

sensitive information by telephone, fax or mail. If you do not wish to have your information sent by email, please contact the sender immediately.

From: marcy.wilder@hoganlovells.com [mailto:marcy.wilder@hoganlovells.com]

Sent: Friday, October 07, 2016 3:37 PM

To: OMalley, Sibylle M. (HHS/OCR)

Subject: OCR Data Request Response, 16-247465

You have received 2 secure files from marcy.wilder@hoganlovells.com.

Use the secure links below to download.

Dear Dr. O'Malley:

Attached is the response from my client, Planned Parenthood of Greater Washington and North Idaho, to the OCR Data Request for Transaction Number 16-247465. The corresponding exhibits are attached in a .zip file.

Please don't hesitate to contact me with any questions.

Regards,

Marcy

Secure File Downloads:

Available until: **28 October 2016**

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OCR Response Exhibits, 16-247465.zip

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OCR Response, 16-247465.pdf

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Sibylle,

Thank you for your email requesting additional information regarding transaction 16-247465 and for the clarification you provided by phone. The information you have requested is set out below.

1. The date the document (Business Associate Agreement) was executed.

The Business Associate Agreement was executed on December 23, 2015.

2. A description of what specific parts of the Security Rule the business associate (BA), (Athenahealth), is obligated to meet.

Athenahealth, as our business associate, is obligated to comply with the entirety of the Security Rule, as required under HIPAA and our Business Associate Agreement. It appears that this incident was more the result of a misunderstanding than a failure of our business associate to meet the requirements of the Security Rule. As stated in our October 7, 2016 response, a small percentage of invitations sent, without PPGWNI's knowledge, through our business associate's Communicator product were directed to the wrong email address. Because the first and last name of the individual (but no other personal information) was included in the small percentage of emails sent to the wrong recipient, out of an abundance of caution we reported the incident to OCR. This was an isolated incident that has since been corrected.

3. A description of how your entity monitors and enforces the BA's required actions.

PPGWNI monitors athenahealth's actions to ensure compliance with the Security Rule and its Business Associate Agreement.

From the beginning, our vendor selection process focuses in part on ensuring that the vendor selected can meet applicable legal requirements, including HIPAA business associate obligations. PPGWNI's diligence process included a two-day site visit by PPGWNI to a similarly situated provider that had already engaged athenahealth for practice management services. The site visit included a discussion of the athenahealth product, its implementation, and any challenges encountered by the practice. After selecting athenahealth, PPGWNI negotiated the terms of a business associate agreement, and entered into an engagement with athenahealth on December 23, 2015.

PPGWNI monitored the work of its BA during the pre-implementation transition period and continues to monitor and enforce the BA obligations. Oversight activities have included:

- A working group of PPGWNI and athenahealth staff that met regularly over several months to work through a master implementation plan that included discussions on communication permissions, privacy, and security.
- Audits of authorized user access logs to safeguard against unauthorized access to practice management systems.
- Use of secure file transfer throughout implementation process.
- Safeguarding PPGWNI information by using secure server transmissions.
- An annual review for suspension and debarment with the federal government. This review occurred in August 2016, and it was confirmed that athenahealth was not on such a list.
- An annual risk assessment that ensures appropriate access controls and a process for terminating access rights for business associates.
- Annual HIPAA training for PPGWNI workforce members, which includes training on business associate relationships, incident reporting and response, as well as complaints. The training includes a signed acknowledgment of the annual HIPAA Privacy and Security statements.

PPGWNI also performs an annual internal vendor review for all business associates. Because PPGWNI has not yet been engaged with athenahealth for a year, that review is forthcoming and will include surveys of responsible PPGWNI managers to obtain feedback as to whether or not athenahealth is providing its contracted services in a compliant and quality manner. In addition, following the incident, PPGWNI interviewed key managers about their experience in PPGWNI's engagement with athenahealth, including asking questions about any concerns those managers may have had. This process did not take the place of the annual vendor review, which is forthcoming.

Finally, following the identification of a disclosure of information not permitted by the business associate, athenahealth and PPGWNI worked together, closely, to identify affected individuals and analyze notification obligations. As required by the business associate agreement, athenahealth provided to PPGWNI necessary information in order to investigate and analyze the incident. As detailed in our October 7, 2016 response, numerous actions were taken to further strengthen protections to safeguard PPGWNI information.

* * *

Please contact me if you have any additional questions.

Regards,

Marcy

Marcy Wilder

Partner

Hogan Lovells US LLPColumbia Square
555 Thirteenth Street, NW
Washington, DC 20004

Direct: +1 202 637 5729

Tel: +1 202 637 5600

Email: marcy.wilder@hoganlovells.comBlog: www.hldataprotection.comwww.hoganlovells.com

Please consider the environment before printing this e-mail.

From: OMalley, Sibylle M. (HHS/OCR) [<mailto:Sibylle.OMalley@HHS.GOV>]**Sent:** Tuesday, November 08, 2016 1:57 PM**To:** Wilder, Marcy**Cc:** OMalley, Sibylle M. (HHS/OCR)**Subject:** RE: OCR Data Request Response, 16-247465**Importance:** High

Dear Ms. Wilder,

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

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

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

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

Please also let me know if you have any questions.

Sincerely,

Sibylle.

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

Notice

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

Please be aware that email communication can be intercepted in transmission or misdirected. Your use of email to communicate individually identifiable health information (IIHI) and other sensitive or confidential information to us indicates that you acknowledge and accept the possible risks associated with such communication. Please consider communicating any sensitive information by telephone, fax or mail. If you do not wish to have your information sent by email, please contact the sender immediately.

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**DEPARTMENT OF HEALTH & HUMAN SERVICES****OFFICE OF THE SECRETARY**

Voice - (415) 437-8310, (800) 368-1019

TDD - (415) 437-8311, (800) 537-7697

FAX - (415) 437-8329

<http://www.hhs.gov/ocr/>**Office for Civil Rights, Pacific Region****90 7th Street, Suite 4-100****San Francisco, CA 94103**

May 10, 2017

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

OCR Transaction Number: 16-247465

Dear Ms. Wilder:

On August 26, 2016, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received a breach notification report, from Karl Eastlund, required by 45 C.F.R. § 164.408, filed on behalf of Planned Parenthood of Greater Washington and North Idaho (PPGWNI), a covered entity, pursuant to the HITECH Breach Notification Rule, 45 C.F.R. § 164.408 and § 164.414, respectively. In the report, Karl Eastlund notified OCR that the covered entity might not be 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 (e-PHI), (45 C.F.R. Parts 160 and 164, Subparts A, C, D, and E, the Privacy and Security Rules).

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

On August 29, 2016, OCR spoke with you and verified the information in the breach report.

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

Section	Implementation Specification	Action/Standard
45 C.F.R. § 164.308(b)(1)	BA Contracts & Other Arrangements	Required
45 C.F.R. § 164.314(a)(1)	BA Contract or Other Arrangements	Required
45 C.F.R. § 164.404(a)	Breach Notification to Individuals	Required
45 C.F.R. § 164.406(a)	Breach Notification to the Media	Required
45 C.F.R. § 164.504(e)	BA Contracts	Standard

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

OCR is responsible for enforcing the Privacy and Security Rules, and the Breach Notification Rule, as those Rules apply to "covered entities" and "business associates." Covered entities are health care clearinghouses, health plans, and health care providers that transmit health information in

electronic form in connection with a transaction for which HHS has adopted standards. See 45 C.F.R. Part 162.

Business associates are persons or entities that provide certain services to or perform functions on behalf of covered entities, or other business associates of covered entities, that require access to protected health information.

On September 8, 2016, OCR requested information from you regarding the breach incident, PPGWNI's HIPAA policies and procedures related to breach incidents, and a copy of the BA agreement. OCR received your response on October 7, and December 13, 2016, respectively. In the response, you provided a summary of the breach incident, a copy of the Business Associate Agreement, breach notification policies and procedures, a copy of notice to the individual, and notice to the media.

