

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Effective Date Of This Notice: January 13, 2005

PLEASE REVIEW THIS NOTICE CAREFULLY

If you have any questions about this Notice, please contact Planned Parenthood of Metropolitan Washington DC, Inc.'s Privacy Official at 202-347-8500. Written correspondence should be sent to: The Privacy Official, Planned Parenthood of Metropolitan Washington DC, Inc., 1108 16th Street, NW, Washington, DC 20036.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that Health Information about you and your health care is personal. We are committed to protecting Health Information about you. We will create a record of the care and services you receive from us. We do so to provide you with quality care and to comply with any legal or regulatory requirements.

This Notice will tell you the ways in which we may use or disclose your Health Information. In this Notice, we use the term "Health Information" to refer to what is defined in Federal health privacy law as "Protected Health Information." Such Health Information includes any information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you, including your name, address, telephone number, social security number, health plan number, date of birth, or dates relating to medical treatment. This Notice also describes your rights concerning the Health Information we keep about you, and describe certain obligations we have regarding the use and disclosure of your Health Information.

This Notice applies to all of your Health Information or health records generated or received by Planned Parenthood of Metropolitan Washington DC, Inc., whether we documented the Health Information or another doctor forwarded it to us. Our pledge regarding your Health Information is backed up by Federal law. The privacy and security regulations issued under the Health Insurance Portability and Accountability Act ("HIPAA") require us to:

- Maintain the privacy of your Health Information;
- Make available this Notice of our legal duties and privacy practices with respect to Health Information about you; and
- Follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

HIPAA requires us to, upon your request, provide you with your Health Information, and we must disclose your Health Information when required by the Secretary of the Department of Health and Human Services in order to determine our compliance with Federal law.

The following categories describe different ways that we may, under Federal law, use or disclose Health Information about you. **Unless otherwise noted, each of these uses and disclosures may be made without your permission.** For each category of use or disclosure, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. Unless we ask you for a separate authorization, however, all of the ways we are permitted to use and disclose information will fall within one of the categories. When we do disclose your information, we will make a reasonable effort to disclose the least amount of information necessary.

For Treatment. We may use Health Information about you to provide you with health care treatment and services. We may disclose Health Information about you to doctors, nurses, technicians, health students, volunteers or other personnel who are involved in taking care of you. They may work at our offices, at a hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. For example, a doctor treating you may need to know if you have diabetes because diabetes may slow the healing process. We may provide that information to a physician treating you at another institution.

For Payment: We may use and disclose Health Information about you so that the treatment and services you receive from us may be billed to you and so that payment may be collected from you, an insurance company, a state Medicaid agency or a third party. For example, we may need to give your health insurance plan information about your office visit so your health plan will pay us or reimburse you for your visit. Alternatively, we may need to give your Health Information to the state Medicaid agency so that we may be reimbursed for providing services to you. In some instances, we may need to tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may share your Health Information with other health care providers who are involved in your treatment or in providing health care services to you so that the recipient providers may collect payment for their services.

For Health Care Operations: We may use and disclose Health Information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use Health Information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may combine Health Information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with other practitioners and to see where we can make improvements. We may remove information that identifies you from this set of combined Health Information so others may use it to study health care delivery without learning who our specific patients are. For the purposes of fraud abuse prevention, health care quality assessments, or reviewing health care practitioners' qualifications, we may disclose your Health Information to another health care provider or health plan if that entity currently has, or had in the past, a health care relationship with you.

Appointment Reminders: We may use and disclose Health Information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose.

Fund-raising Activities: We may use Health Information about you to contact you in an effort to raise money for our not-for-profit operations. Please let us know if you do not want us to contact you for such fundraising efforts.

Research. There may be situations where we want to use and disclose Health Information about you for research purposes. For example, a research project may involve comparing the efficacy of one medication over another. For any research project that uses your Health Information, we will either obtain an authorization from you, which you have a right to revoke in writing, or ask an Institutional Review or Privacy Board to waive the requirement to obtain authorization. A waiver of authorization will be based upon assurances from a review board that the researchers will adequately protect the privacy of your Health Information.

Treatment Alternatives or Benefits. There may be occasions when we want to give you information about treatment alternatives or other health-related benefits or services that we believe may be of interest to you.

As Required By Law. We will disclose Health Information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. We also may disclose your Health Information in certain situations where it is necessary for law enforcement to apprehend an individual.

