

**NOTICE OF PRIVACY PRACTICES FOR TELEMEDICINE**

**This Notice of Privacy Practices for Telemedicine (the “Notice”) describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this Notice carefully.**

Effective date of this Notice: October 1, 2018.

This Notice governs information collected, used, shared, and maintained by Planned Parenthood of Greater Texas (“PPGT,” “we,” “us,” or “our”) in connection with your use of the Planned Parenthood Direct mobile application (the “App”).

Please note that this Notice, which relates to your use of the App, is different from the Notice of Privacy Practices that governs any care you receive in a Planned Parenthood health center.

If you have any questions about this Notice or your privacy while using the App, please contact PPGT’s Privacy Official at 512-276-8077 or [Privacy.Officer@ppgt.org](mailto:Privacy.Officer@ppgt.org).

**I. OUR PLEDGE REGARDING YOUR PERSONAL 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 health information about you generated or received by PPGT related to your use of the App, including: (1) information you provide to us through the App, such as your name, contact information, and medical history; (2) information the App collects automatically, such as your location and device identifier; (3) health information about you that we create in providing you with healthcare; and (4) health information about you that we receive from other health care providers (your “Personal Health Information”). This Notice tells you the ways in which we may use or disclose your Personal Health Information . This Notice also describes your rights to your Personal Health Information, and describes certain obligations we have regarding the use and disclosure of your Personal Health Information.

Our pledge regarding your Personal Health Information is backed-up by Federal law. Federal privacy law, including the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act of 2009 (together with their implementing regulations, and as amended from time to time, “HIPAA”) requires us to:

- Maintain the privacy of your Personal Health Information, consistent with our obligations under HIPAA;
- Inform you of our privacy practices with respect to your Personal Health Information by providing you with this Notice; and
- Follow the terms of this Notice.

**II. RISK OF USING ELECTRONIC COMMUNICATIONS AND RISK OF PLANNED PARENTHOOD STORING YOUR PERSONAL HEALTH INFORMATION ELECTRONICALLY**

We use administrative, technical and physical safeguards to protect the security of Personal Health Information that is transmitted through the App. Some of the Personal Health Information we store is held on servers that may be located outside of Texas but still within the continental United States of America.

Despite the administrative, technical and physical safeguards we use, there is a risk that the safeguards will not be sufficient. This means that there is a risk that unauthorized parties may read electronic communications that we send you and you send us and that unauthorized parties may gain access to your Personal Health Information that we store electronically. The fact that we store your information on multiple electronic systems increases this risk. By using the App, you agree that you have read this paragraph and accept this risk.

We also take safeguards to make sure that any photo consent you upload through the App is only accessible through the App and is not visible elsewhere on your mobile telephone. Despite the safeguards we take, there is a risk that any photo consent you upload through the App may be accessible elsewhere on your mobile telephone and visible to anyone who accesses your phone. If you back up data from your phone to your computer or another device, your Personal Health Information may be backed up and stored on your computer or other device.

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### III. HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION

Each of the broad categories below includes examples of the specific ways in which we may use or disclose your Personal Health Information. These uses and disclosures may be made without your permission.

**A. Treatment.** We may use your Personal Health Information to provide you with healthcare treatment and services. We may disclose your Personal Health Information to other Planned Parenthood affiliate healthcare providers, 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 ever had a blood clot because a history of blood clots will affect which birth control method the doctor recommends. We may provide that information to a physician treating you at another institution.

We share your Personal Health Information with a pharmacy provider if you ask us to send a prescription to a pharmacy. When applicable and feasible, pharmacy databases used for the services provided through the App may share your prescription information with healthcare providers providing care and treatment to you through the App.

**B. Payment.** We may use and disclose your Personal Health Information for purposes related to collecting payment for the treatment and services we provide to you through the App. For example, we will need to share the credit or debit card details you provide with our bank and payment processor. Or, if you pay using a debit or credit card for which you are not the primary cardholder, we may share with the primary cardholder that "PP Direct" on the bank statement is for a Planned Parenthood Direct charge.