OCR notes that, in response to the incident and corresponding investigation, PPGWNI & athenahealth have taken the following corrective action steps:

1. Provided OCR with evidence that they promptly reported and responded to the security incident, acting in accordance with their policies and procedures.
2. Following the breach incident, PPGWNI & athenahealth shut down the patient portal and deactivated the links in the e-mails.
3. Following the breach incident, and before getting the patient portal back online, PPGWNI confirmed that appropriate permissions and safeguards were in place and that athenahealth was complying with its obligations as outlined in the business associate agreement.
4. On August 26, 2016, PPGWNI began the process of notifying the individuals affected, the media and OCR (and provided OCR with evidence of such).
5. While PPGWNI and athenahealth have no evidence that the e-PHI involved had been misused, they engaged AllClear ID to provide affected individuals with Identity Repair for 12 months, following the incident.
6. Provided OCR with sufficient assurances of appropriate oversight of vendors through the use of business associate agreements, periodic audits, and a copy of the QA process designed to review and test patches and upgrades to PPGWNI's systems before such changes are implemented.
7. Provided OCR with a copy of its pertinent HIPAA policies and procedures.

All matters raised by this complaint at the time it was filed have now been resolved through the voluntary compliance actions of PPGWNI. 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, 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 do not hesitate to contact Sibylle O'Malley at (415) 437-8316 (Voice), or at Sibylle.OMalley@hhs.gov (e-mail).

Sincerely,



Michael Leoz
Regional Manager



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS (OCR)
CIVIL RIGHTS DISCRIMINATION 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 civil rights do you believe were violated?
FIRST NAME LAST NAME

I believe that I have been (or someone else has been) discriminated against on the basis of:
[] Race / Color / National Origin [] Age [] Religion [] Sex
[] Disability [X] Other (specify): Sexual Orientation

Who or what agency or organization do you believe discriminated against you (or someone else)?
PERSON/AGENCY/ORGANIZATION
Planned Parenthood
STREET ADDRESS 4786 N. Peck Road B CITY El Monte
STATE California ZIP 91732 PHONE (Please include area code) (800) 576-5544

When do you believe that the civil right discrimination occurred?
LIST DATE(S)
09/27/2016

Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed)
I went to Planned Parenthood with my partner for a routine STI examination. I informed the front desk associate what I was there for and told her about my MediCal insurance. I informed the associate that my provider was Anthem Blue Cross. She told me it wasn't accepted there. My partner asked me to call my provider to verify. My insurance provider told me they did cover it. I went back to the front desk and informed the associate that my insurance did cover the examination. She continued to refuse to help me and didn't bother to check her system. I then called the Planned Parenthood Customer Service
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) 09/27/2016

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and other civil rights statutes. 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 discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws. 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/civilrights/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 was discriminated against (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 701 Fifth Avenue, Suite 1600, MS - 11 Seattle, WA 98104 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX

Burden Statement

Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS/OS Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave. S.W., Room 531H, Washington, D.C. 20201. **Please do not mail complaint form to this address.**



COMPLAINANT CONSENT FORM

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

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

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

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

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

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

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

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

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



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

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

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

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

Signature: Date: 09/27/2016

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

Name (Please print):

Address:

Telephone Number:



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

Privacy Act

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

— OCR is authorized to solicit information under:

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

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

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



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

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

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

Freedom of Information Act

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

Fraud and False Statements

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



PROTECTING PERSONAL INFORMATION IN COMPLAINT INVESTIGATIONS

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

HOW DOES OCR PROTECT MY PERSONAL INFORMATION?

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

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

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

CAN I SEE MY OCR FILE?

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

CAN OCR GIVE MY FILE TO ANY ONE ELSE?

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

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

CAN ANYONE ELSE SEE THE INFORMATION IN MY FILE?

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



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

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

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

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

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

OR

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

I went to Planned Parenthood with my partner for a routine STI examination. I informed the front desk associate what I was there for and told her about my MediCal insurance. I informed the associate that my provider was Anthem Blue Cross. She told me it wasn't accepted there. My partner asked me to call my provider to verify. My insurance provider told me they did cover it. I went back to the front desk and informed the associate that my insurance did cover the examination. She continued to refuse to help me and didn't bother to check her system. I then called the Planned Parenthood Customer Service line to double check. They also told me it was accepted. Customer Service even called the clinic and told the associate it was accepted and she still refused to help me. We asked a different employee what her name was and I believe it was (b)(6);(b)(7)(C) Even though I kept a calm demeanor she was extremely rude. We told them we were filing a complaint for discrimination and walked out. We were contacted minutes later by a different employee. The employee apologized and claimed she was new which was false because my partner remembers her being rude to him the first time he was there over a year ago.



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

November 22, 2016

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

OCR Transaction Number: CU-16-250286

(b)(6);(b)(7)(C) vs. Planned Parenthood

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

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

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 also has jurisdiction over health plans, health care clearinghouses, and certain health care providers with respect to enforcement of the Privacy, Security, and Breach Notification Rules promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Based upon review of your correspondence, we have determined that OCR will not investigate your complaint. Your complaint does not contain a sufficient basis for OCR to proceed with an investigation. We are closing your complaint and will take no further action regarding the issue(s) you have raised.

We regret that we are unable to assist you in this matter. If you have any questions about this matter, please contact Centralized Case Management Operations at (800) 368-1019 or (202) 619-3257 (TDD).

Sincerely,

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

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



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

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



HEALTH INFORMATION PRIVACY COMPLAINT

RECEIVED

SEP 27 2016

HHS/OCR/HQ

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

Planned Parenthood / Washington County Health Department

STREET ADDRESS		CITY Fayetteville
STATE AR	ZIP 72703	PHONE (Please include area code)

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

LIST DATE(S)

During/Beginning August 2016

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

I went to Planned Parenthood Fayetteville to run some test about an STD and the result was positive to Chlamydia. They informed to the Washington County Health Department without my consent and these people from the health Dept. tried to accuse me for this and other reasons explained in the letter attached

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) 09/08/2016
-------------------------------	---------------------------------

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Department for purposes associated with health information privacy compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's Web site at: www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. To submit a complaint using alternative methods, see reverse page (page 2 of the complaint form).

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): SPANISH Other: _____

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

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

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

PERSON / AGENCY / ORGANIZATION / COURT NAME(S)	
DATE(S) FILED	CASE NUMBER(S) (If known)

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

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

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

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

PRIMARY LANGUAGE SPOKEN (if other than English) _____

How did you learn about the Office for Civil Rights?

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

To submit a complaint, please type or print, sign, and return completed complaint form package (including consent form) to the OCR Headquarters address below.

U.S. Department of Health and Human Services
Office for Civil Rights
Centralized Case Management Operations
200 Independence Ave., S.W.
Suite 515F, HHH Building
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

Burden Statement

Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS/OS Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave. S.W., Room 531H, Washington, D.C. 20201. **Please do not mail this complaint form to this address.**



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,

and

for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

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

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



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

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

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

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

Signature: _____

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

Date: _____

09/08/2016

**Please sign and date*

form by email because submission by email represents your signature.

Name (Please print) _____

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

Address _____

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

Telephone Number: _____

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

Note: Please, you can call me after 3.00pm CST.
I'll be available at those hours.

Thank you so much

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

Fayetteville, septiembre 8 del 2016, H08:00

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

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

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

Sin más,

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

c.c. ARcare, Inc., Corporate Office
c.c. Administrator Arcare Fayetteville
c.c. Ryan White Program
c.c. U.S. Department of Health and Human Services, Office of Civil Rights
c.c. Planned Parenthood Fayetteville

c.c. Planned Parenthood Federation of America
c.c. (b)(6);(b)(7)(C)
c.c. Administrador Washington County Health department
c.c. Administrador Arkansas department of health

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

NORTHWEST AR P&DF
AR 727 1 T
19 SEP 2016 PM



Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Room 509F HHH Bldg.
Washington, D.C. 2020



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



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

October 19, 2016

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

Our Transaction Number: CU-16-250497

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

Department

vs. Planned Parenthood/ Washington County Health

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

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

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.

We have reviewed your complaint and have determined that OCR will not investigate your allegations. Therefore, OCR is closing this complaint with no 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.

We regret we are unable to assist you further. Thank you.

Sincerely,

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

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



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



YOUR FIRST NAME, YOUR LAST NAME, HOME / CELL PHONE, WORK PHONE, STREET ADDRESS, CITY, STATE, ZIP, E-MAIL ADDRESS

Are you filing this complaint for someone else? 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, STREET ADDRESS, CITY, STATE, ZIP, PHONE

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

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)

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.

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)

Planned Parenthood Human Resources

DATE(S) FILED	CASE NUMBER(S) (If known)
10/18/2016	null

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.

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 3312 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 16T70 Atlanta, GA 30303-8909 (404) 562-7886; (404) 562-7884 (TDD) (404) 562-7881 FAX	Region VIII - CO, MT, ND, SD, UT, WY Office for Civil Rights, DHHS 999 18th Street, Suite 417 Denver, CO 80202 (303) 844-2024; (303) 844-3439 (TDD) (303) 844-2025 FAX	Region X - AK, ID, OR, WA Office for Civil Rights, DHHS 701 Fifth Avenue, Suite 1600, MS - 11 Seattle, WA 98104 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX

Burden Statement

Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS/OS Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave. S.W., Room 531H, Washington, D.C. 20201. Please do not mail complaint form to this address.



COMPLAINANT CONSENT FORM

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

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

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

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

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

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

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

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

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



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

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

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

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

Signature: Date: 10/27/2016

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

Name (Please print):

Address:

Telephone Number:



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

Privacy Act

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

— OCR is authorized to solicit information under:

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

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

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



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

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

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

Freedom of Information Act

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

Fraud and False Statements

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



PROTECTING PERSONAL INFORMATION IN COMPLAINT INVESTIGATIONS

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

HOW DOES OCR PROTECT MY PERSONAL INFORMATION?

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

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

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

CAN I SEE MY OCR FILE?

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

CAN OCR GIVE MY FILE TO ANY ONE ELSE?

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

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

CAN ANYONE ELSE SEE THE INFORMATION IN MY FILE?

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



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

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

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

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

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

OR

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

On September 9th at 12:20 I went to Planned Parenthood the Mar Monte office in Stockton, and recieved an in clinic procedure. On the afternoon of October 18 at about 2 pm me and my former partner were having a discussion in which he disclosed to me that he had a friend at Planned Parenthood who disclosed my medical information about that procedure to him the day before which would be October 17. I proceeded to call their Human Resource department and was told they would investigate and if my files where in fact accessed they would be able to see it. Yesterday October 26 I recieved a letter saying I gave them limited information and they were still investigating and would contact me in a few weeks. I told their human resource department that my former partners friend may not work at the specific clinic that I got my procedure done at because he is not from California he is from Philidelphia so she might work there but either way I was told that wouldn't matter because they would be able to see where it came from. In terms of the information I provided them with about this incident I gave them my appointment time and date, and also provided them with his full name and his information that I still had, I also proceeded to tell them that he would not cooperate because he was already threatening me for filing a complaint with them. From my understanding this violates the HIPAA laws if it is true that my information was discolsed to anyone without my consent or without me knowing.



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

November 17, 2016

Planned Parenthood Federation of America
123 William Street
New York, NY 10038
Attn: Privacy Officer

Re: OCR Transaction Number: CU-17-252928

Dear Privacy Officer:

On October 27, 2016, 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 (45 C.F.R. Parts 160 and 164, Subparts A and E, the Privacy Rule). Specifically, the complainant, (b)(6);(b)(7)(C) alleges that on October 17, 2016, an employee of Planned Parenthood, located at 1691 The Alameda, San Jose, CA 95126, impermissibly disclosed her protected health information (PHI) to her ex-boyfriend, an individual unrelated to her care. This allegation could reflect a violation of 45 C.F.R. §§ 164.502(a), 164.510 (b), and 164.530(c).

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

Pursuant to the Privacy Rule, a covered entity may not use or disclose protected health information (PHI) except as permitted or required by the Privacy Rule. As long as an individual does not object, a covered entity is allowed to share or discuss the individual's health information with the individual's family, friends, or others involved in the individual's care or payment for their care. The covered entity may ask the individual's permission, may tell the individual that the covered entity plans to discuss the information and give the individual an opportunity to object, or may decide, using the covered entity's professional judgment, that the individual does not object. However, in any of these cases, the covered entity may discuss **only** the information that the person involved needs to know about the individual's care or payment for their care.

The minimum necessary provision of the Privacy Rule also requires the covered entity to limit access to protected health information by identifying 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.

Finally, a covered entity must provide a process for individuals to make complaints concerning the covered entity's policies and procedures required by the Privacy Rule or its compliance with such policies and procedures or with the requirements of the Privacy Rule. 45 C.F.R. § 164.530 (d)(1).

In this matter, the complainant alleges that the complainant's PHI was impermissibly disclosed to a member of the complainant's family or to an acquaintance of the complainant or that the complainant's PHI was otherwise impermissibly used by an employee of Planned Parenthood. Pursuant to its authority under 45 C.F.R. §§ 160.304(a) and (b), OCR has determined to resolve this matter through the provision of technical assistance to Planned Parenthood. To that end, OCR has enclosed material explaining the Privacy Rule provisions related to Disclosures to Family and Friends, the Minimum Necessary Requirement, and Reasonable Safeguards.

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

Based on the forgoing, 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 Elizabeth Guest, Investigator, at (202) 619-1587 (Voice) or (202) 619-3257 (TDD).

Sincerely,



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

Enclosure: Disclosures to Family and Friends
The Minimum Necessary Requirement
Reasonable Safeguards

DISCLOSURES TO FRIENDS AND FAMILY

45 C.F.R. § 164.510(b)

The Privacy Rule does not require a health care provider or health plan to share information with a patient's family or friends, unless they are the patient's personal representatives. The law does permit providers and plans to share information with a patient's family or friends in certain circumstance. A health care provider or health plan may share relevant information with family members or friends involved in the patient's health care or payment for the patient's health care, if the patient tells the provider or plan that it can do so, or if the patient does not object to sharing of the information. For example, if the patient does not object, the patient's doctor could talk with the friend who goes with the patient to the hospital or a family member who pays the patient's medical bill.

A provider or plan may also share relevant information with these persons if, using its professional judgment, it believes that the patient does not object. For example, if a patient sends a friend to pick up your prescription for the patient, the pharmacist can assume that the patient does not object to their being given the medication. When the patient is not there or is injured and cannot give their permission, a provider may share information with these persons when it decides that doing so would be in the patient's best interest.

Frequently Asked Questions

Q: Does the HIPAA Privacy Rule permit a doctor to discuss a patient's health status, treatment, or payment arrangements with the patient's family and friends?

A: Yes. The HIPAA Privacy Rule at 45 CFR 164.510(b) specifically permits covered entities to share information that is directly relevant to the involvement of a spouse, family members, friends, or other persons identified by a patient, in the patient's care or payment for health care. If the patient is present, or is otherwise available prior to the disclosure, and has the capacity to make health care decisions, the covered entity may discuss this information with the family and these other persons if the patient agrees or, when given the opportunity, does not object. The covered entity may also share relevant information with the family and these other persons if it can reasonably infer, based on their professional judgment, that the patient does not object. Under these circumstances, for example:

- A doctor may give information about a patient's mobility limitations to a friend driving the patient home from the hospital.
- A hospital may discuss a patient's payment options with her adult daughter.
- A doctor may instruct a patient's roommate about proper medicine dosage when she comes to pick up her friend from the hospital.
- A physician may discuss a patient's treatment with the patient in the presence of a friend when the patient brings the friend to a medical appointment and asks if the friend can come into the treatment room.

Even when the patient is not present or it is impracticable because of emergency circumstances or the patient's incapacity for the covered entity to ask the patient about discussing her care or payment with a family member or other person, a covered entity may share this information with the person when, in exercising

professional judgment, it determines that doing so would be in the best interest of the patient. See 45 CFR 164.510(b). Thus, for example:

- A surgeon may, if consistent with such professional judgment, inform a patient's spouse, who accompanied her husband to the emergency room, that the patient has suffered a heart attack and provide periodic updates on the patient's progress and prognosis.
- A doctor may, if consistent with such professional judgment, discuss an incapacitated patient's condition with a family member over the phone.

In addition, the Privacy Rule expressly permits a covered entity to use professional judgment and experience with common practice to make reasonable inferences about the patient's best interests in allowing another person to act on behalf of the patient to pick up a filled prescription, medical supplies, X-rays, or other similar forms of protected health information. For example, when a person comes to a pharmacy requesting to pick up a prescription on behalf of an individual he identifies by name, a pharmacist, based on professional judgment and experience with common practice, may allow the person to do so.

Q: If the patient is not present or is incapacitated, may a health care provider still share the patient's health information with family, friends, or others involved in the patient's care or payment for care?

