ADDRESS 1200 N. Lasalle CITY Chicago
STATE Illinois ZIP 60610 PHONE (Please include area code) (312) 266-1033

When do you believe that the violation of health information privacy rights occurred?
LIST DATE(S)
09/25/2013

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)
Yesterday, September 25, 2013 at approximately 12:30 pm I received a notification on facebook from someone named "(b)(6);(b)(7)(C)". This person (who is not a friend of mine) left a comment on one of my public posts. Apparently she knew about a procedure I got done a couple months back. The comment read "I find it unbelievable that you are scared to cross the street, but were brave enough to kill your own embryo."
My first instinct was to delete the comment immediately, Therefore, I wasn't able to screen shot the whole comment, however, I was able to save the messages, which I will attach.
The reason why I believe my health privacy rights were violated, is that this person knew about my procedure and also about my sister's which happened to have been at the same place, a couple years
This field may be truncated due to size limit. See the "Allegation Description" file in the case folder.

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) 09/26/2013

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		LAST NAME	
HOME / CELL 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 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 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (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: 09/26/2013

**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.

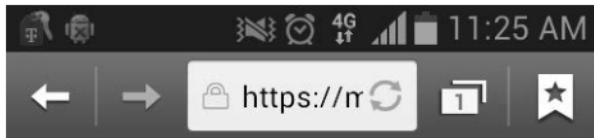
DOES IT COST ANYTHING FOR ME (OR SOMEONE ELSE) TO OBTAIN A COPY OF MY FILE?

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)



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

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

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

I dont know who you are, and I dont know what youre talking about, so do me a favor, and get off my page. thank you

41 minutes ago

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

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

medical records don't lie sad that there are siblings that follow their siblings steps!

25 minutes ago · Sent from Mobile

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

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

Keep messaging me or being on my page and I am taking your message to the police.

10 minutes ago



Write a message...

Reply

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

and 2 other people like your status. "What the hell is up with people..."
35 minutes ago

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

(b)(6);(b)(7)(C) commented on your status: "I find it unbelievable how you are afraid to..."

1 hour ago

(b)(6);(b)(7)(C) and 14 other people like your status. "They forget about you, and then they..."

Yesterday, September 25, 2013 at approximately 12:30 pm I received a notification on facebook from someone named "[REDACTED]". This person (who is not a friend of mine) left a comment on one of my public posts. Apparently she knew about a procedure I got done a couple months back. The comment read "I find it unbelievable that you are scared to cross the street, but were brave enough to kill your own embryo."

My first instinct was to delete the comment immediately, Therefore, I wasn't able to screen shot the whole comment, however, I was able to save the messages, which I will attach.

The reason why I believe my health privacy rights were violated, is that this person knew about my procedure and also about my sister's which happened to have been at the same place, a couple years back. To my understanding and my sisters, our information should be kept private. We never gave consent for anyone to expose our information. I have reasons to believe that one of your employees gave our information to someone who obviously knows us. My concern is that if someone is capable to write me a message on facebook exposing my personal life, how far will they go? I know the issue of abortion is very big to some, everyone is entitled to their own opinion, and I respect that. But I am not at peace knowing that there is someone out there that knows about something that was supposed to be confidential and that not even I told anyone about. This has made me feel so unsafe. If this person has gone through my medical records, then they know where I live. I just hope that something can be done about this matter.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Voice - (800) 368-1019
TDD - (202) 619-3257
Fax - (202) 619-3818
<http://www.hhs.gov/ocr>

Office for Civil Rights
200 Independence Avenue, S.W.,
Room 509F
Washington, DC 20201

January 2, 2014

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

RE: OCR Transaction Number: 14-168325

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

Thank you for your complaint, received on October 9, 2013, by the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR).

