



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

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



HEALTH INFORMATION PRIVACY COMPLAINT

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

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

REC'D FEB 03 2014

(b)(6);(b)(7)(C) PLANNED PARENTHOOD		CITY	
STREET ADDRESS 2330 NE DIVISION ST. # 7		BEND	
STATE OR	ZIP 97701	PHONE (Please include area code) (888) 875-7820	

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

LIST DATE(S) ABOUT A YEAR
12/20/13 AND ONE TIME PRIOR TO THAT DATE

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)

(b)(6);(b)(7)(C) IS MY SIGNIFICANT OTHERS EX WIFE, AND WHEN SHE STARTED WORKING AT PLANNED PARENTHOOD SHE DISCLOSED TO MY SIGNIFICANT OTHER MEDICAL PROCEDURES I HAD RECEIVED AS A PATIENT OF PLANNED PARENTHOOD. MORE RECENTLY, SHE DISCLOSED TO HIS FAMILY THAT "I READ (b)(6);(b)(7)(C) FILE AND I DON'T LIKE WHAT I SEE."

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 (b)(6);(b)(7)(C) DATE (mm/dd/yyyy) 1-23-14

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

Voice - (206) 615-2290, (800) 362-1710
TDD - (206) 615-2296, (800) 537-7697
(FAX) - (206) 615-2297
<http://www.hhs.gov/ocr/>

OFFICE OF THE SECRETARY

Office for Civil Rights, Region X
2201 Sixth Avenue, Mail Stop RX-11
Seattle, WA 98121-1831

Date: FEB 28 2014

(b)(4)

Re: OCR Transaction Number: 14-175500

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

On February 3, 2014, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), Region X received your complaint alleging that Planned Parenthood Columbia Willamette (PPCW), the covered entity, had 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 alleged that on approximately December 20, 2013, a PPCW workforce member impermissibly disclosed your protected health information (PHI) to your significant other and his mother. 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 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 with the individual's family, friends, or other persons identified by the individual the PHI 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 PHI 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 PHI 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 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 regarding this matter, please contact Lenny Sanchez, Investigator, at (206) 615-3871 (Voice) or (800) 537-7697 (TDD).

Sincerely,


Linda Yuu Connor
Regional Manager