A: Yes. If the patient is not present or is incapacitated, a health care provider may share the patient's information with family, friends, or others as long as the health care provider determines, based on professional judgment, that it is in the best interest of the patient. When someone other than a friend or family member is involved, the health care provider must be reasonably sure that the patient asked the person to be involved in his or her care or payment for care. The health care provider may discuss only the information that the person involved needs to know about the patient's care or payment. Here are some examples:

- A surgeon who did emergency surgery on a patient may tell the patient's spouse about the patient's condition while the patient is unconscious.
- A pharmacist may give a prescription to a patient's friend who the patient has sent to pick up the prescription.
- A hospital may discuss a patient's bill with her adult son who calls the hospital with questions about charges to his mother's account.
- A health care provider may give information regarding a patient's drug dosage to the patient's health aide who calls the provider with questions about the particular prescription.

BUT:

- A nurse may not tell a patient's friend about a past medical problem that is unrelated to the patient's current condition.
- A health care provider is not required by HIPAA to share a patient's information when the patient is not present or is incapacitated, and can choose to wait until the patient has an opportunity to agree to the disclosure.

HIPAA Privacy Rule Disclosures to a Patient’s Family, Friends, or Others Involved in the Patient’s Care or Payment for Care

	Family Member or Friend	Other Persons
Patient is present and has the capacity to make health care decisions	<p>Provider may disclose relevant information if the provider does one of the following:</p> <ul style="list-style-type: none"> (1) Obtain the patient’s agreement; (2) Gives the patient an opportunity to object and the patient does not object; (3) Decides from the circumstances, based on professional judgment, that the patient does not object <p>Disclosure may be made in person, over the phone, or in writing</p>	<p>Provider may disclose relevant information if the provider does one of the following:</p> <ul style="list-style-type: none"> (1) Obtain the patient’s agreement; (2) Gives the patient an opportunity to object and the patient does not object; (3) Decides from the circumstances, based on professional judgment, that the patient does not object <p>Disclosure may be made in person, over the phone, or in writing</p>
Patient is not present or is incapacitated	<p>Provider may disclose relevant information if, based on professional judgment, the disclosure is in the patient’s best interest.</p> <p>Disclosure may be made in person, over the phone, or in writing.</p> <p>Provider may use professional judgment and experience to decide if it is in the patient’s best interest to allow someone to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information for the patient.</p>	<p>Provider may disclose relevant information if the provider is reasonably sure that the patient has involved the person in the patient’s care and in his or her professional judgment, the provider believes the disclosure to be in the patient’s best interest.</p> <p>Disclosure may be made in person, over the phone, or in writing.</p> <p>Provider may use professional judgment and experience to decide if it is in the patient’s best interest to allow someone to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information for the patient.</p>

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.

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

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

November 17, 2016

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

Re: OCR Transaction Number: CU-17-252928

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

On October 27, 2016, 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 (45 C.F.R. Parts 160 and 164, Subparts A and E, the Privacy Rule). Specifically, you allege that on October 17, 2016, an employee of Planned Parenthood, located at 1691 The Alameda, San Jose, CA 95126, impermissibly disclosed your protected health information (PHI) to your ex-boyfriend. This allegation could reflect a violation of 45 C.F.R. §§ 164.502(a), 164.510 (b), 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 the 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 may not use or disclose protected health information except as permitted or required by the Privacy Rule. As long as an individual does not object, a covered entity is allowed to share or discuss with the individual's family, friends, or other persons identified by the individual the protected health information that is directly relevant to such person's involvement with the individual's care or payment for care. The covered entity may ask the individual's permission, may tell the individual that the covered entity plans to discuss the information and give the individual an opportunity to object, or may decide, using the covered entity's professional judgment, that the individual does not object. However, in any of these cases, the covered entity may discuss **only** the information that the person involved needs to know about the individual's care or payment for their care.

The minimum necessary provision of the Privacy Rule also requires the covered entity to limit access to protected health information by identifying 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.

Finally, a covered entity must provide a process for individuals to make complaints concerning the covered entity's policies and procedures required by the Privacy Rule or its compliance with such policies and procedures or with the requirements of the Privacy Rule. 45 C.F.R. § 164.530 (d)(1).

We have carefully reviewed your complaint against Planned Parenthood and have determined to resolve this matter 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 an 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 about this matter, please contact Centralized Case Management Operations at (800) 368-1019 or (202) 619-3257 (TDD).

Sincerely yours,



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

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



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



YOUR FIRST NAME, YOUR LAST NAME, HOME / CELL PHONE, WORK PHONE, STREET ADDRESS, CITY, STATE, ZIP, E-MAIL ADDRESS

Are you filing this complaint for someone else? 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, STREET ADDRESS, CITY, STATE, ZIP, PHONE

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

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. In the Fall of 2013, I worked at the (b)(6);(b)(7)(C) and I visited Planned Parenthood in North Austin for a regular checkup visit.

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.

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): google search

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

<p align="center">Region I - CT, ME, MA, NH, RI, VT</p> Office for Civil Rights, DHHS JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD) (617) 565-3809 FAX	<p align="center">Region V - IL, IN, MI, MN, OH, WI</p> Office for Civil Rights, DHHS 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD) (312) 886-1807 FAX	<p align="center">Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions</p> Office for Civil Rights, DHHS 90 7th Street, Suite 4-100 San Francisco, CA 94103 (415) 437-8310; (415) 437-8311 (TDD) (415) 437-8329 FAX
<p align="center">Region II - NJ, NY, PR, VI</p> Office for Civil Rights, DHHS 26 Federal Plaza - Suite 3312 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD) (212) 264-3039 FAX	<p align="center">Region VI - AR, LA, NM, OK, TX</p> Office for Civil Rights, DHHS 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD) (214) 767-0432 FAX	
<p align="center">Region III - DE, DC, MD, PA, VA, WV</p> Office for Civil Rights, DHHS 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD) (215) 861-4431 FAX	<p align="center">Region VII - IA, KS, MO, NE</p> Office for Civil Rights, DHHS 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (TDD) (816) 426-3686 FAX	
<p align="center">Region IV - AL, FL, GA, KY, MS, NC, SC, TN</p> Office for Civil Rights, DHHS 61 Forsyth Street, SW. - Suite 16T70 Atlanta, GA 30303-8909 (404) 562-7886; (404) 562-7884 (TDD) (404) 562-7881 FAX	<p align="center">Region VIII - CO, MT, ND, SD, UT, WY</p> Office for Civil Rights, DHHS 999 18th Street, Suite 417 Denver, CO 80202 (303) 844-2024; (303) 844-3439 (TDD) (303) 844-2025 FAX	<p align="center">Region X - AK, ID, OR, WA</p> Office for Civil Rights, DHHS 701 Fifth Avenue, Suite 1600, MS - 11 Seattle, WA 98104 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX

Burden Statement

Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS/OS Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave. S.W., Room 531H, Washington, D.C. 20201. **Please do not mail complaint form to this address.**



COMPLAINANT CONSENT FORM

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

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

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

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

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

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

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

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

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



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

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

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

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

Signature: Date: 10/29/2016
*Please sign and date by hand or 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)

In the Fall of 2013, I worked at the (b)(6);(b)(7)(C) and I visited Planned Parenthood in North Austin for a regular checkup visit. I was not aware that my former nursing school classmate (b)(6);(b)(7)(C) Cupertino worked at Planned Parenthood until after my visit. I do not know which location of Planned Parenthood she worked at. (b)(6);(b)(7)(C) posted on Facebook stating that she worked at Planned Parenthood, but it was not until after this appointment.

After this visit with Planned Parenthood, (b)(6);(b)(7)(C) posted on the Facebook page our nursing school class uses to keep in touch, stating that she was having her yearly Christmas party and everyone was invited. I went to the party, and was the only person from our nursing school class that went. (b)(6);(b)(7)(C) had a graduation party when we graduated from nursing school that myself and most of our classmates went to. This particular Christmas party (2013) was the only Christmas party of (b)(6);(b)(7)(C) that I was ever invited to. While at the party, the Nurse Practitioner who performed my exam at Planned Parenthood was there.

