

SIGNATURE

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

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

∆∆ocr

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

HEALTH INFORMATION PRIVACY COMPLAINT

		YOUR LAST NAME
(b)(6);(b)(7)		(b)(6);(b)(7)(C)
HOME / CELL PHONE (Please	e include area code)	WORK PHONE (Please include area code)
(b)(6);(b)(7)(C)		
STREET AUDRESS		CITY
(b)(6);(b)(7)(C)	\neg	Wilmington
STATE	ZIP	E-MAIL ADDRESS (If available)
(b)(6);(b)(7)(C)	(b)(6);(b)(7)	(b)(6);(b)(7)(C)
Are you filing this compla	int for someone else?	Yes X No
		th information privacy rights do you believe were violated?
FIRST NAME		LAST NAME
Who (or what agency or orga	nization, e.g., provider, heal	Ith plan) do you believe violated your (or someone else's) health
nformation privacy rights or		
PERSON/AGENCY/ORGANIZ	ATION	
Planned Parenthood		
		CITY
		CITY Wilmington
STREET ADDRESS 1925 Tradd Ct	ZIP	
STREET ADDRESS 1925 Tradd Ct	ZIP 28401	Wilmington
STREET ADDRESS 1925 Tradd Ct STATE North Carolina	28401	Wilmington
STREET ADDRESS 1925 Tradd Ct STATE North Carolina When do you believe that	28401	Wilmington PHONE (Please include area code)
STREET ADDRESS 1925 Tradd Ct STATE North Carolina When do you believe that	28401	Wilmington PHONE (Please include area code)
STREET ADDRESS 1925 Tradd Ct STATE North Carolina When do you believe that LIST DATE(S) 01/20/2015 Describe briefly what happer	28401 the violation of health in	Wilmington PHONE (Please include area code) formation privacy rights occurred? elieve your (or someone else's) health information privacy rights were
STREET ADDRESS 1925 Tradd Ct STATE North Carolina When do you believe that LIST DATE(S) 01/20/2015 Describe briefly what happer	28401 the violation of health in	PHONE (Please include area code) formation privacy rights occurred?
STREET ADDRESS 1925 Tradd Ct STATE North Carolina When do you believe that LIST DATE(S) 01/20/2015 Describe briefly what happer	28401 the violation of health in	PHONE (Please include area code) formation privacy rights occurred? elieve your (or someone else's) health information privacy rights were
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STREET ADDRESS 1925 Tradd Ct STATE North Carolina When do you believe that LIST DATE(S) 01/20/2015 Describe briefly what happer violated, or the privacy rule of	28401 the violation of health in med. How and why do you be otherwise was violated? Please 5 prescription birth	PHONE (Please include area code) formation privacy rights occurred? elieve your (or someone else's) health information privacy rights were

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:

DATE (mm/dd/yyyy)

01/24/2015

PSC Graphics (301) 443-1090 EF

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

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.





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

May 7, 2015

Attn: HIPAA Privacy Officer Planned Parenthood – Wilmington Health Center 1921 & 1925 Wilmington Court Wilmington, NC 28401

Re: OCR Transaction Number: 15-202141: (b)(6);(b)(7)(C) vs. Planned Parenthood

Dear HIPAA Privacy Officer:

On January 24, 2015, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received a complaint alleging that Planned Parenthood – Wilmington Health Center, the covered entity, has violated 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 on January 20, 2015, Planned Parenthood – Wilmington Health Center inadvertently disclosed a patient's protected health information (PHI) when the patient was given the wrong prescription. This allegation could reflect a violation of 45 C.F.R. § 164.530(c).

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

In this matter, the complainant alleges that the covered entity does not employ reasonable safeguards to prevent impermissible disclosures of (PHI). A covered entity must maintain reasonable and appropriate administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of PHI in violation of the Privacy Rule and to limit its incidental use and disclosure pursuant to otherwise permitted or required use or disclosure. 45 C.F.R. §164.530(c).

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 – Wilmington Health Center. To that end, OCR has enclosed material explaining the Privacy Rule provisions related to Reasonable Safeguards.

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 any 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. In

addition, OCR encourages you to review the facts of this individual's complaint and provide the individual the appropriate written response swiftly if necessary to comply with the requirements of the Privacy Rule. Should OCR receive a similar allegation of noncompliance against Planned Parenthood – Wilmington Health Center in the future, OCR may initiate an Investigation of that matter. In addition, please note that, after a period of six months has passed, OCR may initiate and conduct a compliance review of Planned Parenthood – Wilmington Health Center related to your compliance with the Privacy Rule's provisions related to Reasonable Safeguards.

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 Jessica Allen, Investigator, at (202) 260-6017 (Voice) or (202) 619-3257 (TDD).

Jessica allen for

Kurt T. Temple

Associate Deputy Director for Regional Operations

Enclosure: Reasonable Safeguards





(h)(6):(h)(7)(C)

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

May 7, 2015

(2)(2),(2)	. ,(=)			
Re:	OCR Transaction I	Number: 15-20214	1: (b)(6);(b)(7)(C)	vs. Planned Parenthood
Dear	(b)(6);(b)(7)			

On January 24, 2015, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received your complaint alleging that Planned Parenthood – Wilmington Health Center, the covered entity, has violated 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, you allege that on January 20, 2015, Planned Parenthood – Wilmington Health Center inadvertently disclosed a patient's protected health information (PHI) when the patient was given the wrong prescription. This allegation could reflect a violation of 45 C.F.R. § 164.530(c).

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

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

A covered entity must maintain reasonable and appropriate administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of (PHI) in violation of the Privacy Rule and to limit its incidental use and disclosure pursuant to otherwise permitted or required use or disclosure. 45 C.F.R. §164.530(c). For example, such safeguards might include shredding documents containing protected health information before discarding them, securing medical records with lock and key or pass code, and limiting access to keys or pass codes.

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

For your Informational purposes, OCR has enclosed material regarding the Privacy Rule provisions related to Safeguards.

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

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

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

Sincerely yours, essiva allen bor

Kurt T. Temple

Associate Deputy Director for Regional Operations

Enclosure: Reasonable Safeguards

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