Military and Veterans. If you are a member of the armed forces or are separated/discharged from military services, we may release Health Information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release Health Information about foreign military personnel to the appropriate foreign military authorities.

Workers' Compensation. We may release Health Information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will make this disclosure only if you agree or when required or authorized by law. We will notify a patient if we make such a disclosure, unless we believe such notification poses a risk of harm to the patient.

Notifications About Your Care. We may disclose your Health Information to a member of your family or to your close personal friend if it is necessary due to that person's involvement with your health care or with the payment for your health care. We also may disclose your Health Information if we need to notify a family member of your location or general condition. In these situations, we will give you a chance to prevent such a disclosure. If you are unable or unavailable to agree or object to such disclosures, however, we may use professional judgment to determine whether such a disclosure is in your best interest.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information about you in response to an order issued by a court or administrative tribunal. We may also disclose Health Information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after we are given reasonable assurances that efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- If you are the victim of a crime and we are unable to obtain your consent;
- About a death we believe may be the result of criminal conduct;
- In an instance of criminal conduct at our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Health Examiners and Funeral Directors. We may release Health Information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release Health Information about patients to funeral directors as necessary to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding Health Information we maintain about you:

Right to Inspect and Copy: You have certain rights to inspect and copy Health Information that may be used to make decisions about your care. Usually, this includes health and billing records. This does not include psychotherapy notes.

To inspect and copy Health Information that may be used to make decisions about you, you must submit your request in writing on a form provided by us to: “The Privacy Official at Planned Parenthood of Metropolitan Washington DC, Inc.” If you request a copy of your Health Information, we may charge a fee for the costs of locating, copying, mailing or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to Health Information, you may in certain instances request that the denial be reviewed. Another licensed health care professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.

Right to Amend. If you feel that Health Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing on a form provided by us and submitted to: “The Privacy Official at Planned Parenthood of Metropolitan Washington DC, Inc..”

We may deny your request for an amendment if it is not the form provided by us and does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the Health Information kept by or for our practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Any amendment we make to your Health Information will be disclosed to those with whom we disclose information as previously specified.

Right to an Accounting of Disclosures. You have the right to request a list (an “accounting”) of any disclosures of your Health Information we have made, with a few exceptions, including:

- Uses and disclosures for treatment, payment, and health care operations, as previously described;
- Disclosures to you or pursuant to valid authorizations you have signed; or
- Disclosures to business associates.

To request this list of disclosures, you must submit your request on a form that we will provide to you. Your request must state a time period that may not be longer than six years and may not include dates before January 13, 2005. The first list of disclosures you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date should not exceed a total of 60 days from the date you made the request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that access to your Health Information be denied to a particular member of our workforce who is known to you personally. Under Federal law, your restriction request may not apply to disclosures required under HIPAA or to some of the disclosures permitted under HIPAA without your prior consent.

While we will try to accommodate your request for restrictions, we are not required to do so if it is not feasible for us to ensure our compliance with law or we believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request on a form that we will provide you. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. During our intake process, we will ask you how you wish to receive communications about your health care or for any other instructions on notifying you about your Health Information. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice at any time upon request. You may also obtain a copy of this Notice at our website <http://www.ppmw.org>.

MINORS AND PERSONS WITH GUARDIANS

Minors have all the rights outlined in this Notice with respect to Health Information relating to reproductive health care, except for abortion and in emergency situations or when the law requires reporting of abuse and neglect. In the case of abortion, if a parent or guardian provides consent to your abortion, the parent has all the rights outlined in this Notice, including the right to access the Health Information relating to abortion. However, if you obtain a judicial bypass or a physician bypass of the consent requirement (if permitted by the law of your state), or if your state allows you as a minor to provide informed consent, you have the same rights as an adult with respect to Health Information relating to your abortion. If you are a minor or a person with a guardian obtaining health care who is not related to reproductive health, your parent or legal guardian may have the right to access your medical record and make certain decisions regarding the uses and disclosures of your Health Information.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for Health Information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our facility and on our website. The Notice contains the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact : “The Privacy Official at Planned Parenthood of Metropolitan Washington DC, Inc.,” All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of Health Information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose Health Information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your Health Information, if under law we need your permission to do so. You should understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain the records of the care that we provided to you.