While at the Christmas party, (b)(6);(b)(7)(C) stated that she had experienced property damage recently, and she stated that (b)(6);(b)(7)(C) were unable to attend the party and they had experienced property damage as well. (b)(6);(b)(7)(C) was in our nursing school class. After this Christmas party, I have had no contact with (b)(6);(b)(7)(C)

In the Spring of 2014, my friend (b)(6);(b)(7)(C) began asking me strange questions, asking if I have interstitial cystitis, and began telling me in detail how she suffers from endometriosis. She began telling me about how she takes pain medication and she was frustrated with her dr for not giving her pain medication and wanting to know if she should file a complaint. She began inviting me to come and stay with her and her husband in Utah if I needed a place to stay for a couple of months. (b)(6);(b)(7)(C) had previously offered to let me stay with them for a couple of months if I needed a place to stay. Then some time went by where I did not talk to (b)(6);(b)(7)(C) and she contacted me out of the blue. (b)(6);(b)(7)(C) was on my Instagram page, but (b)(6);(b)(7)(C) did not appear to be on (b)(6);(b)(7)(C) Instagram page. I feel that (b)(6);(b)(7)(C) was contacting me to get information and reporting back to (b)(6);(b)(7)(C) who reports to (b)(6);(b)(7)(C) who reports to (b)(6);(b)(7)(C) for (b)(6);(b)(7)(C) and their legal complaint against the (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) where I used to work. (b)(6);(b)(7)(C) pretends not to talk to (b)(6);(b)(7)(C) but I truly believe that she does. (b)(6);(b)(7)(C) graduated in the nursing school class prior to mine. (b)(6);(b)(7)(C) had previously been in (b)(6);(b)(7)(C) nursing school class, but then switched to ours allegedly after taking some time off.

While working at the (b)(6);(b)(7)(C) became upset with a patient, and began pacing back and forth across the clinic. She came to the nurse station and said "what a fat bitch". She then was instructed to go outside to cool off by (b)(6);(b)(7)(C) she came back inside and stated that she had called her

husband to ask if he knew who the patient was. (b)(6);(b)(7)(C) were all present.



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

November 25, 2016

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

OCR Transaction Number: CU-17-253060

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

vs. Planned Parenthood Austin

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

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

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 also has jurisdiction over health plans, health care clearinghouses, and certain health care providers with respect to enforcement of the Privacy, Security, and Breach Notification Rules promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

OCR will not be able to accept your complaint for investigation. Your allegation does not indicate a violation of the Privacy and/or Security Rules. Therefore, OCR is closing this complaint.

We regret that we are unable to assist you in this matter. If you have any questions about this matter, please contact Centralized Case Management Operations at (800) 368-1019 or (202) 619-3257 (TDD).

Sincerely,

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

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



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



YOUR FIRST NAME, YOUR LAST NAME, HOME / CELL PHONE, WORK PHONE, STREET ADDRESS, CITY, STATE, ZIP, E-MAIL ADDRESS

Are you filing this complaint for someone else? 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, STREET ADDRESS, CITY, STATE, ZIP, PHONE

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

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)

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.

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
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Burden Statement

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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: 11/15/2016

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

Name (Please print):

Address:

Telephone Number:



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

Privacy Act

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

— OCR is authorized to solicit information under:

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

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

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



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

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

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

Freedom of Information Act

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

Fraud and False Statements

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



PROTECTING PERSONAL INFORMATION IN COMPLAINT INVESTIGATIONS

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

HOW DOES OCR PROTECT MY PERSONAL INFORMATION?

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

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

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

CAN I SEE MY OCR FILE?

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

CAN OCR GIVE MY FILE TO ANY ONE ELSE?

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

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

CAN ANYONE ELSE SEE THE INFORMATION IN MY FILE?

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



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

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

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

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

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

OR

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

(b)(6);(b)(7)(C) works as an RN for Planned Parenthood at 135 Warren St, Glens Falls NY 12801. She contacted me on this date to gossip regarding the STD treatment of both (b)(6);(b)(7)(C) and her boyfriend (b)(6);(b)(7)(C) who were both treated earlier in the week. This was at first started earlier in the week via text asking to verify the birth date of (b)(6);(b)(7)(C) to see if it was the same person as someone I had a prior relationship with. On 10/21/2016 she followed up with text and a phone call explaining details of their visit; the testing procedure that took place and added comments of "she asked if she needed to remove her tampon to take the test" and that she had taken (b)(6);(b)(7)(C) as her patient instead of (b)(6);(b)(7)(C) due to the conflict of interest. She revealed that I should notify (b)(6);(b)(7)(C) prior boyfriend to get tested as well as that both (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) were emotionally upset over discovery of an STD. She stated that the STD would have been transmitted via any sexual contact but that it was not HIV but it was a reportable STD.

This was not the first occurrence of revealing patient information to me, or that I observed discussion in public regarding. An additional patient (b)(6);(b)(7)(C) was revealed to have visited many months earlier, however the only information revealed was that she was "a disgusting slut".

She has also revealed to myself and others a number of other things pertaining to people having visits that we knew, having multiple partners, or being pregnant, or terminating pregnancies or having warts removed, etc.

I'm reporting this with the belief that (b)(6);(b)(7)(C) does this with intentions to defame patients or create drama. Three people that she had disclosed information to me about over the course of the last year were people she was concerned I would have relations with at some point in the future and did so as an attempt to drive a wedge between me and those people.

I wish to remain anonymous in this process, as I do not wish to receive retaliation for reporting these incidents.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Voice - (212) 264-3313, (800) 368-1019
TDD - (212) 264-2355
(FAX) - (212) 264-3039
<http://www.hhs.gov/ocr/>

OFFICE OF THE SECRETARY

Office for Civil Rights, Region II
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, NY 10278

MAY 08 2017

VIA EMAIL ONLY

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

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

Our Reference Number: 17-254371

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

On November 15, 2016, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received your complaint 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) by Planned Parenthood. Specifically, you allege that a nurse from Planned Parenthood has made numerous disclosures of patients' sensitive information to you over the past year because the nurse is concerned that you may have relations with those patients at some point in the future. You also allege that, in October 2016, the nurse disclosed the health information of an ex-girlfriend (and her current boyfriend) to you, and told you to tell her prior boyfriend to be tested.

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.

We have reviewed your complaint and have determined that OCR will not investigate your allegations. Therefore, OCR is closing this complaint with no further action, effective the date of this letter.

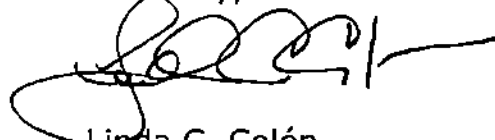
OCR's determination as stated in this applies only to the allegations in this complaint that were reviewed by OCR.

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.

We regret we are unable to assist you further. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Linda C. Colón', with a long horizontal flourish extending to the right.

Linda C. Colón
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 <input type="text" value="(b)(6);(b)(7)(C)"/>		YOUR LAST NAME <input type="text" value="(b)(6);(b)(7)(C)"/>	
HOME / CELL PHONE (Please include area code) <input type="text" value="(b)(6);(b)(7)(C)"/>		WORK PHONE (Please include area code) <input type="text"/>	
STREET ADDRESS <input type="text" value="(b)(6);(b)(7)(C)"/>		CITY <input type="text" value="(b)(6);(b)(7)(C)"/>	
STATE <input type="text" value="(b)(6);(b)(7)(C)"/>	ZIP <input type="text" value="(b)(6);(b)"/>	E-MAIL ADDRESS (If available) <input type="text" value="(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 <input type="text"/>	LAST NAME <input type="text"/>
------------------------------------	-----------------------------------

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

STREET ADDRESS <input type="text" value="425 Cherry Street S.E."/>		CITY <input type="text" value="Grand Rapids"/>
STATE <input type="text" value="Michigan"/>	ZIP <input type="text" value="495036"/>	PHONE (Please include area code) <input type="text" value="(616) 459-3101"/>

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

LIST DATE(S)

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)

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 <input type="text" value="(b)(6);(b)(7)(C)"/>	DATE (mm/dd/yyyy) <input type="text" value="01/10/2017"/>
--	--

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
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 Sign language interpreter (specify language): _____
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 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.