OCR has preliminarily reviewed your complaint and it has been forwarded to the OCR Regional Office listed below for further review and processing. OCR will complete its review as quickly as possible. Any correspondence regarding this matter should be sent to:

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

When contacting this office, please remember to include the OCR Transaction Number, as shown in the reference line 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 review and processing of your complaint, please inform us at the OCR Regional Office address noted herein so that we may maintain current contact information for you.

Sincerely,

pp. Kurt Temple
CIU/CRC Director
Central Intake Unit



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

June 13, 2014

The Privacy Officer
Planned Parenthood
1200 N. LaSalle Street
Chicago, IL 60610

Re: (b)(6);(b)(7)(C) v. Planned Parenthood
OCR Transaction Number: 14-168325

Dear Privacy Officer:

On October 9, 2013, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received a complaint alleging that Planned Parenthood, 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, (b)(6);(b)(7)(C), the complainant alleges that, an employee of Planned Parenthood impermissibly disclosed her protected health information (PHI) to a third party. According to (b)(6);(b)(7)(C) on September 25, 2013, (b)(6);(b)(7)(C) left a comment under the public posts of (b)(6);(b)(7)(C) Facebook page pertaining to a procedure she had done at Planned Parenthood. 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 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 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. 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 to Planned Parenthood 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 to Planned Parenthood 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 Alyce Hilden, Investigator, at (312) 353-9688 (Voice) or (312) 353-5693 (TDD).

Sincerely,

A handwritten signature in black ink, appearing to read "Celeste H. Davis".

Celeste H. Davis
Regional Manager

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

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

February 5, 2016

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

Re: (b)(6);(b)(7) v. Planned Parenthood
OCR Transaction Number: 14-168325

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

On October 9, 2013, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received your complaint alleging that Planned Parenthood, 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, an employee of Planned Parenthood impermissibly disclosed your protected health information (PHI) to a third party. You stated that, on September 25, 2013, (b)(6);(b)(7)(C) left a comment under the public posts of your Facebook page pertaining to a procedure you had done at Planned Parenthood. This allegation could reflect a violation of 45 C.F.R. §§ 164.520(a) and 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 pass code, and limiting access to keys or pass codes.

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.

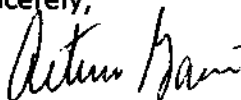
For your informational purposes, OCR has enclosed material regarding the Privacy Rule provisions related to Safeguards.

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 Alyce Hilden, Investigator, at (312) 353-9688 (Voice) or (312) 353-5693 (TDD).

Sincerely,

A handwritten signature in cursive script, appearing to read "Celeste H. Davis".

Celeste H. Davis
Regional Manager

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 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: (b)(6);(b)(7)(C)
WORK PHONE: (b)(6);(b)(7)(C)
STREET ADDRESS: (b)(6);(b)(7)(C)
CITY: (b)(6);(b)(7)(C)
STATE: (b)(6);(b)(7)
ZIP: (b)(6);(b)(7)
E-MAIL ADDRESS: (b)(6);(b)(7)(C)

Are you filing this complaint for someone else? [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: Plan Parenthood
STREET ADDRESS: 3727 NE Martin Luther King Jr. Boulevard
CITY: Portland
STATE: Oregon
ZIP: 97212
PHONE: (888) 875-7820

When do you believe that the violation of health information privacy rights occurred?
LIST DATE(S): 11/06/2013

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)
Plan Parenthood has a policy that is considered intrusive, especially by those whose first language is not English. The organization's call center forces the non-English speaking populations to use interpreter. Involving an interpreter in the scheduling, or during clinic visit is not the problem. The issue lies with the organization's unwaveringly ignoring of the immigrants' request to use their own family members as interpreters. These people's interest to use their family members as interpreter is rooted on the fact that they do not want other people from their native land to know the nature of their visit to the clinic, which could possibly include as sensitive procedures as abortion. Ironically, Plan Parenthood believes forcing non-English speaking populations to use other

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): 11/07/2013

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		LAST NAME	
HOME / CELL 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 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 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (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.**