

HIPAA Privacy Policy

Notice Of Health Information Privacy Practices

Effective April 14, 2003

This Notice describes how health information about you may be used or disclosed by Planned Parenthood of Minnesota, North Dakota, South Dakota (PPMNS) and how to access this information. It applies to all records generated or received by PPMNS, whether we documented the health information, or another provider forwarded it to us.

PLEASE REVIEW THIS NOTICE CAREFULLY

Planned Parenthood's Pledge to You

PPMNS creates a record of your healthcare and the services you receive from us. We do so to provide you with quality care and to comply with legal or regulatory requirements. We are committed to the highest standards of security and confidentiality in protecting your health information.

PPMNS requires all of its employees, volunteers, vendors and business associates to adhere to our privacy policies and procedures.

How We May Use And Disclose Health Information About You

PPMNS uses your health information in different ways as we provide you with healthcare services, conduct our business operations and obtain reimbursement for our services. Unless otherwise noted each of the following uses and disclosures may be made without your permission.

For Treatment: PPMNS is allowed by law to use health information about you to provide you with healthcare treatment and services. We may disclose health information about you to doctors, nurses, technicians, student interns, volunteers or other personnel who are involved in your care. We may also release health information about you with your written permission to others involved in your care, including hospitals if you are hospitalized under our supervision, or 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. Because PPMNS strives for the highest standards in protecting your health information, in certain circumstances, we may ask you to sign an authorization to release your health information, even though we are not required to do so by law.

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 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 or state Medicaid agency information about your office visit to obtain reimbursement for your visit or to determine whether your plan will cover the treatment.

For Healthcare Operations: We may use and disclose health information about you for the operation of our healthcare practice. For example, we may use health information to make sure that our patients receive quality care, 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 make improvements in our healthcare delivery system and 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.

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, if you served in the military in another country, or if you 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.

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.

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;
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.

Family and Friends: With your express permission, we may release certain information about you to family or friends. For example, if you want someone else to pick up your pills for you, you can call the clinic, provide the requested information, and give notice of who will be picking up your pills.

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.

Research: There may be situations when we want to use and disclose health information about you for research purposes (for example, comparing the effectiveness of different medications). For any research project that uses your health information, we will either obtain an authorization from you 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 your health information.

Your Rights

You have the following rights regarding health information we maintain about you:

Right to Access: You have the right to inspect and copy, by written request, your personal health information. We may deny your request to inspect and copy in certain very limited circumstances (for example, if you are participating in a research study).

Right to Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us, in writing, to amend the information. You have the right to request an amendment for as long as we keep the information.

We may deny your request for an amendment 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.

Right to an Accounting of Disclosures: You have the right to request an accounting of any disclosures of your health information we have made, except for:

Uses and disclosures for treatment, payment, and health care operations
Or disclosures that you or your personal representative authorized

Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003

Right to Receive Notice of a Breach: We are required to notify you of breaches of your unsecured protected health information. We will notify you of a breach by either first class mail or, if you have told us you want to receive information by e-mail, we will notify you by e-mail. If we do not have current contact information for you, we may notify you of a breach on our website. Under certain circumstances, we will also notify prominent media outlets of breaches.

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.

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. 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 www.ppmns.org.

Revoke 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 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.

Minors And Persons With Guardians:

PPMNS uses and discloses health information of our minor patients in compliance with the HIPAA privacy regulations and state law. When state law mandates certain uses or disclosures, or is more restrictive of our patients' privacy rights, we will abide by the state law.

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.

If You Believe Your Privacy Rights Have Been Violated:

If you believe we have violated your privacy rights, please contact:

Planned Parenthood of Minnesota, North Dakota, South Dakota
Privacy Officer
1965 Ford Parkway, St. Paul, MN 55116.

All complaints must be submitted in writing.

You may also file a complaint with the Secretary of the Department of Health and Human Services, Washington, D.C. **You will not be penalized for filing a complaint.**