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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: 01/10/2017

*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)

8/5/2015

To whom it may concern,

On 7/30/2015 the clinic staff had a meeting where (b)(6);(b)(7)(C) asked the entire staff to keep our lunch breaks to 30mins and our breaks to 15mins. In addition, (b)(6);(b)(7)(C) asked the staff not to all go on lunch at the same time from the same area. When this happens this, leaves a part of the clinic short. On 8/4/2015 around 3:00pm, (b)(6);(b)(7)(C) came to the clinic area and asked why (b)(6);(b)(7)(C) was concerned about her, (b)(6);(b)(7)(C), and (b)(6);(b)(7)(C) because they were all on break together right after lunch when the clinic was slow. Some of the clinic staff explained to (b)(6);(b)(7)(C) that we just had a meeting in regard to this situation and that she needed to talk to (b)(6);(b)(7)(C) about this situation, and at that current time (b)(6);(b)(7)(C) was in a meeting with administration. On Tuesday 8/4/2015 on or around 4 pm (b)(6);(b)(7)(C) had a meeting with (b)(6);(b)(7)(C) in regard to the meeting we had on July 30th, because none of these individuals were in the attendance. After her meeting with these individuals (b)(6);(b)(7)(C) came to the clinic area and asked the back staff not to go on breaks together all at the same time and this was just a reminder of the meeting we had on 7/30/2015. The back staff agreed with (b)(6);(b)(7)(C) and respected her decision.

After the back clinic individuals met with (b)(6);(b)(7)(C) around 4:00pm, I sat down and spoke with (b)(6);(b)(7)(C) stating, that if she wanted to go on break with a person from the same area and we are not busy in the back, just ask one of the back staff to cover her position until her break is up. That way her area wouldn't be left unattended leaving one person to cover three stations. (b)(6);(b)(7)(C) was okay with the plan. I was going to tell (b)(6);(b)(7)(C) the same statement that I told (b)(6);(b)(7)(C) but (b)(6);(b)(7)(C) was busy helping a client.

After, I saw (b)(6);(b)(7)(C) busy I decided to talk to her after she was done helping the client. I moved on to tell (b)(6);(b)(7)(C) the same statement I made to (b)(6);(b)(7)(C). I first asked (b)(6);(b)(7)(C) if she was on the phone and she said no she wasn't. I wanted to tell her the plan that I came up with and she immediately got defensive and stated that she wasn't in the mood, that I wasn't part of the meeting, that I needed to mind by own business, and to get out of her office.

I replied to (b)(6);(b)(7)(C) that she didn't need to talk to me like that, and that I will leave her office and she does not need to say anything else to me and I will not say anything else to her. I closed the door and walked into the other phone/fax area where (b)(6);(b)(7)(C) was. (b)(6);(b)(7)(C) came out of the office, started talking to (b)(6);(b)(7)(C) and stated that I was getting on her DAMN nerves. I said to (b)(6);(b)(7)(C) that she won't talk to me that way and that she had better stop talking to me in that vulgar matter.

I then started to walk back to my desk and (b)(6);(b)(7)(C) started following me when noticed that (b)(6);(b)(7)(C) was standing at the back door located in the clinic area. (b)(6);(b)(7)(C) said something to (b)(6);(b)(7)(C) and I replied to (b)(6);(b)(7)(C) to tell her niece to stop talking to me in that unprofessional matter.

(b)(6); immediate said that she had nothing to do with me and (b)(6);(b)(7) (b)(6);(b)(7) left and went outside and talked to (b)(6); (b)(7)(C) and I walked to my desk.

About 20 minutes later (b)(6);(b) (b)(6);(b) came over to me and asked if her (b)(6);(b) (b)(6);(b) and I could sit down and discuss what just happened. (b)(6);(b)(7)(C) (b)(6);(b) and I went into the small conference room where (b)(6);(b)(7) began yelling at (b)(6);(b) (b)(6);(b) and me. (b)(6);(b) (b)(6);(b) threatened me several times telling me to shut up and stop talking while she was talking or else. (b)(6);(b) (b)(6);(b) also stated that I came to the front of the office and just started yelling at her. (b)(6);(b) (b)(6);(b) then said that she was going to call (b)(6);(b) (b)(6);(b) and (b)(6);(b) (b)(6);(b) so that we can resolve this situation.

While (b)(6);(b) (b)(6);(b) was on the phone trying to call (b)(6);(b)(7)(C) (b)(6);(b) and I were talking about her being attitude towards co-workers. That's when (b)(6);(b)(7) (b)(6);(b) stated that she doesn't like me or anybody that worked in the back and that she hates working here. By this time (b)(6);(b)(7) (b)(6);(b) hung up the phone and asked for (b)(6);(b) (b)(6);(b) and I to not talk to each other and that she was going talk to (b)(6);(b) (b)(6);(b) or (b)(6);(b) (b)(6);(b) about the situation. I agreed with (b)(6);(b)(7) (b)(6);(b) and got up and started to leave and (b)(6);(b) (b)(6);(b) started yelling at (b)(6);(b) (b)(6);(b) again about how she hated working here and that she was sick of (b)(6);(b)(7) (b)(6);(b) and her bullshit. (b)(6);(b)(7) (b)(6);(b) asked (b)(6);(b) (b)(6);(b) not to talk to her like that. (b)(6);(b)(7) (b)(6);(b) then said to (b)(6);(b)(7) (b)(6);(b) that she doesn't care about this job and that she could fire her and that she wouldn't care. (b)(6);(b)(7) (b)(6);(b) asked (b)(6);(b) (b)(6);(b) to leave for the day and then (b)(6);(b) (b)(6);(b) turned around violently, said that she doesn't care about this job, and again that she wouldn't care if (b)(6);(b)(7) (b)(6);(b) fired her. .

(b)(6);(b) (b)(6);(b) then asked (b)(6);(b) (b)(6);(b) to leave and she said that she was leaving and "fuck me and (b)(6);(b)(7) (b)(6);(b) That's when (b)(6);(b) (b)(6);(b) told (b)(6);(b) (b)(6);(b) that she can't and won't talk to her and her staff like that and told (b)(6);(b) (b)(6);(b) if she won't leave for the day that she was going to fire her. That's when (b)(6);(b) (b)(6);(b) told (b)(6);(b)(7) (b)(6);(b) that she didn't care and (b)(6);(b)(7) (b)(6);(b) told (b)(6);(b)(7) (b)(6);(b) he was fired. The only reason why I stayed for the conversation between (b)(6);(b) (b)(6);(b) and (b)(6);(b)(7) (b)(6);(b) was because I was scared for (b)(6);(b)(7) (b)(6);(b) After the conversation, (b)(6);(b)(7) (b)(6);(b) called (b)(6);(b) (b)(6);(b) After (b)(6);(b) (b)(6);(b) came to the scene I left and went to my desk.

In conclusion, I feel that not only was I disrespected by (b)(6);(b)(7) (b)(6);(b) but that (b)(6);(b)(7) (b)(6);(b) has no respect for authority or equal counterparts. On this day, I was just trying to help (b)(6);(b)(7) (b)(6);(b) from having problems at work and I tried to walk away, but she continuously approached me in a violate aggressive manner. If you have any questions or concern in regards to this please see me or call me at (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

Thank You,

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

9/22/2015

To whom it may concern,

I'm writing this letter in regard to the situation that occurred on 9/22/15 @ 6:50pm. After completing my work duties on Tuesday, September 22nd, before leaving for the day I went to make sure none of my co-workers needed anything before I left for the day. I was surprised to find all my co-worker except for three were outside talking to (b)(6);(b)(7)(C) former employee

This situation infuriates me because there was still work to be done in the clinic and my co-workers were using company time to talk to an employee that was fired from the company. Second, I was upset with the fact that (b)(6);(b) was still allowed of the property after intimidating and threatening me. I feel like Planned Parenthood of Western and Northern Michigan is not providing a safe work environment and non hostile environment for me.

According to State of Michigan and federal laws harassment is prohibited in the workplace. When an employee has to endure comments, physical contact, physical gestures, or other behavior that creates an offensive atmosphere for that employee this can be concern as hostile environment and harassment.

After doing some reading and research, harassment is a form of employment discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, (ADEA), and the Americans with Disabilities Act of 1990, (ADA). In addition, any employee should be encouraged to report any harassing behavior to their supervisor and/or human resources person or senior manager. In addition the employers cannot retaliate against an employee who complains about harassment. I feel that after the events that occurred between (b)(6);(b)(7)(C) and I, I feel that she shouldn't be let onto the property and I feel that Planned Parenthood of Western and Northern Michigan should keep their current employee safe and free from harassment.

When the situation happened between (b)(6);(b)(7)(C) and I, I was verbally harassed, aggressively approached, offensively labeled, threatened, intimidated by her and her other family members, ridicule, and insulted. After the situation, I feel like the situation had interference with my working relationship and work performance between my other co-workers and I. Furthermore, after talking to (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) I made it very clear that I would no longer continue my employment if (b)(6);(b) was allowed to return to the company, due to the threats that I received during the situation.

