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



THE U.S. DEPT. OF HHS

OCT 02 2012

OFFICE FOR CIVIL RIGHTS
REGION 6

YOUR FIRST NAME (b)(6);(C)		YOUR LAST NAME (b)(6);(b)	
HOME PHONE (Please include area code) (b)(6);(b)(7)		WORK PHONE (Please include area code) (b)(6);(b)(7)(C)	
STREET ADDRESS (b)(6);(b)(7)(C)		CITY (b)(6);(b)(7)(C)	
STATE (b)(6);	ZIP (b)(6);(b)	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 (b)(6);(b)(7)(C)	LAST NAME (b)(6);(b)(C)
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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 of North Texas, Inc.

STREET ADDRESS 3500 South Broadway Ave., Ste E		CITY Tyler
STATE TX	ZIP 75,701	PHONE (Please include area code) +1 (903) 581-8277

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

LIST DATE(S)
September 24, 2012

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 September 24, 2012, we received a fax on our home fax number (b)(6);(b)(7)(C) from Planned Parenthood of North Texas in Tyler. The fax (copy enclosed) appears to be a receipt for services provided to a (b)(6);(b)(7)(C) whom we do not know. Planned Parenthood did not take adequate steps to assure that its fax was directed to a correct phone number, and inappropriately disclosed to us protected health information including (b)(6);(b)(C) name and details of services she received

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) 09/27/12
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Filing a complaint 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.

-misdirected fax



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Voice - (214) 767-4056, (800) 368-1019
TDD - (214) 767-8940, (800) 537-7697
Fax - (214) 767-0432
<http://www.hhs.gov/ocr>

Office for Civil Rights, Region VI
1301 Young Street, Suite 1169
Dallas, TX 75202

October 12, 2012

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

Our Transaction number: 06-13-149897

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

Thank you for your correspondence received on October 12, 2012 by the Department of Health and Human Services, Office for Civil Rights (OCR).

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. We will complete our initial review as quickly as possible.

If you have any questions, please contact:

Office for Civil Rights, Region VI
1301 Young Street, Suite 1169
Dallas, TX 75202

1-800-368-1019

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.

Sincerely,

Ralph D. Rouse
Regional Manager

Assigned to CV



DEPARTMENT OF HEALTH & HUMAN SERVICES

Voice - (214) 767-3919, (800) 368-1019
FAX - (214) 767-0432

TDD - (214) 767-8940
<http://www.hhs.gov/ocr/>

OFFICE OF THE SECRETARY

Office for Civil Rights, Region VI
1301 Young Street, Suite 1169
Dallas, TX 75202

OCT 24 2012

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

VP of Medical Compliance
Administrative Offices
Planned Parenthood of Greater Texas
201 B East Ben White
Building B
Austin, Texas 78704

Re: Transaction Number: 13-149897

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

On October 12, 2012, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), Region VI received a complaint alleging that Planned Parenthood of Greater Texas, the covered entity, located at 3500 S. Broadway Avenue, Tyler, Texas 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 alleged that, on September 24, 2012, he received a misdirected fax to his residential fax number from Planned Parenthood of Greater Texas that contained the Protected Health Information (PHI) of another individual. 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, such as by mail or facsimile machine, 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. For example, when faxing PHI to a telephone number that is not used regularly, a reasonable safeguard may involve a covered entity first confirming the fax number with the intended recipient of the fax.

In this matter, the complainant alleged that PHI was impermissibly disclosed by fax. 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 Planned Parenthood of Greater Texas. To that end, OCR has enclosed a checklist of reminders on how to safely use the mail or fax machines when sending PHI.

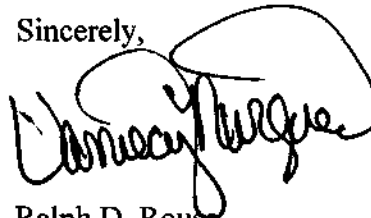
You are encouraged to review these materials closely and to share them with your staff as part of the Health Insurance Portability and Accountability Act (HIPAA) training you provide to your workforce. You are also encouraged to assess and determine whether there may have been an incident of noncompliance 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 Planned Parenthood of Greater Texas 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 Cecilia Velastegui, Investigator, at (214) 767-3919 or by email cecilia.velastegui@hhs.gov.

