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## Attachment L

Service Agreement with Planned Parenthood Mar Monte



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## Attachment M

# Service Agreement with Planned Parenthood Shasta Pacific

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Attachment N

Service Agreement with Family Planning Specialists  
Medical Group



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Attachment O  
StemExpress Consent Form

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Attachment P

Planned Parenthood Consent Form

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of the Freedom of Information Act

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of the Freedom of Information Act



August 18, 2016

Marsha Blackburn, Chair  
Select Investigative Panel  
United States Congress, House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515-6115

OCR Reference Numbers: 16-241844, 16-241846, 16-241848

Dear Ms. Blackburn:

Thank you for your correspondence received on June 1, 2016, by the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), alleging that Planned Parenthood Mar Monte (PPMM), Planned Parenthood Shasta Pacific (PPSP), and Family Planning Specialists Medical Group (FPS) are not in compliance with the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules).

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

In order for OCR to continue to process your complaints, please answer the following questions in writing to OCR:

1. On what date(s) did the alleged violations occur for each of the named entities (PPMM, PPSP, and FPS)?
2. Are the alleged violations ongoing for each of the named entities?
3. If the alleged violations are not ongoing, when did they cease for each of the named entities?

Please submit your response by September 12, 2016, to the address in the above letterhead and remember to include the OCR reference numbers in your response. **If you do not provide the requested information, OCR will not be able to investigate your cases, your files will be closed, and this letter will serve as our final correspondence to you.**

If your complaints are closed, you may file another complaint with our office when you are ready to provide more information. However, under the law, we only can investigate complaints that are filed within 180 days of the alleged act of discrimination or when you knew or should have known of the alleged violation of the Privacy Rule. In some limited circumstances, OCR can give you more time, but only if you have a very good reason for having filed a late complaint.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Leoz", with a stylized flourish at the end.

Michael Leoz  
Regional Manager

cc: The Honorable Jan Schakowsky, Ranking Member, Select Investigative Panel  
Mary Harned, Investigative Counsel, Select Investigative Panel (via email)

ONE HUNDRED FOURTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-6115

Majority (202) 225-2927  
Minority (202) 225-3641

November 2, 2016

**VIA EMAIL AND FIRST CLASS MAIL**

The Honorable Loretta Lynch  
Attorney General  
c/o Office of Legislative Affairs  
U.S. Department of Justice  
950 Pennsylvania Ave NW  
Washington, DC 20530

Dear Attorney General Lynch:

On October 7, 2015, the U.S. House of Representatives passed H. Res. 461, which created the Select Investigative Panel (the "Panel") and empowered it to conduct a full and complete investigation regarding the medical practices of abortion providers and the practices of entities that procure and transfer fetal tissue.

Over the course of our investigation, we have uncovered documents and received testimony from confidential informants indicating that StemExpress, LLC ("StemExpress"), a firm that procures fetal tissue from abortion clinics and transfers it to research customers, violated various provisions of federal and state law, including but not limited to 42 U.S.C. § 289g-2 and Cal. Penal Code § 367f, which forbid the transfer of fetal tissue for valuable consideration.

**StemExpress' Business Model and Growth Strategy**

StemExpress was founded in 2010 as a for-profit company and continues operations as StemExpress Foundation. Under its business plan, StemExpress recruited and screened clinics that were most likely to perform abortions that could produce saleable tissue to researchers.<sup>1</sup> The company sought information about the number of abortions the clinics performed each week, the gestational age of fetuses scheduled to be aborted, the days the abortions were done, whether

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<sup>1</sup> StemExpress Website Recruitment Form for Abortion Clinics, attachment 1.

digoxin<sup>2</sup> was used (which would taint the tissue and, thus, render the baby useless for obtaining tissue), and, if so, at what age it was used. Researchers ordered tissue using StemExpress' website. The firm initially had a drop-down menu that allowed researchers to obtain various types of tissue.<sup>3</sup> It later switched to another web-based system.

In order to harvest the tissue, StemExpress embedded tissue technicians inside the abortion clinics. Evidence uncovered by the Panel indicates females were recruited as tissue technicians to facilitate the consent process. The technicians' typical work day went as follows:

- At the beginning of the day, the tissue technician received an email from StemExpress including the day's orders for certain baby body parts and the gestation period, letting her know what she needed to harvest that day, and where she would be assigned.
- Once she arrived at the clinic, the tissue technician checked in with the Abortion Clinic Assistant Manager and informed the staff what she would procure that day.
- Then the technician reviewed the private medical files of the patients for that day to learn their names and the gestational ages of their babies. She recorded the gestations on the gestation tracking log provided by StemExpress.
- Next the technician met with the patients waiting to be prepped for their abortions, after receiving their names from clinic staff. Then she convinced them to consent to donate by saying that the donation will help cure diabetes, Parkinson's, and heart disease.<sup>4</sup>
- After an abortion, the technician collected the baby's remains and procured the body parts that were ordered, using her own supplies.<sup>5</sup> The technician then packed the tissues or body parts, and shipped them directly to the customer via a courier or FedEx.
- She received an hourly wage and a bonus for each tissue, illustrated in the attached pay rate and bonus chart.<sup>6</sup>

StemExpress' stunning revenue growth five years after its formation belies the notion that the firm was not operating for profit. In 2010, its revenue was \$156,312; during 2011, that figure more than doubled to \$380,000; a year later, in 2012, StemExpress' revenue nearly tripled to \$910,000; by 2013, its revenue was \$2.20 million; then in 2014, the revenue had once again more than doubled to \$4.50 million. Based on its three-year revenue growth of 1,315.9%, *Inc. Magazine* named StemExpress one of the fastest-growing privately held companies in the U.S.<sup>7</sup>

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<sup>2</sup> Digoxin is a heart medication that sometimes is injected into the amniotic fluid or fetus to cause fetal demise before surgical or induction abortion. *See* Abortion in California: A Medical-Legal Resource, available at [http://californiaabortionlaw.com/wp/?page\\_id=135](http://californiaabortionlaw.com/wp/?page_id=135).

<sup>3</sup> StemExpress Drop-Down Ordering Menu, attachment 2.

<sup>4</sup> BioMed IRB Informed Consent to Participate in a Clinical Research Study, Sponsor: StemExpress, LLC, attachment 3.

<sup>5</sup> *See* Standard Operating Procedure, Jan. 24, 2011, at 1 ("The clinic staff will identify donors"), attachment 4.

<sup>6</sup> StemExpress Embedded Technician Pay Rates and Bonuses, attachment 5.

<sup>7</sup> *The 500: Get to know the 500 fastest-growing privately held companies in America*, INC., Sept. 2014, at 137.

This revenue growth accompanied an aggressive marketing strategy directed toward abortion clinics. StemExpress distributed its brochure at a conference hosted by the National Abortion Federation (NAF). The brochure promised clinics they would be “[f]inancially profitable” if they allowed StemExpress to procure tissue from the clinics. The brochure also said “By partnering with StemExpress” the clinics will not only help research “but [they] will also be contributing to the fiscal growth of [their] own clinic[s].”<sup>8</sup>

When StemExpress was formed, billing records show the firm was procuring fetal tissue from four clinics. By the end of 2014, the firm had “relationships with more than 30 procurement sites across the country.”<sup>9</sup> However, many of those procurement sites had multiple clinics, making the actual number nearly 100. In 2015, StemExpress tried to execute a contract with NAF that would have given the firm potential access to nearly 200 additional clinics. Its overall strategy was to provide on-demand body parts to researchers. In order to do that, the firm needed a ready supply of fetal tissue. The only way to achieve that was to dramatically increase the number of abortion clinics from which it would obtain fetal tissue.

**StemExpress’ Profit and Loss**

Attached is a sample of a StemExpress invoice to a customer.<sup>10</sup> According to the accounting records obtained by the Panel, StemExpress paid approximately \$55 for each fetal tissue sample or Product of Conception (POC) it obtained from abortion clinics and transferred it to researchers for up to \$595 to \$890 per tissue or body part. The following charts summarize payments StemExpress made to abortion providers to obtain fetal tissue and those it received from its customers for such tissue.

**Payments from StemExpress to Abortion Providers**

CLINIC	DATE	ITEM	COST
Camelback Family Planning	2015	[not specified]	\$600
Camelback Family Planning	2015	[not specified]	\$600
			<b>Total: \$1,200</b>
Cedar River Clinic	2015	Amniotic	\$100.00
Cedar River Clinic	2013	Blood Samples	\$960.00
Cedar River Clinic	2014	Blood Samples	\$2,600.00
Cedar River Clinic	2014	Femur	\$125.00
Cedar River Clinic	2015	Femur	\$75.00
Cedar River Clinic	2014	Fetal Indications	\$7,250.00
Cedar River Clinic	2015	Fetal Indications	\$4,250.00
Cedar River Clinic	2014	Gift Cards	\$10,650.00

<sup>8</sup> StemExpress Brochure Distributed at NAF Conference, attachment 6 (key text highlighted).

<sup>9</sup> Complaint at para. 17, StemExpress, LLC v. Center for Medical Progress, No. BC-589145 (L.A. Super. Ct. filed Jul. 27, 2015).

<sup>10</sup> Sample StemExpress Invoice to Customer, attachment 7.



Cedar River Clinic	2015	Gift Cards	\$10,250.00
Cedar River Clinic	2015	Hotel	\$92.00
Cedar River Clinic	2014	Kit	\$625.00
Cedar River Clinic	2015	Liver	\$125.00
Cedar River Clinic	2014	Maternal Blood	\$1,400.00
Cedar River Clinic	2014	Maternal Blood	\$350.00
Cedar River Clinic	2014	Maternal Blood	\$28,675.00
Cedar River Clinic	2015	Maternal Blood	\$8,700.00
Cedar River Clinic	2014	Maternal Blood	\$650.00
Cedar River Clinic	2015	Maternal Blood	\$100.00
Cedar River Clinic	2014	Maternal Blood/Tissue Kit	\$35,550.00
Cedar River Clinic	2015	Maternal Blood/Tissue Kit	\$39,225.00
Cedar River Clinic	2015	Maternal Blood	\$250.00
Cedar River Clinic	2015	Peripheral Blood	\$6,350.00
Cedar River Clinic	2015	Rental Car	\$167.98
Cedar River Clinic	2015	Thymus	\$75.00
Cedar River Clinic	2014	Tissue	\$225.00
Cedar River Clinic	2014	Tissue	\$75.00
Cedar River Clinic	2015	Tissue Brain	\$75.00
Cedar River Clinic	2015	Tissue Liver	\$250.00
Cedar River Clinic	2014	Tissue Only	\$500.00
Cedar River Clinic	2015	Tissue Only	\$75.00
Cedar River Clinic	2015	Tissue Pancreas	\$75.00
Cedar River Clinic	2015	Trisomy credit	\$200.00
Cedar River Clinic	2014	Whole Blood	\$12,850.00
Cedar River Clinic	2015	Whole Blood	\$8,400.00
			<b>Total: \$181,319.98</b>
Family Planning Specialist	2011	Blood Draws	\$1,090.00
Family Planning Specialist	2012	Blood Draws	\$5,325.00
Family Planning Specialist	2011	Specimen	\$440.00
Family Planning Specialist	2012	Specimen	\$6600
			<b>Total: \$13,455.00</b>
Mar Monte	2010	Blood	\$1,700
Mar Monte	2011	Blood	\$33,153
Mar Monte	2012	Blood	\$31,380
Mar Monte	2013	Blood	\$16,080
Mar Monte	2014	Blood	\$14,640
Mar Monte	2015	Blood	\$3,190
Mar Monte	2010	POC	\$1,210
Mar Monte	2011	POC	\$15,235

Mar Monte	2012	POC	\$43,245
Mar Monte	2013	POC	\$24,140
Mar Monte	2014	POC	\$25,990
Mar Monte	2015	POC	\$13,355
			<b>Total:</b> <b>\$223,318.00</b>
Presidential Women's Center	2014	Blood	\$6,450.00
Presidential Women's Center	2015	Blood	\$4,455.00
Presidential Women's Center	2014	Tissue Liver	\$1,425.00
Presidential Women's Center	2015	Tissue Liver	\$675.00
Presidential Women's Center	2015	Tissue Villi	\$75.00
Presidential Women's Center	2015	Tissue Villi	\$150.00
Presidential Women's Center	2015	Tissue Villi	\$525.00
Presidential Women's Center	2014	Tissue Villi	\$75.00
Presidential Women's Center	2015	Tissue Villi	\$1,800
Presidential Women's Center	2015	Tissue Villi Twin a	\$75.00
Presidential Women's Center	2015	Tissue Villi Twin b	\$75.00
			<b>Total:</b> <b>\$15,780.00</b>
Shasta Pacific	2012	Blood	\$650.0
Shasta Pacific	2013	Blood	\$4,470.00
Shasta Pacific	2014	Blood	\$2,530.00
Shasta Pacific	2015	Blood	\$100.00
Shasta Pacific	2012	POC	\$1,870.00
Shasta Pacific	2013	POC	\$3,960.00
Shasta Pacific	2014	POC	\$6,160.00
Shasta Pacific	2015	POC	\$715.00
			<b>Total:</b> <b>\$20,455.00</b>
			<b>GRAND</b> <b>TOTAL:</b> <b>\$455,527.98</b>

## Payments from Customers to StemExpress for Fetal Tissue

<b>CUSTOMER</b>	<b>YEAR</b>	<b>TOTAL PAYMENTS</b>
All Cells	2011	\$4,040
Columbia University	2011	\$540
Colorado State University	2011	\$2,700
Dartmouth	2011	\$3,240
Drexel University	2011	\$3,510
Johns Hopkins	2011	\$1,950
Ohio State University	2011	\$235
Stanford University	2011	\$28,650
University of California – Los Angeles	2011	\$3,920
University of Connecticut	2011	\$930
University of Massachusetts Medical School	2011	\$43,115
Vanderbilt University Medical Center	2011	\$2,700
Yale College of Medicine	2011	\$390
Zyagen	2011	\$3,910
All Cells	2012	\$5,680
Baylor College of Medicine	2012	\$2,500
Columbia University	2012	\$2,925
Colorado State University	2012	\$1,220
Dartmouth	2012	\$4,160
George Washington University	2012	\$435
Johns Hopkins	2012	\$1,680
Massachusetts General Hospital	2012	\$3,000
Stanford University	2012	\$32,385
University of California – Los Angeles	2012	\$9,370
University of Connecticut	2012	\$1,110
University of Massachusetts Medical School	2012	\$32,290
Vanderbilt University Medical Center	2012	\$7,460
Yale College of Medicine	2012	\$6,825
University of North Carolina	2012	\$720
University of Illinois at Chicago	2012	\$250
All Cells	2013	\$3,920
Baylor College of Medicine	2013	\$1,000
City of Hope	2013	\$350
Columbia University	2013	\$750
Colorado State University	2013	\$2,250
Dartmouth	2013	\$500
Ganogen, Inc.	2013	\$6,825
Harvard	2013	\$6,680
Massachusetts General Hospital	2013	\$7,125
Rockefeller University	2013	\$250

Stanford University	2013	\$16,065
Thomas Jefferson University	2013	\$500
University of California – Los Angeles	2013	\$9,000
University of Connecticut	2013	\$500
University of Illinois at Chicago	2013	\$16,750
University of North Carolina	2013	\$1,750
University of Pennsylvania	2013	\$2,750
Vanderbilt University Medical Center	2013	\$3,000
City of Hope	2014	\$595
Ganogen, Inc.	2014	\$795
Medical College of Wisconsin	2014	\$2,380
Stanford University	2014	\$42,535
University of Massachusetts Medical School	2014	\$2,380
Vanderbilt University Medical Center	2014	\$595
Children’s Hospital of Philadelphia	2015	\$1,190
City of Hope	2015	\$595
Neurona Therapeutics	2015	\$1,190
Stanford University	2015	\$20,670
University of Massachusetts Medical School	2015	\$595
Zyagen, Inc.	2015	\$3,578

A more detailed breakdown of these tissue payments is attached hereto.<sup>11</sup>

Attorneys for StemExpress created several cost estimates that purport to show that StemExpress loses money each time it procures a fetal tissue sample and ships it to a customer, but the Panel’s staff conducted an analysis of those estimates. A comparison of invoices, attorney-created accounting documents purporting to state costs, and productions from multiple StemExpress customers shows that the firm likely made a profit when procuring and transferring fetal tissue. Attached hereto<sup>12</sup> is a component of the Panel’s analysis, which shows StemExpress overstated some of its labor costs and claimed as expenses shipping, supplies, and infectious disease screenings. These were costs charged to researchers.

**Violation of Applicable Laws**

Under 42 U.S.C. § 289g-2, it is unlawful for any person to “knowingly acquire, receive, or otherwise transfer any fetal tissue for valuable consideration if the transfer affects interstate commerce.”<sup>13</sup> The term “‘valuable consideration’ does not include reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue.”<sup>14</sup> Anyone who violates this law is subject to a fine “not less than

<sup>11</sup> List of StemExpress Fetal Tissue Sales by Customer, 2011-2015, attachment 8.

<sup>12</sup> Select Panel Analysis of StemExpress Statement of Costs, attachment 9.

<sup>13</sup> 42 U.S.C. § 289g-2(a).

<sup>14</sup> 42 U.S.C. § 289g-2(e)(3).

twice the amount of the valuable consideration received” and/or imprisonment for up to ten years.<sup>15</sup>

California state law includes a nearly identical prohibition. Under Cal. Health & Safety Code § 125320(a), a “person may not knowingly, for valuable consideration, purchase or sell embryonic or cadaveric fetal tissue for research purposes.” The California statute’s definition of “valuable consideration” is virtually identical to that of the federal statute.<sup>16</sup> Similar provisions in the California Penal Code § 367f(a) prohibit the acquisition, sale, or transfer of “any human organ, for purposes of transplantation, for valuable consideration,” subject to a fine of up to \$50,000 and imprisonment for up to five years.<sup>17</sup>

The foregoing analysis establishes with a high level of probability that StemExpress and the clinics and research institutions with which it contracted routinely violated 42 U.S.C. § 289g-2 and Cal. Health & Safety Code § 125320(a). This is established generally by the company’s aggressive growth strategy, which explicitly included the goal of generating profit, and specifically by the transactions involving the transfer of fetal tissue to and from numerous entities for consideration that exceeded statutorily allowable costs. To the extent any of these transactions occurred for purposes of transplantation, StemExpress and any business partners so involved would additionally be in violation of California Penal Code § 367f(a).

The Panel’s investigation additionally revealed indicates that StemExpress and Planned Parenthood Mar Monte (PPMM), Planned Parenthood Shasta Pacific (PPSP), and Family Planning Specialists Medical Group (FPS) committed systematic violations of the HIPAA Privacy Rule from about 2010 to 2015. During that time, the aforementioned clinics, which are “covered entities” under HIPAA, permitted employees of StemExpress, a noncovered entity, to enter their clinics and procure human fetal tissue from aborted infants, obtain PHI about their patients, interact with patients, and seek and obtain patient consent for tissue donation. StemExpress did not have a medically valid reason to see, and the abortion clinics did not have a reason to provide, patients’ PHI. Instead, the clinics shared patients’ PHI with StemExpress in furtherance of contractual agreements that financially benefited both sides of the respective contracts. StemExpress employees were routinely handed a patient’s medical chart by her healthcare provider, in blatant violation of the HIPAA privacy rule.

These clinics and StemExpress violated the HIPAA privacy rule because: (a) the disclosures of patients’ PHI made by the abortion clinics and received by StemExpress were neither required nor permitted under HIPAA, and in particular did not meet the exceptions for cadaveric organ, eye or tissue transplantation or for research; (b) the consents for fetal tissue donation ostensibly obtained by StemExpress from the abortion clinics’ patients did not constitute sufficient authorizations for the disclosure of PHI; (c) the disclosures of patients’ PHI made by the abortion clinics to StemExpress were not the minimum necessary disclosures to facilitate the procurement of human fetal tissue from aborted infants; and (d) StemExpress is not a business associate of the abortion clinics under HIPAA.

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<sup>15</sup> 42 U.S.C. § 289g-2(d).

<sup>16</sup> Such consideration “does not include reasonable payment for the removal, processing, disposal, preservation, quality control, storage, transplantation, or implantation of a part.” Cal. Health & Safety Code § 125320(b).

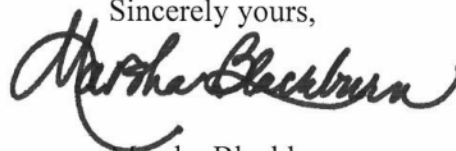
<sup>17</sup> Cal. Penal Code §§ 367f(a), (g).