I feel like the company is discriminating against me because the fact they are not taking my complaint seriously based on race and ethnicity. According to Michigan and Federal law, Employers should take steps to prevent violence in the workplace. This may include guidelines quick and appropriate action against any acts or threats of violence. Also, the law states that the workplace should create an environment that will reduce the likelihood of violence in the workplace. I feel also this is not being provided for me if (b)(6);(b) is allowed on the property and is also still being allowed to make verbal threats to me while I'm working at Planned Parenthood of Western and Northern Michigan.

In conclusion, I don't feel that Planned Parenthood is providing me with a safe work and non-hostile environment because of my race, ethnicity, and not taking the complaints seriously. This is a violation of Michigan and Federal, and my Civil Rights. I feel that Planned Parenthood should take my complaint seriously, and protect their current employee workers. I love my job here at Planned Parenthood, but if this workplace harassment continues and I don't feel safe at work then, I will be forced to take further action. I have attached my original statement, and U.S. Equal Employment Opportunity Commission and the statement from Planned Parenthood handbook. If you have any questions for me please feel free to call me at (b)(6);(b)(7)(C)

Thank you

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

ANTI-VIOLENCE / HARASSMENT

Anti-Violence Policy

Employees and other individuals ARE STRICTLY PROHIBITED from carrying, having, using, and/or threatening to use any firearms, weapons or any other dangerous item. No person is allowed to have any of these items on their person, in their possession, in their vehicles, in vehicles of others, or vehicles belonging to Agency personnel, on the Agency's premises, property, parking lot, or at a work site, in the office, or the employee's desk, when performing services for the Agency or at any other time.

Employees are also STRICTLY PROHIBITED from threatening other employees or any other person while on the Agency's premises, property, parking lot, or at a work site, or when performing services for the Agency or at any other time. Threatening includes but is not limited to using language or action relating to harming another in any way, even if such language or action is done in a joking manner.

If you believe this policy is being violated, you are required to immediately inform your supervisor or the President/CEO.

Harassment

Planned Parenthood of West and Northern Michigan, Inc. seeks to maintain an environment free from all forms of harassment or intimidation. This pertains to internal and external customers and includes unwanted attention, slurs, or jokes, as well as other verbal, graphic, or physical conduct relating to an individual's race, color, sex, height, weight, marital status, religion, national origin, sexual orientation, age, or disability (including pregnancy), which creates a hostile work environment.

It is the policy of Planned Parenthood to maintain an environment free from harassment. It should be clearly understood that harassment, whether explicit or implicit, verbal or physical, including sexual harassment will not be tolerated by Planned Parenthood.

Sexual harassment constitutes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- a. Submission to such conduct is either a term or condition of an individual's employment;
- b. Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting the individual; or
- c. Such conduct has the purpose or effect of interfering with an individual's work performance or creates an intimidating, hostile, or offensive work environment.

Sexual harassment is sex discrimination and, just as with any other form of discrimination, it is a violation of Planned Parenthood policy. If sexual or other harassment is found, it will be dealt with as are other forms of discrimination.

We all are responsible for assuring that PPWNM is free from harassment. Any person violating this policy will be subject to disciplinary action up to and including dismissal. You are required to inform your supervisor, COO, or the President/CEO of any acts of harassment. Any manager or supervisor who is made aware of harassment and fails to take corrective action pursuant to this policy will be subject to discipline up to and including dismissal.

PPWNM also prohibits retaliation for employees who report harassment under this policy. Any employee who feels they have been retaliated against must follow the same procedure indicated above.



U.S. Equal Employment Opportunity Commission

Harassment

Harassment is a form of employment discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, (ADEA), and the Americans with Disabilities Act of 1990, (ADA).

Harassment is unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information. Harassment becomes unlawful where 1) enduring the offensive conduct becomes a condition of continued employment, or 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive. Anti-discrimination laws also prohibit harassment against individuals in retaliation for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or lawsuit under these laws; or opposing employment practices that they reasonably believe discriminate against individuals, in violation of these laws.

Petty slights, annoyances, and isolated incidents (unless extremely serious) will not rise to the level of illegality. To be unlawful, the conduct must create a work environment that would be intimidating, hostile, or offensive to reasonable people.

Offensive conduct may include, but is not limited to, offensive jokes, slurs, epithets or name calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs, offensive objects or pictures, and interference with work performance. Harassment can occur in a variety of circumstances, including, but not limited to, the following:

- The harasser can be the victim's supervisor, a supervisor in another area, an agent of the employer, a co-worker, or a non-employee.
- The victim does not have to be the person harassed, but can be anyone affected by the offensive conduct.
- Unlawful harassment may occur without economic injury to, or discharge of, the victim.

Prevention is the best tool to eliminate harassment in the workplace. Employers are encouraged to take appropriate steps to prevent and correct unlawful harassment. They should clearly communicate to employees that unwelcome harassing conduct will not be tolerated. They can do this by establishing an effective complaint or grievance process, providing anti-harassment training to their managers and employees, and taking immediate and appropriate action when an employee complains. Employers should strive to create an environment in which employees feel free to raise concerns and are confident that those concerns will be addressed.

Employees are encouraged to inform the harasser directly that the conduct is unwelcome and must stop. Employees should also report harassment to management at an early stage to prevent its escalation.

Employer Liability for Harassment

The employer is automatically liable for harassment by a supervisor that results in a negative employment action such as termination, failure to promote or hire, and loss of wages. If the supervisor's harassment results in a hostile work environment, the employer can avoid liability only if it can prove that: 1) it reasonably tried to prevent and promptly correct the harassing behavior; and 2) the employee unreasonably failed to take advantage of any preventive or corrective opportunities provided by the employer.

The employer will be liable for harassment by non-supervisory employees or non-employees over whom it has control (e.g., independent contractors or customers on the premises), if it knew, or should have known about the harassment and failed to take prompt and appropriate corrective action.

Employer Coverage

15 or more employees under Title VII and the ADA, 20 or more employees under the ADEA

Time Limits

180 days to file a charge (may be extended by state laws)

Federal employees have 45 days to contact an EEO counselor

For more information:

- ▶ [Title VII of the Civil Rights Act](#)
- ▶ [The Age Discrimination in Employment Act](#)
- ▶ [The Americans with Disabilities Act](#)
- ▶ [Policy & Guidance](#)
- ▶ [Statistics](#)

When investigating allegations of harassment, the EEOC looks at the entire record: including the nature of the conduct, and the context in which the alleged incidents occurred. A determination of whether harassment is severe or pervasive enough to be illegal is made on a case-by-case basis.

If you believe that the harassment you are experiencing or witnessing is of a specifically sexual nature, you may want to see EEOC's information on [sexual harassment](#).

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Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1190 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1191 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

Page 1192 of 1306

Withheld pursuant to exemption

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

of the Freedom of Information Act

From: (b)(6);(b)(7)(C)
Sent: Tuesday, November 29, 2016 10:54 AM
To: (b)(6);(b)(7)(C)
Cc:
Subject: RE: Quest bill - (b)(6);(b)(7)(C)

We would want to bill insurance if possible. But if employee did not have insurance, thankfully (b)(6);(C) does, then employee pays for the cost of the labs.

From: (b)(6);(b)(7)(C)
Sent: Tuesday, November 29, 2016 10:53 AM
To: (b)(6);(b)(7)(C)
Cc: (b)(6);(b)(7)(C)
Subject: RE: Quest bill - (b)(6);(b)(7)(C)

Is this the policy even if the staff member has insurance to cover the cost?

Thank you!

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

From: (b)(6);(b)(7)(C)
Sent: Tuesday, November 29, 2016 10:34 AM
To: (b)(6);(b)(7)(C)
Cc:
Subject: RE: Quest bill - (b)(6);(b)(7)(C)

She was not there when I arrived yesterday. I can try to get to bottom of it today.

I know that for lab fees for employees they basically pay our cost and the office visit is free, but I need to find out why the visit was not documented as well.

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

From: (b)(6);(b)(7)(C)
Sent: Tuesday, November 29, 2016 8:14 AM
To: (b)(6);(b)(7)(C)
Cc:
Subject: RE: Quest bill - (b)(6);(b)(7)(C)

Were you able to resolve this?