**C. Healthcare operations.** We may use and disclose your Personal Health Information 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 your Personal Health Information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine the Personal 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.

We disclose your Personal Health Information to Kaleido Health Solutions, the provider of the App. Kaleido Health Solutions provides a range of technical, operational and administrative services to PPGT to enable PPGT to provide you with healthcare through the App.

Kaleido Health Solutions works with various information technology subcontractors with whom it needs to disclose your Personal Health Information to provide you with services related to the App. Kaleido Health Solutions is required by law to enter into agreements with these technical subcontractors to ensure that subcontractors take appropriate steps to protect your information. Some of these subcontractors are located outside Texas.

We may also share your Personal Health Information with a third-party mail order pharmacy, which will be responsible for packaging and mailing your medicine to you, if you are prescribed medicine through your use of the App. This mail order pharmacy may be located outside the state of Texas, but will be within the United States of America.

If we are sending you medicine, we share your name and shipping address with the United States Postal Service when we purchase postage and print your shipping address label.

**D. Communications.** When you register on the App, you can choose to provide an email address. If you choose to provide an email address, you are agreeing to allow us to send you emails. These emails may include notifications, refill reminders, alternative treatment options, or other products or services we provide that we think may be of interest to you. It will be clear to anyone who sees the emails we send you that the emails come from Planned Parenthood. Anyone who gets or has access to an email we send you can read, forward, copy, delete or change it. This includes people who have your permission to read your emails and those who access your email account without your permission.

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When you register on the App, you can also choose to provide a telephone number. If you choose to provide a telephone number, we may call you, leave your voicemails, and send you text messages via this telephone number. By giving us your telephone number you are agreeing to receive these communications on the number you provide. It will be clear to anyone who has access to your telephone, voicemail, or text messages that messages we send you come from Planned Parenthood.

- E. Fundraising activities.** We may use your Personal Health Information 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 by contacting us at [development@ppgt.org](mailto:development@ppgt.org).
- F. Research.** We may use and disclose your Personal Health Information 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 Personal 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 Personal Health Information.
- G. As required by law.** We will use and disclose your Personal Health Information when required to do so by federal, state, or local law.
- H. To avert a serious threat to health or safety.** We may use and disclose your Personal Health Information 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.
- I. Military.** If you are a member of the armed forces, we may disclose your Personal Health Information as required by military command authorities as may be applicable. We may also release Personal Health Information about foreign military personnel to the appropriate foreign military authorities.
- J. Workers' compensation.** We may release your Personal Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- K. Public health risks.** We may disclose your Personal Health Information for public health activities. These activities generally include the following:
  - 1. To prevent or control disease, injury or disability;
  - 2. To report births and deaths;
  - 3. To report child abuse or neglect;
  - 4. To report reactions to medications or problems with products;
  - 5. To notify people of recalls of products they may be using;
  - 6. 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;
  - 7. 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.
- L. Health oversight activities.** We may disclose your Personal 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.
- M. Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may disclose your Personal Health Information in response to an order issued by a court or administrative tribunal. We may also disclose your Personal Health Information 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.
- N. Law enforcement.** We may release your Personal Health Information if asked to do so by a law enforcement official:
  - 1. In response to a court order, subpoena, warrant, summons or similar process;
  - 2. To identify or locate a suspect, fugitive, material witness, or missing person;
  - 3. If you are the victim of a crime and we are unable to obtain your consent;
  - 4. About a death we believe may be the result of criminal conduct;

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5. In an instance of criminal conduct at our facility; and
6. 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.

- O. Coroners, health examiners and funeral directors.** We may disclose your Personal 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 Personal Health Information about patients to funeral directors as necessary to carry out their duties.
- P. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your Personal 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.

