

**NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED BY PLANNED PARENTHOOD OF DELAWARE AND HOW TO ACCESS THIS INFORMATION**

**Effective Date of This Notice: August 31, 2013**

**PLEASE REVIEW THIS NOTICE CAREFULLY**

If you have any questions about this notice, please contact Planned Parenthood of Delaware's Privacy Official at 302-655-7297.

**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

We understand that health information about you and your healthcare 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 applies to all of the records generated or received by Planned Parenthood of Delaware, whether we documented the health information, or another doctor forwarded it to us. This Notice will tell you the ways in which we may use or disclose health information about you. This Notice also describes your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

Our pledge regarding your health information is backed-up by Federal law. The privacy and security provisions of the Health Insurance Portability and Accountability Act ("HIPAA") require us to:

- Make sure that health information that identifies you is kept private;
- 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**

The following categories describe different ways that we may 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. However, unless we ask for a separate authorization, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use health information about you to provide you with healthcare 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 healthcare 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 and payment 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 the 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.

**For Healthcare Operations:** We may use and disclose health information about you for operations of our healthcare 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 may also 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 others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study healthcare delivery without learning who our specific patients are.

**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.

**E-mail:** We may include certain health information in e-mails that we send to you if you have signed an e-mail permission form. However, please do not send any e-mails to us, even in response to those we have sent you. Instead, we encourage you to communicate with our health centers by phone or in-person.

**Fundraising Activities:** We may use health information about you to contact you in an effort to raise money for our not-for-profit operations. You have the right to opt out of receiving these communications. Please let us know if you do not want us to contact you for such fundraising efforts.

**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.

**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 only make this disclosure if you agree or when required or authorized by law.

**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 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.

Such releases of information will be made only after efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested.

**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 healthcare; (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

Delaware.” 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 healthcare 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 Delaware.”

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 (accounting) of any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

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 April 14, 2003 [The compliance date of the Privacy Regulation]. 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.

***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. However, we are required to agree to any request by you to restrict

disclosures of protected health information to health insurers if you have fully paid for your health services pertaining to such disclosures using your own money.

**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 view a copy of this Notice in each facility and on our website at **www.ppdel.org**

**Right to Receive Notice of a Breach.** We are required to notify you following a breach of unsecured protected health information. .

### **MINORS AND PERSONS WITH GUARDIANS**

Minors have all the rights outlined in this Notice with respect to health information relating to reproductive healthcare, except in emergency situations or when the law requires reporting of abuse and neglect. If you are a minor or a person with a guardian obtaining healthcare that 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 Delaware.” All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

### **USES OF HEALTH INFORMATION REQUIRING AN AUTHORIZATION**

The following uses and disclosures of health information will be made only with your written permission:

- Uses and disclosures of protected health information for marketing purposes
- Use and disclosures that constitute the sale of your protected health information
- Other uses and disclosures of health information not covered by this Notice or the laws that apply to us.

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 health information about you for the reasons covered by your written authorization. You 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.

Planned Parenthood of Delaware complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Planned Parenthood of

Delaware does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

- Planned Parenthood of Delaware provides free aids and services to people with disabilities to communicate effectively with us such as qualified sign language interpreters and written information in other formats (larger print, audio, accessible electronic formats, or other formats).
- Planned Parenthood of Delaware provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, then please contact Planned Parenthood of Delaware, 302-655-7293.

If you believe that Planned Parenthood of Delaware has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, then you can file a grievance with the Vice President of Operations, 302-655-7296 ext 1044 or fax 302-254-4470. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, then the Vice President of Operations is available to help you. You also can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building, Washington, DC 20201  
1- 800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION:** Language assistance services, free of charge, are available to you. Please contact Planned Parenthood of Delaware, 302-655-7293.

**ATENCION:** Los servicios de asistencia de idiomas, de forma gratuita, están disponibles para usted. Comuníquese con Planned Parenthood of Delaware, 302-655-7293.

**注意:** 語言協助服務, 免費, 為您提供。請聯繫特拉華州計劃生育組織, 302-655-7293。

**ATANSYON:** sevis asistans nan lang, gratis nan chaj, ki disponib pou ou. Tanpri kontakte te planifye Atenite/patenite de a, 302-655-7293.

**Dhyāna:** Bhāṣā sahāya sēvā'ō, ni: Śulka, tamārā māṭē upalabdha chē. Kṛpā karī dēlāvērānā āyōjita pērēṅṭahudānō samparka karō, 302-655-7293.

**ATTENTION:** Des services d'assistance linguistique, gratuits, sont à votre disposition. Veuillez communiquer avec Planned Parenthood of Delaware, 302-655-7293.

**주의:** 언어 지원 서비스는 무료로 제공됩니다. 델라웨어의 계획 된 부모, 302-655-7293에 문의하시기 바랍니다.

**AVVISO:** I servizi di assistenza linguistica sono a vostra disposizione gratuitamente. Si prega di contattare Planned Parenthood of Delaware, 302-655-7293.

**CHÚ Ý:** Dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Xin vui lòng liên hệ với kế hoạch Parenthood của Delaware, 302-655-7293.

**ACHTUNG:** Sprachunterstützungsdienste stehen Ihnen kostenlos zur Verfügung. Bitte wenden Sie sich an Planned Parenthood of Delaware, 302-655-7293.

**makinig :** wika ng tulong , librong bayad , ay magagamit sa iyo . pakiusap na kontakin binalak delaware ng pagiging magulang , 302-655-7293 .

**ध्यान:** भाषा सहायता सेवाओं, नि: शुल्क, आप के लिए उपलब्ध हैं. कृपया डेलावेयर, 302-655-7293 की नियोजित पितृत्व से संपर्क करें।

توجه: زبان امداد کی خدمات ، مفت چارج ، آپ کے لئے دستیاب ہیں۔ برائے مہربانی والدین ، 302-655-7293 کے منصوبہ بندی سے رابطہ کریں۔

تنبیہ: خدمات المساعدة اللغوية، مجاناً، متاحة لك. يرجى الاتصال بتنظيم الأسرة في ديلاوير، 302-655-7293.

అటెస్టేషన్: లాంగ్వేజ్ అసిస్టెన్స్ సర్వీసెస్, ఉచితంగా మీకు అందుబాటులో ఉంటాయి. దయచేసి

డెలావేర్, 302-655-7293.

Opgelet: er zijn gratis taal assistentie diensten beschikbaar. Neem contact op met het **geplande ouderschap van Delaware, 302-655-7293.**

By signing this form, you acknowledge that you have received Planned Parenthood of Delaware's Notice of Privacy Practices (the "Notice"). The Notice describes in detail how we might use or disclose your protected health information. The Notice also discusses your rights and our duties with respect to your protected health information.

\_\_\_\_\_  
Signature of Patient (and person authorized to sign for patient when required)

\_\_\_\_\_  
Date

Relationship to Patient:  self  parent  legal guardian  other \_\_\_\_\_

I witness that the patient received this information, said it was read and understood, and there was an opportunity to ask questions.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Planned Parenthood of Delaware USE ONLY**

I attempted to obtain the patient's signature in acknowledgment of receipt of the Notice, but was unable to do so, as documented below:

Date:	Initials:	Reason: