

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

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

HEALTH INFORMATION PRIVACY COMPLAINT

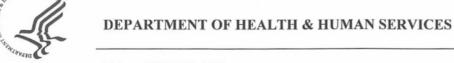
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STREET ADDRESS CITY (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) (c)(6),(b)(7)(C) (c)(6),(b)(7)(C) (c)(6),(b)(7)(C) (c)(6)(6),(b)(7)(C) (c)(6),(c)(7)(C) (c)(6),(c)	HOME / CELL PHONE (Please include	area code)		ase include area code)
E-MAIL ADDRESS (If available)	(b)(6);(b)(7)(C)			
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STATE ZIP E-MAIL ADDRESS (if available) (b)(6)(b)(7)(C)	(b)(6);(b)(7)(C)			(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? LAST NAME Who (or what agency or organization, e.g., provider, health plan) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule? PERSON/AGENCY/ORGANIZATION Planned Parenthood STREET ADDRESS 4786 N. Peck Rd ZIP PHONE (Please include area code) (800) 576-5544 When do you believe that the violation of health information privacy rights occurred? LIST DATE(S) 07/18/2014 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. (Altach additional pages as needed) I went into the clinic to get the pill form, for a temination of pregnancy. A few days late best friend (Inviting/Invitation) contact me and advise me her friend told her she seen me there an works there, and told my friend (Inviting/Invitation) contact me and family, and for this girl to tell her som feel violated and upset. Not even my boyfriend knows I went. This ultimately could have cau danger either to me or my life, my boyfriend is very temper mental, and I do not know the employees I will be hiring an attorney if I need to, so they can hire an investigator to figure it ou only thing I have is some text messages between my best friend, because I was trying to get This field may be truncated due to size limit. See the "Allegation Description" file in the 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)		ZIP	E-MAIL ADDRESS (If av	
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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.

I went into the clinic to get the pill form, for a temination of pregnancy. A few days later I had my best friend (b)(6);(b)(7)(C) contact me and advise me her friend told her she seen me there and she works there, and told my friend (b)(6);() that I went there to get the abortion pill. First of all I kept this confidential from all of my friends and family, and for this girl to tell her something I feel violated and upset. Not even my boyfriend knows I went. This ultimately could have caused me danger either to me or my life, my boyfriend is very temper mental, and I do not know what his reaction would have been if he knew I terminated my pregnancy. I do not know the employees name, but I will be hiring an attorney if I need to, so they can hire an investigator to figure it out. The only thing I have is some text messages between my best friend, because I was trying to get the girls name, but it seems as if my friend did not wnt to give it to me. Please see the following documents that I uploaded. Thanks





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

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

September 11, 2014

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

RE: OCR Transaction Number: 14-191232

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

On July 24, 2014, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received your complaint alleging that Planned Parenthood, the covered entity, has violated the Federal Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164, Subparts A and E, the Privacy Rule). Specifically, you allege that on or around July 18, 2014, a staff member texted a mutual friend of yours and disclosed your visit at Planned Parenthood and the reason for your visit. This allegation could reflect a violation of 45 C.F.R. §§§ 164.502(a), 164.510 (b), and 164.530(c).

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

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

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

The minimum necessary provision of the Privacy Rule also requires the covered entity to limit access to protected health information by identifying the persons or classes of persons within the covered entity who need access to the information to carry out their job duties, the categories or types of protected health information needed, and conditions appropriate to such access.

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

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

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

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

If you have any questions regarding this matter, please contact Catherine Kim, Investigator, at (202) 619-3739 (Voice) or (202) 619-3257 (TDD).

Sincerely,

Sarah C. Brown Interim Director

Centralized Case Management Operations





DEPARTMENT OF HEALTH & HUMAN SERVICES

Voice - (800) 368-1019 TDD - (202) 619-3257 Fax - (202) 619-3818 http://www.hhs.gov/ocr Office for Civil Rights 200 Independence Avenue, S.W., Room 509F Washington, DC 20201

September 11, 2014

Privacy Officer Planned Parenthood 4786 N. Peck Rd El Monte, CA 91732

RE: OCR Transaction Number: 14-191232

Dear Privacy Officer:

On July 24, 2014, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received a complaint alleging that Planned Parenthood, the covered entity, has violated the Federal Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164, Subparts A and E, the Privacy Rule). Specifically, the complainant, (b)(6)(b)(7)(C) alleges that, on or around July 18, 2014, a staff member texted a mutual friend of hers and disclosed her visit at Planned Parenthood and the reason for her visit. This allegation could reflect a violation of 45 C.F.R. §§§ 164.502(a), 164.510 (b), and 164.530(c).

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

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

The minimum necessary provision of the Privacy Rule also requires the covered entity to limit access to protected health information by identifying the persons or classes of persons within the covered entity who need access to the information to carry out their job duties, the categories or types of protected health information needed, and conditions appropriate to such access.

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

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

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

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

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

If you have any questions regarding this matter, please contact Catherine Klm, Investigator, at (202) 619-3739 (Voice) or (202) 619-3257 (TDD).

Sincerely,

Sarah C. Brown
Interim Director

Centralized Case Management Operations

Enclosure: Disclosures to Family and Friends

The Minimum Necessary Requirement

Reasonable Safeguards