The abortion clinics could have directly consented their patients for tissue donation and entered an agreement with StemExpress to provide a limited data set regarding the patients they were seeing on a particular day.<sup>18</sup> Instead, they violated the Privacy Rule by permitting StemExpress to view the most intimate information about their patients. These disclosures made by the abortion clinics to StemExpress were intentional and purposeful.<sup>19</sup> The Panel made a referral of each of these entities to the Department of Health and Human Services, and requested a swift and full investigation by the HHS Office of Civil Rights. A copy of this referral detailing the foregoing facts is attached hereto.<sup>20</sup>

Also relevant are the federal regulations governing consent prior to the acquisition of fetal tissue. Under 45 C.F.R. § 46, the Department of Health and Human Services requires investigators to obtain informed consent from each human being used as a research subject.<sup>21</sup> The rule lists several criteria for Institutional Review Board (“IRB”) approval, including the requirement that researchers obtain the informed consent from their research subjects. As was demonstrated in the Panel’s referral to the Secretary of Health and Human Services, attached hereto,<sup>22</sup> StemExpress’ procurement of fetal tissue from abortion clinics and transfer thereof to research customers violated 45 C.F.R. § 46: The company devised the appearance of compliance with the regulations while fraudulently using invalid consent forms and misleading customers to believe it had a valid IRB approval.

Based on the facts outlined above and the supporting documentation, I urge your office to conduct a thorough investigation into whether StemExpress violated these statutes and regulations, and, if you agree that such violations occurred, to take all appropriate action. If you have any questions about this request, please contact Frank Scaturro, at (202) 225-2927, [Frank.Scaturro@mail.house.gov](mailto:Frank.Scaturro@mail.house.gov), or Mary Harned, at (202) 480-7160, [Mary.Harned@mail.house.gov](mailto:Mary.Harned@mail.house.gov).

Sincerely yours,



Marsha Blackburn  
Chair  
Select Investigative Panel

Attachment(s)

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<sup>18</sup> See 45 C.F.R. § 164.514(e).

<sup>19</sup> See 45 C.F.R. § 164.502(a)(1)(iii).

<sup>20</sup> Letter from Rep. Marsha Blackburn, Chair, Select Investigative Panel, to Jocelyn Samuels, Director, Centralized Case Management Operations, Department of Health and Human Services, June 1, 2016, attachment 10.

<sup>21</sup> 45 C.F.R. § 46.116.

<sup>22</sup> Letter from Rep. Marsha Blackburn, Chair, Select Investigative Panel, to Jerry Menikoff, Director, Office for Human Research Protections, Department of Health and Human Services, June 1, 2016, attachment 11.

cc: The Honorable Jan Schakowsky  
Ranking Member  
Select Investigative Panel

The Honorable Vern Pierson  
El Dorado County District Attorney



ONE HUNDRED FOURTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-6115

Majority (202) 225-2927  
Minority (202) 225-3641

September 12, 2016

Michael Leoz  
Regional Manager  
Department of Health & Human Services  
Office for Civil Rights, Pacific Region  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103-6705

OCR Reference Numbers: 16-241844, 16-241846, 16-241848

Dear Mr. Leoz:

We write in response to your August 18, 2016 letter seeking information regarding allegations made by Representative Marsha Blackburn, Chair of the Select Investigative Panel of the Committee on Energy and Commerce of the U.S. House of Representatives (“Select Panel”).

As an initial matter, the Chair’s June 1, 2016 letter alleging that certain clinics violated the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule was not shared with Democratic Members of the Select Panel before being sent to the Department of Health & Human Services (HHS) and does not reflect our views. We are not aware – and the Chair has not identified – any actual instances where health information privacy rights were violated. In addition, the Chair does not allege any ongoing violations and information provided to the Panel indicates that there is no possibility of an ongoing violation, as explained below.

As you may already be aware, the House Majority created the Select Panel in October 2015 to continue investigating allegations regarding the unlawful sale of fetal tissue made through a series of deceptively-edited videos created by anti-abortion activist David Daleiden and the “Center for Medical Progress.” Three House Committees – Energy and Commerce, Oversight and Government Reform, and Judiciary – had already investigated these fraudulent video allegations and found no evidence of wrongdoing by Planned Parenthood. Thirteen states have also now investigated and have found no wrongdoing by clinic personnel, doctors, or researchers.

Like the three House and thirteen state investigations that preceded it, the Select Panel has similarly uncovered no evidence of the unlawful sale of fetal tissue. We also have no evidence that HIPAA’s Privacy Rule was violated in connection with fetal tissue donation.



Chair Blackburn asserts in her June 1, 2016 letter that language contained in agreements between StemExpress, a tissue procurement business, and certain clinics raises concern about possible HIPAA violations,<sup>1</sup> but she does not identify any actual incidents. Moreover, before sending her June 1, 2016 letter to HHS, the Chair never raised this concern directly with us or with StemExpress or the named providers. In fact, we first learned of the allegations in her letter through a FOX News report on May 31, 2016, which included an interview with Chair Blackburn and a copy of her letter, which had not yet been provided to us or, apparently, HHS.

With regard to the specific questions raised in your August 18, 2016 letter, we submit the following information:

**1. On what date(s) did the alleged violations occur for each of the named entities?**

The Democratic Members of the Select Panel are not aware of any such violations.

**2. Are the alleged violations ongoing for each of the named entities?**

No. Chair Blackburn has not alleged ongoing violations but, instead, asserts only possible past violations “from about 2010 to 2015.”

In addition, StemExpress informed the Select Panel nearly eight months ago that “at present, no StemExpress personnel are directly involved in the procurement of fetal tissue onsite at any clinics in the United States” and its staff are only onsite “for initial training for the clinic’s staff.”<sup>2</sup> Chair Blackburn alleges that the risk of a HIPAA violation existed because StemExpress employees were working onsite; the fact that StemExpress no longer procures tissue onsite in clinics removes that possibility.

**3. If the alleged violations are not ongoing, when did they cease for each of the named entities?**

StemExpress informed the Panel that it stopped working with Planned Parenthood in August 2015.<sup>3</sup> The possibility that StemExpress employees had unauthorized access to protected information at any Planned Parenthood clinic would have ceased as of August 2015.

StemExpress also informed the Panel that its personnel are no longer working onsite in any clinics and that the independent clinics (i.e., clinics not affiliated with Planned Parenthood) that it continues to work with “handle all aspects of the patient consent process, the procurement of tissue following a termination procedure, and the packaging and shipment of the tissues to StemExpress for use in the production of isolated cells.”<sup>4</sup>

With regard to the particular independent clinic identified in Chair Blackburn’s June 1, 2016 letter, documents produced to the Panel provide no evidence that any relationship with StemExpress existed beyond 2012.

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<sup>1</sup> Letter from Hon. Marsha Blackburn, Chair, Select Investigative Panel to Ms. Jocelyn Samuels, Director, Office for Civil Rights, Dept. of Health and Human Services (June 1, 2016), at 4.

<sup>2</sup> StemExpress First Response to House Select Panel Document Requests (Jan. 15, 2016).

<sup>3</sup> *Id.*

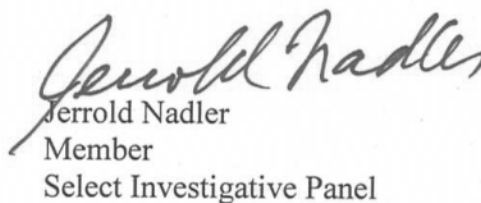
<sup>4</sup> *Id.*

We hope that this information is of assistance and welcome any additional questions.

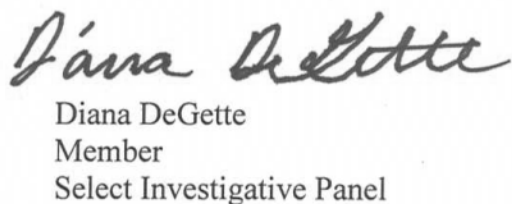
Sincerely,



Jan Schakowsky  
Ranking Member  
Select Investigative Panel



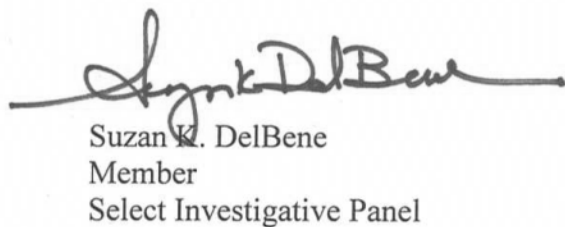
Jerrold Nadler  
Member  
Select Investigative Panel



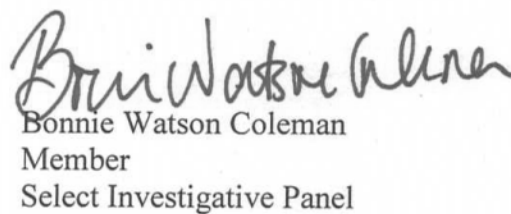
Diana DeGette  
Member  
Select Investigative Panel



Jackie Speier  
Member  
Select Investigative Panel



Suzan K. DelBene  
Member  
Select Investigative Panel



Bonnie Watson Coleman  
Member  
Select Investigative Panel

Cc: Hon. Marsha Blackburn, Chair  
Select Investigative Panel

Hon. Jocelyn Samuels, Director  
HHS Office for Civil Rights



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

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

**OFFICE OF THE SECRETARY**

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

August 17, 2016

Marsha Blackburn, Chair  
Select Investigative Panel  
United States Congress, House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515-6115

OCR Reference Numbers: 16-241844, 16-241846, 16-241848

Dear Ms. Blackburn:

Thank you for your correspondence received on June 1, 2016, by the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), alleging that Planned Parenthood Mar Monte (PPMM), Planned Parenthood Shasta Pacific (PPSP), and Family Planning Specialists Medical Group (FPS) are not in compliance with the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules).

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

In order for OCR to continue to process your complaints, please answer the following questions in writing to OCR:

1. On what date(s) did the alleged violations occur for each of the named entities (PPMM, PPSP, and FPS)?
2. Are the alleged violations ongoing for each of the named entities?
3. If the alleged violations are not ongoing, when did they cease for each of the named entities?

Please submit your response by September 12, 2016, to the address in the above letterhead and remember to include the OCR reference numbers in your response. **If you do not provide the requested information, OCR will not be able to investigate your cases, your files will be closed, and this letter will serve as our final correspondence to you.**

If your complaints are closed, you may file another complaint with our office when you are ready to provide more information. However, under the law, we only can investigate complaints that are filed within 180 days of the alleged act of discrimination or when you knew or should have known of the

alleged violation of the Privacy Rule. In some limited circumstances, OCR can give you more time, but only if you have a very good reason for having filed a late complaint.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Leoz", with a stylized flourish at the end.

Michael Leoz  
Regional Manager

cc: The Honorable Jan Schakowsky, Ranking Member, Select Investigative Panel  
Mary Harned, Investigative Counsel, Select Investigative Panel (via email)



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



YOUR FIRST NAME YOUR LAST NAME

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

HOME / CELL PHONE (Please include area code) WORK PHONE (Please include area code)

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

STREET ADDRESS CITY

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

STATE ZIP E-MAIL ADDRESS (If available)

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

Are you filing this complaint for someone else? [ ] Yes [X] No

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

FIRST NAME LAST NAME

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

PERSON/AGENCY/ORGANIZATION

n/a, n/a

STREET ADDRESS CITY

290 Northland Blvd. Cincinnati

STATE ZIP PHONE (Please include area code)

Ohio 45246 (513) 772-2207

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

LIST DATE(S)

03/24/2016

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)

On 03/24/2016 at 1:30p.m I arrived for my appointment at Planned Parenthood at the Springdale location. I was called to the back by a Hispanic young women. She started the visited by asking the regular question yes and no's and what brought me to the clinic today. I began to tell her the reason of my visit. She typed everything into my chart record and I was now ready for the Doctor to come in at this time. She performed the necessary test. She gave me her insight on what she thought was going on and recommend that I tell my partner to come and get check as well. That same day I was treated as a person would that would have an STD/STI. Which made me very sick because of the amount of medication that was given to me. I agreed to the things she was telling me and left the building. Later on that day I called my boyfriend (b)(6);(b)(7)(C) told him that the doctor felt that "you should come in 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 DATE (mm/dd/yyyy)

(b)(4);(b)(6);(b)(7)(C) 08/09/2016

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

www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. To mail a complaint see reverse page for OCR Regional addresses.

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

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

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

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

FIRST NAME (b)(4);(b)(6);(b)(7)(C)		LAST NAME (b)(4);(b)(6);(b)(7)(C)	
HOME / CELL PHONE (Please include area code) (b)(4);(b)(6);(b)(7)(C)		WORK PHONE (Please include area code) (b)(4);(b)(6);(b)(7)(C)	
STREET ADDRESS (b)(4);(b)(6);(b)(7)(C)		CITY (b)(4);(b)(6);(b)(7)(C)	
STATE (b)(4);(b)(6);(b)(7)(C)	ZIP (b)(4);(b)(6);(b)(7)(C)	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): Instructor at Brown

**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"><b>Region I - CT, ME, MA, NH, RI, VT</b></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"><b>Region V - IL, IN, MI, MN, OH, WI</b></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"><b>Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions</b></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"><b>Region II - NJ, NY, PR, VI</b></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"><b>Region VI - AR, LA, NM, OK, TX</b></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"><b>Region III - DE, DC, MD, PA, VA, WV</b></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"><b>Region VII - IA, KS, MO, NE</b></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"><b>Region IV - AL, FL, GA, KY, MS, NC, SC, TN</b></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"><b>Region VIII - CO, MT, ND, SD, UT, WY</b></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"><b>Region X - AK, ID, OR, WA</b></p> Office for Civil Rights, DHHS 701 Fifth Avenue, Suite 1600, MS - 11 Seattle, WA 98104 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX

**Burden Statement**

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



## COMPLAINANT CONSENT FORM

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

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

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

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

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

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

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

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

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



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

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

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

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

Signature:  Date: 08/09/2016

*\*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 03/24/2016 at 1:30p.m I arrived for my appointment at Planned Parenthood at the Springdale location. I was called to the back by a Hispanic young women. She started the visited by asking the regular question yes and no's and what brought me to the clinic today. I began to tell her the reason of my visit. She typed everything into my chart record and I was now ready for the Doctor to come in at this time. She performed the necessary test. She gave me her insight on what she thought was going on and recommend that I tell my partner to come and get check as well. That same day I was treated as a person would that would have an STD/STI. Which made me very sick because of the amount of medication that was given to me. I agreed to the things she was telling me and left the building.

Later on that day I called my boyfriend (b)(6); (b)(7)(C) told him that the doctor felt that "you should come in to get look at and treated as well" he replied okay ill call now.

Couples days after my visit he went to the same office and was seen.

That night we went out for ice cream and he ask if the test results had came back yet I told him no, which they hadn't I called and nothing was back he said "well why did the nurse tell me that the only thing you had was " " I look at him and said what your lying they can't tell you that how would you know and not me. He then explained the whole story on what happened when he arrived at the office.

He states" I signed in they called me to the back " the lady that he descried sound like that same lady that was there when I was at the office , but "she said me what I was there for I told her that my girlfriend (b)(6) was here and the doctor told her to tell me to come in to be treated so I'm her" she said" one sec let me see what her chart says , well the on thing that came back was " " so you don't have top be treated its not a STD/STI. they gave me my discharge papers and I left.

So, come to find out the same thing that he said they told him I had was what my results came back as.

My privacy was invaded and I was embarrassed even thought he my boyfriend somethings are not meant to be told.

I spoke with a instructor who is also a MD that I had while attending Brown Mackie College in the Cincinnati location on what to do in a situation like this and she said that my HIPPA was violated. So, here I am now filing a complainant again. I'll keep filing until my voice is heard.



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Office of the Secretary

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

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

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

OCT - 5 2016

Our Transaction number: 01-16-245913

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

Thank you for your correspondence received on August 9, 2016 by the Department of Health and Human Services, Office for Civil Rights (OCR). Your correspondence was transferred to this office on September 19, 2016.

We are in the process of reviewing your correspondence to decide whether OCR has authority and is able to take action with respect to the matters you have raised.

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

If you have any questions, please contact us at the address and/or telephone numbers listed below.

Office for Civil Rights  
New England Region  
Government Center  
J.F. Kennedy Federal Building, Room 1875  
Boston, MA 02203-0002  
1-617-565-1340

Sincerely,

  
Susan M. Pezzullo Rhodes  
Regional Manager

Your complaint has been assigned to  
Francesca Korbas, 617-565-1355 (Voice),  
617-565-1343(TDD).

Please Contact her directly if you have any questions.



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Office of the Secretary

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New England Region  
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Boston, MA 02203-0002

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

Director of IT/Compliance Officer  
IT Department  
Planned Parenthood  
2314 Auburn Ave  
Cincinnati, OH 45219

OCT 24 2016

Our Reference number: 01-16-245913

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

Please be advised that the Department of Health and Human Services (HHS), Office for Civil Rights (OCR) received a complaint on August 9, 2016, alleging that Planned Parenthood is not in compliance with the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules). Specifically, the complainant, (b)(6);(b)(7)(C), alleges that a Planned Parenthood employee disclosed her personal health information, ("PHI"), to her boyfriend, without her consent. These allegations could reflect violations of 45 C.F.R. §§ 164.530(c) & 164.502(a), respectively.

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

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

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

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

The Privacy and Security Rules provide that, to the extent practicable, OCR will seek the cooperation of covered entities to informally resolve complaints. For example, OCR can provide technical assistance to help a covered entity voluntarily comply with the Privacy and Security Rules. To this end, we will contact you within the next two weeks to discuss whether this matter may be resolved without the need for a formal investigation.

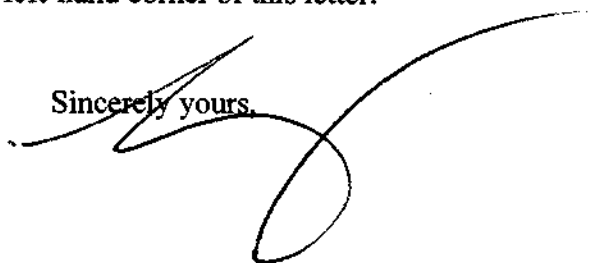
A covered entity has the right to respond to an allegation by submitting evidence to OCR indicating: it is not a covered entity subject to the Privacy and Security Rules; the alleged violation did not occur as described by the complainant; the action complied with the Privacy and Security Rules; or the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

If we are unable to resolve this matter voluntarily, and if OCR's investigation results in a finding that Planned Parenthood is not complying with the Privacy and Security Rules, HHS may initiate formal enforcement action which may result in the imposition of civil money penalties. We have enclosed a separate fact sheet explaining the penalty provisions under the Privacy and Security Rules. The fact sheet also explains that certain violations of the Privacy and Security Rules may be subject to criminal penalties, which the U.S. Department of Justice is responsible for enforcing.

Under the Freedom of Information Act, we may be required to release this letter and other information about this case upon request by the public. In the event OCR receives such a request, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

Please be assured that our office is committed to resolving this matter in an efficient and timely manner. If you have any questions, please do not hesitate to contact Francesca Korbas, Investigator, at (617) 565-1355 (Voice), (617) 565-1343, (800) 537-7697 (TDD). When contacting this office, please remember to include the transaction number that we have given this file. That number is located in the upper left-hand corner of this letter.

Sincerely yours,



Susan M. Pezzullo Rhodes  
Regional Manager

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



**Data Request**  
Transaction No.: 16-245913

Please provide the following information:

1. A written detailed response and supporting documentation regarding the allegation that a Planned Parenthood employee disclosed (b)(6),(b)(7)(C) personal health information, ("PHI"), specifically her test results, to her boyfriend, without her consent.
2. Policies and procedures related to how Planned Parenthood safeguards its patients' PHI.
3. Policies and procedures related to uses and disclosures of PHI.
4. Evidence of HIPAA training.
5. Please provide any additional information which would assist OCR in investigating this complaint.

## THE PRIVACY AND SECURITY RULES ENFORCEMENT AND PENALTIES FOR NONCOMPLIANCE

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

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

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

	For violations occurring prior to 2/18/2009	For violations occurring on or after 2/18/2009
	Up to \$100 per violation	\$100 to \$50,000 or more per violation
	\$25,000	\$1,500,000

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

- # the failure to comply was not due to willful neglect, and was corrected during a 30-day period after the entity knew or should have known the failure to comply had occurred (unless the period is extended at the discretion of OCR); or
- # the Department of Justice has imposed a criminal penalty for the failure to comply (see below).