Sincerely,



Ralph D. Rouse
Regional Manager



Enclosure: Checklist

May a physician's office or health plan use mail or fax to send patient medical information?

Yes. Where the Privacy Rule allows covered health care providers, health plans, or health care clearinghouses to share protected health information with another organization or with the individual, they may use a variety of means to deliver the information, as long as they use reasonable safeguards when doing so. When the communications are in writing, the patient information may be sent by mail, fax, or other means of reliable delivery.

The Privacy Rule requires that covered entities apply reasonable safeguards when making these communications to protect the patient information from inappropriate use or disclosure to unauthorized persons. These safeguards will vary depending on the mode of communication used. For example, when mailing patient information, reasonable safeguards would include checking to see that the name and address of the recipient are correct and current and that only the minimum amount of patient information is showing on the outside of the envelope to ensure proper delivery to the intended recipient. When faxing protected health information to a telephone number that is not regularly used, a reasonable safeguard would include first confirming the fax number with the intended recipient. Similarly, a covered entity may pre-program frequently used numbers directly into the fax machine to avoid misdirecting the information to someone who is not the intended recipient.

The following checklists provide guidance on reasonable safeguards that a covered health care provider, health plan, or health care clearinghouse may put in place to protect patient information from being impermissibly disclosed during (1) mailing and (2) faxing.

See 45 C.F.R. § 164.530(c).

MAILING CHECKLIST

<input type="checkbox"/>	Carefully check name and address of intended recipient. Many names are similar; make sure you have the correct name for the intended recipient on the envelope. Make sure the address on the envelope matches the correct address of the intended recipient.
<input type="checkbox"/>	Carefully check the contents of the envelope before sealing. Make sure the contents may be permissibly disclosed to the intended recipient or properly relate to the individual. Check all pages to make sure records or material related to other individuals are not mistakenly included in the envelope.
<input type="checkbox"/>	Check the information showing on the outside of the envelope or through the address window. Make sure identifying information that is not necessary to ensure proper delivery is not disclosed.
<input type="checkbox"/>	When doing mass mailings, do a test run to ensure the system is properly performing and check at least a sample of the mailings for the accuracy of name and address of the intended recipients and the correct contents, as indicated above, before sending.
<input type="checkbox"/>	Have policies and procedures in place to safeguard protected health information that is mailed, including processes to act promptly on (1) name and address changes to

**DEPARTMENT OF HEALTH & HUMAN SERVICES**Voice - (214) 767-3919, (800) 368-1019
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<http://www.hhs.gov/ocr/>**OFFICE OF THE SECRETARY****Office for Civil Rights, Region VI**
1301 Young Street, Suite 1169
Dallas, TX 75202**OCT 24 2012**

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

Transaction Number: 13-149897

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

On October 12, 2012, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), Region VI received your complaint alleging that Planned Parenthood of Greater Texas (Planned Parenthood) 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 September 24, 2012, you received a misdirected fax to your residential fax number from Planned Parenthood containing the Protected Health Information (PHI) of another individual. 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 using the mail or fax, 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. For example, when faxing PHI to a telephone number that is not used regularly, a reasonable safeguard may involve a covered entity first confirming the fax number with the intended recipient of the fax.

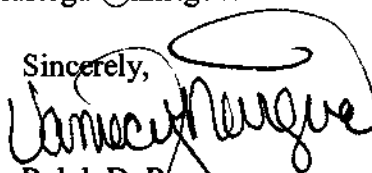
We have carefully reviewed your complaint against Planned Parenthood and have determined to resolve this matter informally through the provision of technical assistance to Planned Parenthood. Should OCR receive a similar allegation of noncompliance against Planned Parenthood in the future, OCR may initiate 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 Cecilia Velastegui, Investigator, at (214) 767-3919 (Voice) or email address cecilia.velastegui@hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Ralph D. Rouse", written over the printed name.

Ralph D. Rouse
Regional Manager

Small handwritten initials, possibly "JR", written in black ink to the left of the printed name.