#### IV. USES OF PERSONAL HEALTH INFORMATION REQUIRING AN AUTHORIZATION

The following uses and disclosures of your Personal Health Information will be made only with your written permission:

- Uses and disclosures of your Personal Health Information for certain marketing purposes; and
- Other uses and disclosures of your Personal Health Information not covered by this Notice or the laws that apply to us.

We do not use or disclose your Personal Health Information in any way that would constitute the “sale” of your information under HIPAA.

If you authorize us to use or disclose your Personal Health Information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your Personal 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.

#### V. YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

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

- A. Right to inspect and copy.** You have certain rights to inspect and copy Personal 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 Personal Health Information that may be used to make decisions about you, you must submit your request in writing using our Personal Health Information request form [<https://www.plannedparenthood.org/planned-parenthood-greater-texas/patient-resources/online-forms>]. If you request a copy of your Personal 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 your Personal Health Information in certain, very limited circumstances. If you are denied access to your Personal 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.

- B. Right to amend.** If you feel that the Personal 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 maintain your Personal Health Information. To request an amendment, your request must be made in writing using our Personal Health Information amendment form, this form may be obtained by sending a request to [Privacy.Officer@ppgt.org](mailto:Privacy.Officer@ppgt.org). After you have completed the form, please email it to [Privacy.Officer@ppgt.org](mailto:Privacy.Officer@ppgt.org).

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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:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the Personal Health Information kept by or for our practice;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. 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.

- C. Right to an accounting of disclosures.** You have the right to request a list (accounting) of any disclosures of your Personal 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, this form may be obtained by sending a request to [Privacy.Officer@ppgt.org](mailto:Privacy.Officer@ppgt.org). Your request may cover any period of time in the last 6 years. 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.

- D. Right to request restrictions.** You have the right to request a restriction or limitation on our use or disclosure of your Personal Health Information for treatment, payment, or healthcare operations. You also have the right to request a limit on our disclosure of your Personal Health Information to someone who is involved in your care or the payment for your care. For example, you could ask that access to your Personal Health Information be denied to a particular member of our workforce who is known to you personally. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our operations with your health insurer, and we must agree to that request, unless a law otherwise requires us to share that information.

**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, this form may be obtained by sending a request to [Privacy.Officer@ppgt.org](mailto:Privacy.Officer@ppgt.org). 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 your Personal Health Information to health insurers if you have fully paid for your health services pertaining to such disclosures using your own money.

- E. 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 the registration process on the App, we will ask you how you wish to receive communications about your healthcare or for any other instructions on notifying you about your Personal Health Information. We will accommodate all reasonable requests.
- F. Right to a paper copy of this notice.** You have the right to obtain a paper copy of this Notice at any time by sending a request to [Privacy.Officer@ppgt.org](mailto:Privacy.Officer@ppgt.org). You may also obtain a copy of this Notice at our website [www.PPGreaterTX.org](http://www.PPGreaterTX.org).
- G. Right to receive notice of a breach.** We are required by law to notify you following a breach of unsecured Personal Health Information.

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### VI. CHANGES TO THIS NOTICE

We reserve the right to revise this Notice from time to time for any reason. We reserve the right to make the revised Notice effective for Personal Health Information we already have about you as well as any information we receive in the future. We will post a copy of the revised Notice on the App and on our website [www.PPGreaterTX.org](http://www.PPGreaterTX.org). The Notice contains the effective date on the first page. Continued use of the App after the effective date of an update to this Notice constitutes acceptance of the updated Notice.

### VII. GOVERNING LAW

This Notice is governed by the laws of the state of Texas, regardless of your location. You hereby consent to the exclusive jurisdiction and the venue of the state and federal courts in Texas to resolve any and all disputes arising out of or relating to this Notice and to your use of the App.

### VIII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Privacy Official at PPGT by using the mailing address below. All complaints must be submitted in writing. You may also file a complaint with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

- A. To file a complaint with PPGT, please contact:  
Privacy Official at Planned Parenthood of Greater Texas  
201-B E. Ben White Boulevard  
Austin, Texas 78704