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

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

hearing to appeal the proposed penalty.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

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New England Region  
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(b)(6);(b)(7)(C)

Director of IT/Compliance Officer  
IT Department  
Planned Parenthood  
2314 Auburn Ave  
Cincinnati, OH 45219

OCT 24 2016

Our Reference number: 01-16-245913

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

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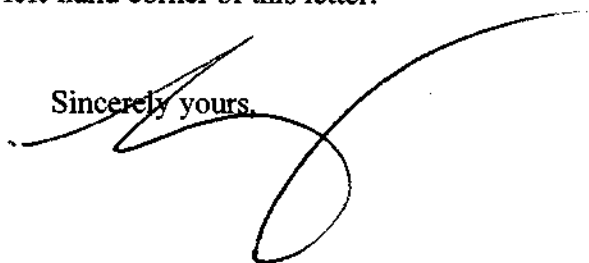
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Sincerely yours,



Susan M. Pezzullo Rhodes  
Regional Manager

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

**Data Request**  
Transaction No.: 16-245913

Please provide the following information:

1. A written detailed response and supporting documentation regarding the allegation that a Planned Parenthood employee disclosed (b)(6);(b)(7)(C) personal health information, ("PHI"), specifically her test results, to her boyfriend, without her consent.
2. Policies and procedures related to how Planned Parenthood safeguards its patients' PHI.
3. Policies and procedures related to uses and disclosures of PHI.
4. Evidence of HIPAA training.
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2314 Auburn Ave.  
Cincinnati, Ohio 45219  
p: 513.721.7635 - f: 513.721.2313

www.pdsw.org - www.supportpdsw.org

Planned Parenthood Southwest Ohio Region

### FAX TRANSMITTAL FORM

TO:

NAME: Francesca Korbas

ORGANIZATION: Health & Human Services

Fax #: (b)(6);(b)(7)(C)

Phone #: (b)(6);(b)(7)(C)

FROM:

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

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

ORGANIZATION: Planned Parenthood Southwest Ohio Region

Fax #: (b)(6);(b)(7)(C)

Phone #: (b)(6);(b)(7)(C)

Date Sent: 12/5/16

Number of Pages including cover sheet: 79

Message:

Francesca, I'm faxing the documents and will put a hard copy in the mail today. Please acknowledge receipt of documents. Thank you!

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

Urgent

For Review

Please Comment

The information contained in this facsimile message is intended for the use of the individual named above and privilege of confidentiality is not waived by virtue of this having been sent by facsimile. If the person actually receiving this facsimile or any other reader of the facsimile is not the named recipient, or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and return the original message to us at the address above via United States Postal Service.



2314 Auburn Avenue  
Cincinnati, Ohio 45219  
p: 513.721.7635 - f: 513.721.2313  
www.ppswo.org

Planned Parenthood Southwest Ohio Region

December 1, 2016

Susan M. Pezzullo Rhodes, Regional Manager  
Office for Civil Rights New England Region  
Government Center  
J.F. Kennedy Federal Building - Room 1875  
Boston, MA 02203-0002

Dear Ms. Rhodes,

This is Planned Parenthood of Southwest Ohio's ("PPSWO") response to your October 24, 2016 letter regarding OCR's receipt of a complaint from (b)(6);(b)(7)(C) alleging that PPSWO violated HIPAA by disclosing her private health information to her boyfriend without her consent. In a conversation which I had with OCR Investigator Francesca Korbas on November 4, 2016, Ms. Korbas indicated that the alleged violation had occurred in connection with a visit by (b)(6);(b)(7)(C) to PPSWO on or near March 24, 2016.

**I. PPSWO RESPONSE**

Following receipt of your October 24, 2016 letter, PPSWO has investigated (b)(6);(b)(7)(C) allegations, and determined that while (b)(6);(b)(7)(C) was a patient of PPSWO on or about March 24, 2016, there is no evidence that (b)(6);(b)(7)(C) protected health information ("PHI") was improperly disclosed to her boyfriend or to anyone else. PPSWO's records indicate that:

- a. (b)(6);(b)(7)(C) has been a PPSWO patient since November, 2014.
- b. (b)(6);(b)(7)(C) visited PPSWO's Springdale Health Center on March 8, 2016, and underwent several clinical tests.
- c. These tests were "inconclusive."
- d. On March 22, 2016, a member of PPSWO's centralized follow-up staff telephoned (b)(6);(b)(7)(C) to inform her that her test was "inconclusive," and asked her to return to the Springdale Health Center for another test.
- e. On March 24, 2016, (b)(6);(b)(7)(C) returned to the PPSWO Springdale Health Center. She gave a urine sample, and, at her request, a prescription for medication was sent to her pharmacy.
- f. On April 1, 2016, a PPSWO staff member from centralized follow-up spoke by phone with (b)(6);(b)(7)(C) to inform her that the second test was negative.
- g. At no time between March 8, 2016 and April 1, 2016 did anyone from PPSWO speak with anyone besides (b)(6);(b)(7)(C) about these tests or about (b)(6);(b)(7)(C) PHI.
- h. (b)(6);(b)(7)(C) next visit to the Springdale Health Center was on July 19, 2016. She was prescribed medication pending results of her test. On July 25, 2016, PPSWO telephoned (b)(6);(b)(7)(C) and advised her that her tests were negative.

## PPSWO RESPONSE TO COMPLAINT

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

PAGE 2

- i. On July 26, 2016, (b)(6);(b)(7)(C) contacted the Springdale Health Center again to request a prescription. As a result, PPSWO sent a prescription to (b)(6);(b)(7)(C) chosen pharmacy.
- j. At no time between April 1, 2016 and July 26, 2016 did anyone from PPSWO speak with anyone besides (b)(6);(b)(7)(C) about her test, prescription or other PHI.
- k. PPSWO has had no further contact with (b)(6);(b)(7)(C) after July 26, 2016.
- l. At no time has PPSWO ever disclosed any PHI regarding (b)(6);(b)(7)(C) to anyone besides (b)(6);(b)(7)(C)

Nothing in PPSWO's investigation or its records indicates that PPSWO staff have ever had any contact with (b)(6);(b)(7)(C) boyfriend or otherwise disclosed any information about (b)(6);(b)(7)(C) to her boyfriend or anyone else other than (b)(6);(b)(7)(C) herself. Further, PPSWO has no record that (b)(6);(b)(7)(C) ever complained to anyone at PPSWO about any alleged disclosure of her PHI on or about March 24, 2016 (or at any other time).

PPSWO has implemented a comprehensive set of HIPAA policies and procedures which govern PPSWO's use and disclosure of its patients' PHI. Pursuant to these policies and procedures, PPSWO requires patients to sign a HIPAA-compliant authorization before PPSWO will disclose any patient information to any third party. This is PPSWO's standard operating procedure. Therefore, without such an authorization, PPSWO, per its own policies, would not have disclosed any PHI to (b)(6);(b)(7)(C) boyfriend.

PPSWO has implemented a HIPAA Response Team to address HIPAA compliance issues. When PPSWO receives a HIPAA complaint, the Team convenes to review the complaint and identify additional information needed. The Team meets again if needed to consider the complaint with full information before action is taken. The CEO and the head of the department in which the complaint arose then decide what action to take and proceed with the action. The members of the HIPAA response team are: CEO, COO, Director of Clinical Services, Director of IT (who is also the HIPAA Compliance officer,) and the Director of Marketing and Communications. As noted above the HIPAA Response Team was never convened on this matter because PPSWO had no notice of any HIPAA complaint from (b)(6);(b)(7)(C)

## II. PPSWO DOCUMENT PRODUCTION

PPSWO produces the following documents in response to your data request:

### 1. Position Statement

Response: See Position Statement above.