Thank you!

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

From: (b)(6);(b)(7)(C)
Sent: Monday, November 28, 2016 12:34 PM

To: (b)(6);(b)(7)(C)
Cc: [redacted]
Subject: RE: Quest bill - (b)(6);(b)(7)(C)

Not sure then, I can ask when I am there in a few hours.

From: (b)(6);(b)(7)(C)
Sent: Monday, November 28, 2016 12:22 PM
To: (b)(6);(b)(7)(C)
Cc: [redacted]
Subject: RE: Quest bill - (b)(6);(b)(7)(C)

The invoices shows
Chlamydia/GC
RNA, TMA
RPR(DX) REFL FTA
HIV ½ AG/AB, 4 W/RFL
HSV ½ Herpesselect

Thank you!
(b)(6);(b)(7)(C)
Controller

From: (b)(6);(b)(7)(C)
Sent: Monday, November 28, 2016 12:10 PM
To: (b)(6);(b)(7)(C)
Cc: [redacted]
Subject: RE: Quest bill - (b)(6);(b)(7)(C)

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

The only thing I can think of would be for the RH control testing. Does it show what test it is for? If it is for RH control testing, we would pay for it.

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

From: (b)(6);(b)(7)(C)
Sent: Monday, November 28, 2016 11:58 AM
To: (b)(6);(b)(7)(C)
Cc: [redacted]
Subject: Quest bill - (b)(6);(b)(7)(C)
Importance: High

Good morning!
The GR Quest bill has testing for (b)(6);(b)(7)(C) that was submitted on 11/8/2016 for a total of \$55.95. There is no visit information in Primesuite for this. Is she to be billed for this? Was this work related?

Please let me know so we can code this invoice correctly and send to AP for payment.

Thank you!

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

NEW email address: (b)(6);(b)(7)(C)
425 Cherry St. SE, Grand Rapids, MI 49503

Please consider the environment before printing this email. Notice: This E-mail (including attachments) is covered by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521, is confidential and may be legally privileged. If you are not the intended recipient, you are hereby notified that any retention, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone at (b)(6);(b)(7)(C) or email and proceed with deleting this message. Thank you.

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Discount Services for PPMSM Staff

All medical services offered by Planned Parenthood are available to our staff and their immediate family members for free or at great discount.

Eligible Members:

- Employees
- Employees' spouses
- Employees' children and their spouses
- Domestic Partners

Available Medical Services

- Birth Control Methods
 - Depo
 - IUC (Mirena & ParaGard)
 - Nuva-Ring
 - Patch
 - Pill
 - Condoms
 - Diaphragm
 - Emergency Contraceptive
- Annual check-ups
- Pregnancy testing
- STI treatment
- HIV testing

Additional Services (Locations Vary)

- Surgical and medical abortion
- Prenatal care
- Vasectomy
- Essure
- Colposcopy (exams for cervical disease)
- LEEP treatment (treatment for precancerous cells on the cervix)

Discounted Price List

Depo	\$25
Mirena IUC	\$ 325
ParaGard IUC	\$ 250
Implant	\$330
Nuva-Ring	\$16 per
Patch	\$ 19 per
Pill	\$ 5 per
Condoms	\$ 1
Diaphragm	\$33
Emergency Contraceptive	\$10
Annual check-ups	Free
STI and infection checks	Free
Surgical Abortion	\$90 - \$400 (varies per weeks)
Medical Abortion	\$90
Vasectomy	\$100
Essure	\$1500
Prenatal Care	\$30 per visit
Colposcopy	\$ 40 plus labs
LEEP treatment	\$ 80 plus labs
Labs	at PPMSM cost
Medications	at PPMSM cost

**Prices effective April 1, 2014.*

Please note that we reserve the right to bill any available insurance outside of PPMSM.

Locations

Ann Arbor Main, Ann Arbor West, Battle Creek, Benton Harbor, Brighton, Burton, Detroit, Ferndale, Flint, Jackson, Kalamazoo, Lansing, Livonia, Owosso, Saginaw, Warren and Ypsilanti.

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

Patient Payment Receipt
Planned Parenthood of Michigan
425 Cherry Street SE,
Grand Rapids, MI 495034601
(616) 774-7005

Page: 1
Date: 11/29/2016
Time: 3:31:48 PM

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

Patient ID: (b)(6);(b)(7)(C)
Other ID:

Next Appointment:

Patient Account Balance: \$0.00

Posting Date	Service Date	User	Description	Amount	Balance
11/07/2016		AK	Patient Payment (b)(6);(b)(7)(C) Cash	(b)(6);(b)(7)(C)	
11/07/2016		AK	APPLIED TO PRE-PAY CREDIT Rendering: NONE; Billable: NONE; Service Location: PPMI GR FP; Practice Location: PPMI GR FP; Visit Type: Family Planning; Revenue Category: NONE NONE		

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

Patient Payment Receipt
Planned Parenthood of Michigan
425 Cherry Street SE,
Grand Rapids, MI 495034601
(616) 774-7005

Page: 1
Date: 11/29/2016
Time: 4:05:25 PM

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

Patient ID: (b)(6);(b)(7)

Other ID:

Next Appointment:

Patient Account Balance: \$0.00

Posting Date	Service Date	User	Description	Amount	Balance
11/29/2016		LR	Patient Payment (b)(6);(b)(7)(C) Cash	(b)(6);(b)(7)(C)	
11/29/2016	11/07/2016	LR	APPLIED TO CHARGE: (b)(6);(b)(7)(C) Billable: (b)(6);(b)(7)(C) NP; Rendering: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) NP Practice Location: PPMI GR FP; Service Location: PPMI GR FP [V01.6; Z20.2] CoPay: \$0.00; Visit Type: Title X - Family Planning; Visit ID: 117390; Stmt Recipient: Deidra Williams Venipuncture, routine		
11/29/2016	11/07/2016	LR	APPLIED TO CHARGE: (b)(6);(b)(7)(C) Billable: (b)(6);(b)(7)(C) NP; Rendering: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) NP Practice Location: PPMI GR FP; Service Location: PPMI GR FP [V73.98, V74.5, V73.89, V01.6; Z11.3, Z11.4, Z20.2] CoPay: \$0.00; Visit Type: Title X - Family Planning; Visit ID: 117390; Stmt Recipient: (b)(6);(b)(7)(C) Office Visit, EST Brief		

- Two or more occur in a 30-day period;
- There are several incidents within a few months; or
- A regular pattern is established (e.g. regularly absent on Mondays and/or Fridays).

Any employee absent for a period of more than two (2) days without giving proper notification may be terminated for job abandonment. Employees will be notified in writing of such termination.

WHISTLEBLOWING POLICY

Any PPMI employee with concerns about any activity by an employee that displays unethical behavior, jeopardizes accounting controls, represent a conflict of interest, or violation of any provision of federal or state laws are encouraged to report such complaints to the Chair of the Board. Verbal reports may be made on an anonymous basis by reporting it at (b)(4) Report it is a toll-free number staffed with trained professionals who will guide PPMI employees through the anonymous reporting process. Written reports may be made on anonymous basis in any written format and should be mailed to:

Chair of the Board
C/O of Planned Parenthood of Michigan
PO Box 3673
Ann Arbor, MI. 48106

At a minimum, the following information should be provided when reporting the concern:

- Description of the nature of the concern
- Name(s) of the employee(s) and department(s) engaging in the activity
- Approximate or actual date the activity took place

Within 30 days of any reported information a preliminary investigation will be completed to establish the validity of the reported activities. The Chair of the Board will review the correspondence and determine how the concern will be handled. At the conclusion of any investigation or proceeding, the outcome will be communicated to the individual who submitted the complaint.

PPMI will not permit any retaliation against an employee for submitting a good faith concern to the Chair of the Board under this program. If an employee believes he or she has suffered retaliation, he or she should contact human resources which will investigate the alleged retaliation.



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 31, 2017

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

Our Transaction Number: CU-17-258861

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

vs. Planned Parenthood of Michigan

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

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

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.

We have reviewed your complaint and have determined that OCR will not investigate your allegations. Therefore, OCR is closing this complaint with no 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.

You may wish to contact the Equal Employment Opportunity Commission regarding your concerns. They may be reached at: US Equal Employment Opportunity Commission, 131 M. St., NE, Washington, DC 20507.

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.

We regret we are unable to assist you further. Thank you.

Sincerely,

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