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Hi Ms. Hilden,

Thanks again for taking the time to talk with me earlier this week regarding your additional questions regarding the Planned Parenthood of Southwest Ohio matter. PPSWO is working on its supplemental response but because the Executive Director has been traveling the past few days, I will not be able to provide you with something until early next week. I would expect to have something to you by no later than Wednesday, April 22, 2015. Please let me know if that causes any issues for you on your end.

Have a nice weekend.

Lisa



Lisa Pierce Reisz
Partner

Vorys, Sater, Seymour
and Pease LLP
52 East Gay Street |
Columbus, Ohio 43215

Direct: 614.464.8353
Fax: 614.719-4919
Email:
lpreizs@vorys.com
www.vorys.com

From the law offices of Vorys,
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Vorys, Sater, Seymour and Pease LLP
Legal Counsel

52 East Gay Street
P.O. Box 1008
Columbus, Ohio 43216-1008

614.464.6400 | www.vorys.com

Founded 1909

Lisa Pierce Reisz
Direct Dial (614) 464-8353
Direct Fax (614) 719-4919
Email lpreizs@vorys.com

April 22, 2015

VIA OVERNIGHT CARRIER AND E-MAIL

Ms. Alyce Hilden
Investigator
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

Re: Planned Parenthood Southwest Ohio Region
OCR Transaction No.: 15-203300

Dear Ms. Hilden:

On behalf of our client, Planned Parenthood Southwest Ohio Region (“PPSWO”), I write to supplement PPSWO’s response letter of March 13, 2015, with information responsive to the questions you raised last week.

45 C.F.R. § 164.530(c) Safeguards Policy

First, attached please find a copy of PPSWO’s HIPAA Safeguards Policy which was implemented at PPSWO on March 25, 2015 (attached hereto as Exhibit A). This Policy was drafted by PPSWO’s Director of Quality Assurance and Risk Management on March 11, 2015, to supplement PPSWO’s HIPAA Privacy Manual after she had noted, in responding to OCR’s letter of February 23, 2015 (as it related to PPSWO’s October 2, 2014 Incident), that PPSWO’s Safeguards Policy was not clearly set forth in its HIPAA Privacy Manual. Therefore, she assembled a team, which included PPSWO’s Director of Security, Director of IT, VP for Patient Services, Director of Clinics, and CEO/President, to review and implement this policy.

PPSWO is in the process of distributing this policy to all staff members, and training regarding this policy is ongoing.

The Closet

Second, the following is additional background regarding the storage closet located at the PPSWO Elizabeth Campbell Center.

Ms. Alyce Hilden
April 22, 2015
Page 2

The Elizabeth Campbell Center closet was originally used for a number of years to store unused medical equipment. In approximately late 2011 or early 2012, the closet was cleaned out and a locked shred bin was put into the closet for use by the Center's employees to shred documents. Any documents that were placed in the locked shred bin were removed and shredded by Confidential Material Destruction, PPSWO's shredding vendor and business associate.¹ The closet was never intended to be used or designated for the storage of PHI, and therefore was never locked.

During this same time period (late 2011/early 2012), the Health Center Manager ran out of storage space in her office, and, unaware that the binders contained PHI, began to store the waived test lab log binders and prescription dispensing log binders in the unlocked closet. Other materials (which did not contain PHI) were also moved to the closet including PPSWO educational pamphlets and information sheets. The Health Center Manager's mistake did not come to light until October 2, 2014 when the cleaning crew inadvertently disposed of the binders.

Since this incident, no further PHI is stored in this closet or in any unsecured storage place in any of the PPSWO facilities. Further, all PPSWO employees, including the Elizabeth Campbell Center Manager, have been re-trained regarding the importance of securely storing PHI at each facility.

If you have any further questions on this Supplement or about PPSWO's March 13, 2015 response, please do not hesitate to contact me.

Very truly yours,

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cc:

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¹ A copy of the business associate agreement between PPSWO and Confidential Material Destruction is attached hereto as Exhibit B.

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