### 2. Policies and procedures related to how Planned Parenthood safeguards its information.

Response: PPSWO will produce its HIPAA Privacy policies and procedures regarding the safeguarding of PHI and Notice of Health Information Privacy Practices (given to patients) marked for identification as (b)(4)

### 3. Policies and procedures related to uses and disclosures of PHI.

Response: PPSWO will produce its HIPAA Privacy policies and procedures related to its uses and disclosures of PHI, marked for identification as (b)(4)

PPSWO RESPONSE TO COMPLAINT

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

PAGE 3

4. Evidence of HIPAA training.

Response: Every PPSWO employee, including employees at the Springdale Health Center, receives annual HIPAA training. In 2014, PPSWO included HIPAA compliance training at its annual staff retreat. Subsequent to the 2014 retreat, PPSWO implemented small group training at the health centers and department levels. In 2015, PPSWO again included HIPAA training at the all-staff retreat. Then, in 2016 all of PPSWO's HIPAA training was done at the health center or department level. PPSWO will produce documentation regarding its HIPAA training from 2015 and 2016 and some sample training materials and training logs marked for identification as (b)(4)

5. Please provide any additional information which would assist OCR in investigating this Complaint.

Response: PPSWO does not have any additional information to provide at this time. PPSWO reserves the right to supplement its response and documents in response to any questions from OCR or in response to any additional information regarding Ms. Weathers' allegations.

I hope this information is helpful and sufficient to resolve this complaint. Please let me know if you need more information.

Sincerely,

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

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

President and Chief Executive Officer

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

ATTACHMENTS

Page 0973 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

Page 0974 of 1306

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information Act

# Planned Parenthood Southwest Ohio Region

## Notice of Health Information Privacy Practices

This notice describes how health information about you may be used or disclosed by Planned Parenthood Southwest Ohio Region and how you can access this information.

**Effective Date of This Notice: September 01, 2013**

If you have any questions about this notice, please contact Planned Parenthood Southwest Ohio Region's Privacy Official at: (937) 528-4672

We understand that health information about you and your healthcare is personal. We are committed to protecting health information about you. We will create a record of the care and services you receive from us. We do so to provide you with quality care and to comply with any legal or regulatory requirements. This Notice applies to all of the records generated or received by Planned Parenthood Southwest Ohio Region, whether we documented the health information, or another doctor forwarded it to us.

This Notice will tell you the ways in which we may use or disclose health information about you. This Notice also describes your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

Our pledge regarding your health information is backed-up by Federal law. The privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA) requires us to:

- Make sure that health information that identifies you is kept private;
- Make available this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use or disclose health information about you. Unless other-wise noted each of these uses and disclosures may be made without your permission. For each category of use or disclosure, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, unless we ask for a separate authorization, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:** We may use health information about you to provide you with healthcare treatment and services. We may disclose health information about you to doctors, nurses, technicians, health students, volunteers or other personnel who are involved in taking care of you. They may work at our offices, at a hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other healthcare provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. For example, a doctor treating you may need to know if you have diabetes because diabetes may slow the healing process. We may provide that information to a physician treating you at another institution.

**For Payment:** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, a state Medicaid agency or a third party. For example, we may need to give your health insurance plan information about your office visit so your health plan will pay us or reimburse you for the visit. Alternatively, we may need to give your health information to the state Medicaid agency so that we may be reimbursed for providing services to you. In some instances, we may need to tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Healthcare Operations:** We may use and disclose health information about you for operations of our healthcare practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may provide your health information to

outside entities and persons such as our attorneys, accountants, consultants and others that provide services to us or on our behalf. We may remove information that identifies you from this set of health information so others may use it to study healthcare delivery without learning who our specific patients are.

**Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose.

**Fundraising Activities:** We may use health information about you to contact you in an effort to raise money for our not-for-profit operations. You have the right to opt out of receiving these communications. Please let us know if you do not want us to contact you for such fundraising efforts.

**Research:** There may be situations where we want to use and disclose health information about you for research purposes. For example, a research project may involve comparing the efficacy of one medication over another. For any research project that uses your health information, we will either obtain an authorization from you or ask an Institutional Review or Privacy Board to waive the requirement to obtain authorization. A waiver of authorization will be based upon assurances from a review board that the researchers will adequately protect your health information.

**As Required By Law:** We will disclose health information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military and Veterans:** If you are a member of the armed forces or are separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

**Workers' Compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to an order issued by a court or administrative tribunal. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested.

**Law Enforcement:** We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- If you are the victim of a crime and we are unable to obtain your consent;
- About a death we believe may be the result of criminal conduct;
- In an instance of criminal conduct at our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.



Such releases of information will be made only after efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested.

**Coroners, Health Examiners and Funeral Directors:** We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy:** You have certain rights to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records. This does not include psychotherapy notes.

To inspect and copy health information, you must submit your request in writing on a form provided by us to: "The Privacy Official at Planned Parenthood Southwest Ohio Region". If you request a copy of your health information, we may charge a fee for the costs of locating, copying, mailing or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may in certain instances request that the denial be reviewed. Another licensed healthcare professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.

**Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing on a form provided by us submitted to: "The Privacy Official at Planned Parenthood Southwest Ohio Region".

We may deny your request for an amendment if it is not the form provided by us and does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for our practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

**Right to an Accounting of Disclosures:** You have the right to request a list (accounting) of any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

To request this list of disclosures, you must submit your request on a form that we will provide to you. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003 (the compliance date of the Privacy Regulation). The first list of disclosures you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date should not exceed a total of 60 days from the date you made the request.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that access to your health information be denied to a particular member of our workforce who is known to you personally.

*While we will try to accommodate your request for restrictions, we are not required to do so if it is not feasible for us to ensure our compliance with law or we believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request on a form that we will provide you. In your request, you must tell us what information you want to limit and to whom you want the limits to apply. However, we are required to agree to any request by you to restrict*

disclosures of protected health information to health insurers if you have fully paid for your health services pertaining to such disclosures using your own money.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. During our intake process, we will ask you how you wish to receive communications about your health care or for any other instructions on notifying you about your health information. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this Notice at any time upon request. You may also obtain a copy of this Notice at our website:  
<http://www.plannedparenthood.org/swoh/>

**Right to Receive Notice of a Breach:** We are required to notify you following a breach of unsecured protected health information.

**Minors and Persons with Guardians:** Minors have all the rights outlined in this Notice with respect to health information relating to reproductive healthcare, except for abortion and in emergency situations or when the law requires reporting of abuse and neglect. In the case of abortion, if a parent provides consent to your abortion, the parent has all the rights outlined in this Notice, including the right to access the health information relating to abortion. However, if you obtain a judicial bypass of the consent requirement, you have the same rights as an adult with respect to health information relating to your abortion. If you are a minor or a person with a guardian obtaining healthcare that is not related to reproductive health, your parent or legal guardian may have the right to access your medical record and make certain decisions regarding the uses and disclosures of your health information.

#### CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our facility and on our website. The Notice contains the effective date on the first page.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact: The Privacy Official at Planned Parenthood Southwest Ohio Region, 2314 Auburn Avenue, Cincinnati, OH 45219. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

#### USES OF HEALTH INFORMATION REQUIRING AN AUTHORIZATION

The following uses and disclosures of health information will be made only with your written permission:

- Uses and disclosures of protected health information for marketing purposes
- Use and disclosures that constitute the sale of your protected health information
- Other uses and disclosures of health information not covered by this Notice or the laws that apply to us.

If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain the records of the care that we provided to you.

The Notice contains the effective date on the first page.

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