



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)(C)	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

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

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

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 Wisconsin

STREET ADDRESS 302 N Jackson St.		CITY Milwaukee
STATE Wisconsin	ZIP 53202	PHONE (Please include area code) (414) 271-8045

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

LIST DATE(S)

04/04/2013, 01/23/2014, 01/17/2014

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. (Attach additional pages as needed)

I (b)(6);(b)(7)(C), on 01/23/2014 received a bill from "PPWI" (Planned Parenthood of Wisconsin) in the amount of \$128.96 dated for 01/17/2014 for numerous medical procedures performed on 04/04/2013 which were not my own. Each item lists the presumed actual patient's name (b)(6);(b)(7)(C) before a brief description of the procedure ("FAST," "Injec," "BCMx5"). I can surmise, based on my own experiences with PPWI and other (legitimate) experiences with their billing system, that the patient received a blood draw and birth control.

For what it is worth, I am absolutely certain that this isn't simply a memory error on my part because every time I have used PPWI's services I have paid immediately after receiving services, and
This field may be truncated due to size limit. See the "Allegation Description" file in the case folder.

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)

01/23/2014

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

April 24, 2014

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

RE: OCR Transaction Number: 14-176269

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

On January 23, 2014, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received your complaint alleging that Planned Parenthood of Wisconsin, 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 January 23, 2014, you received another patient's bill in the mail. 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 of Wisconsin and have determined to resolve this matter informally through the provision of technical assistance to Planned Parenthood of Wisconsin. Should OCR receive a similar allegation of noncompliance against Planned Parenthood of Wisconsin 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 Kathryn Fox, Investigator, at (202) 619-0202 (Voice) or (202) 619-3257 (TDD).

Sincerely,

A handwritten signature in black ink, appearing to read "Kurt Temple", written in a cursive style.

for

Kurt Temple
CIU/CRC Director



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

April 24, 2014

Privacy Official
Planned Parenthood of Wisconsin
302 N. Jackson St.
Milwaukee, WI 53202

RE: OCR Transaction Number: 14-176269

Dear Privacy Official:

On January 23, 2014, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received a complaint alleging that Planned Parenthood of Wisconsin, 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 January 23, 2014, she received (b)(6);(b)(7)(C) bill in the mail, though she does not know this person. 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 alleges that PHI was impermissibly disclosed either through the mail or 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 Wisconsin. 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 Wisconsin 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 Kathryn Fox, Investigator, at (202) 619-0202 (Voice) or (202) 619-3257 (TDD).

Sincerely,

A handwritten signature in black ink, appearing to read "Kurt Temple", with a stylized flourish at the end.

for

Kurt Temple
CIU/CRC Director

Enclosure: Checklist