



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

HEALTH INFORMATION PRIVACY COMPLAINT

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



YOUR FIRST NAME (b)(6);(b)(7)(C)		YOUR LAST NAME (b)(6);(b)(7)(C)	
HOME / CELL PHONE (Please include area code) (b)(6);(b)(7)(C)		WORK PHONE (Please include area code)	
STREET ADDRESS (b)(6);(b)(7)(C)		CITY (b)(6);(b)(7)(C)	
STATE (b)(6);(b)(7)(C)	ZIP (b)(6);(b)(7)	E-MAIL ADDRESS (If available) (b)(6);(b)(7)(C)	

Are you filing this complaint for someone else? ☐ Yes ☒ No
If Yes, whose health information privacy rights do you believe were violated?
FIRST NAME LAST NAME

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

PERSON/AGENCY/ORGANIZATION

Planned Parenthood San Rafael		CITY	
STREET ADDRESS 2 H Street		San Rafael	
STATE California	ZIP 94901	PHONE (Please include area code) (415) 459-4907	

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

LIST DATE(S)

06/06/2017

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

I just opened up a bag in which my medication was in, that I was given at the San Rafael Planned Parenthood clinic yesterday afternoon. There is someone else's medication in it - full name, Medical Record number and DOB. This obviously means she has my medication, and is aware of my full name, Medical Record number and DOB. Considering this medication is for something very sensitive and I was promised privacy in the matter, I am beyond nervous and anxious about someone else having/knowing my full name, Medical Record number, DOB, and the type of medication I was prescribed.

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

06/07/2017

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



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

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

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

July 14, 2017

Planned Parenthood of San Rafael
2 H Street
San Rafael, CA 94901

Re: OCR Transaction Number: 17-272773

Dear Privacy Officer:

On June 7, 2017, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received your complaint alleging that Planned Parenthood of San Rafael, 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) (b)(6);(b)(7) alleges that on June 6, 2017, Planned Parenthood of San Rafael located at 2 H Street, San Rafael, CA 94901, provided her with the prescription order of another patient, in error. This allegation could reflect a violation of 45 C.F.R. §§ 164.502(a) and 164.530(c).

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

Generally, the Privacy Rule permits a covered entity to make disclosures of protected health information (PHI) for a permitted purpose, through a variety of means as long as the covered entity, when doing so, uses reasonable and appropriate administrative, technical, and physical safeguards to protect the privacy of the PHI. See 45 C.F.R. § 164.502(a). These safeguards may vary depending on the mode of communication used. When providing PHI to individuals in person, a reasonable safeguard may involve both verifying the identity of the individual to whom the PHI is being provided, and ensuring that the PHI provided does not inadvertently include PHI of other individuals.

Pursuant to its authority under 45 C.F.R. §§ 160.304(a) and (b), OCR has determined to resolve this matter informally through the provision of technical assistance to the covered entity. To that end, OCR has enclosed information on how to safeguard PHI.

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

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

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

If you have any questions regarding this matter, please contact Evita Jones, Investigator, at (202) 260-2194 (Voice) or (202) 619-3257 (TDD).

Sincerely,

A handwritten signature in black ink, appearing to read 'T. Noonan', with a large, stylized initial 'T' and a cursive 'N'.

Timothy Noonan
Acting Director, CCMO

Enclosures: technical assistance materials



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200 Independence Avenue, S.W.,
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July 14, 2017

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

Re: OCR Transaction Number: 17-272773

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

On June 7, 2017, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received your complaint alleging that Planned Parenthood of San Rafael, 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 June 6, 2017, Planned Parenthood of San Rafael located at 2 H Street, San Rafael, CA 94901, provided you with the prescription order of another patient, in error. This allegation could reflect a violation of 45 C.F.R. §§ 164.502(a) and 164.530(c).

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

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

The Privacy Rule allows health care providers and health plans to share protected health information (PHI) for permitted purposes, as long as they use reasonable and appropriate administrative, technical, and physical safeguards to protect the privacy of the PHI. See 45 C.F.R. § 164.502(a). These safeguards may vary depending on the mode of communication used. When providing PHI to individuals in person, a reasonable safeguard may involve both verifying the identity of the individual to whom the PHI is being provided, and ensuring that the PHI provided does not inadvertently include PHI of other individuals.

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

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

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

If you have any questions about this matter, please contact Centralized Case Management Operations at (800) 368-1019 or (202) 619-3257 (TDD).

Sincerely,

A handwritten signature in black ink, appearing to read 'T. Noonan', with a large, stylized initial 'T' and a cursive 'Noonan'.

Timothy Noonan
Acting Director, CCMO