

Because of the sensitive nature of the care we provide, Planned Parenthood goes beyond the requirements of the law in protecting your privacy in many ways. Unless we have your permission:

- We will not give any family member or friend information about your care with us.
- We will not tell them that you are now or were ever a patient in the past.
- We will not give them information about any current or future appointment dates and times.
- If someone comes asking for you while you are in the clinic, we will not tell them you are here without checking with you first.
- If a friend or family member accompanies you on your visit, we will always speak with you in private first – so that you have the opportunity to freely discuss any confidential issues you may have.
- We will not dispense supplies or prescriptions to anyone you have not previously authorized.

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 required by law, we will only disclose the minimum amount of information necessary to accomplish the purpose of the request or disclosure.

Use and Disclosures Requiring a Consent. Except where we must disclose health information about you because it is necessary to provide services to you or is required by law, we will always obtain your written consent.

For Treatment. We may use health information about you to provide you with healthcare treatment and services. For example, our medical staff may review your chart in order to provide you with care. We may use your health information in order to write a prescription for you, or we might disclose your health information to a pharmacy when we order a prescription for you.

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.

For Healthcare Operations. We may use and disclose health information about you for operations of our healthcare practices. 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.

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.

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 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. **You have the right to refuse participation in any medical research.** **As Required By Law.** We will use and disclose health information about you when required to do so by federal, state, or local law. **As Authorized By Law.** We may also use and disclose health information about you without your written authorization when the use or disclosure, while not required by law, is authorized by federal, state, or local law, and falls into one of the categories listed below:

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 would only be to someone able to help prevent the threat.

Military and Veterans. We may disclose health information about you if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

Workers' Compensation. We may disclose health information about you for your workers' compensation or similar programs.

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 abortions, births and deaths;
- 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; we are required to report the names of any patients who test positive for chlamydia, gonorrhea, syphilis, or HIV
- To notify the appropriate government authority if we believe a patient or someone in the patient's household has been the victim of abuse, neglect, or domestic violence. New York law requires us to report any instance of abuse or neglect of a minor child. We are not required to report domestic violence unless there is a minor child in the home who may suffer physical, emotional, or mental harm from the situation.

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.

Lawsuits and Disputes. If you are involved in a civil lawsuit or dispute, we will not disclose health information about you without your written consent, unless we receive a court-ordered subpoena. Even with a court-ordered subpoena, we will only disclose health information about you after efforts have been made to tell you about the request and you have had time to obtain an order protecting the information requested.

Law Enforcement. We may disclose 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;
- 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 disclosures 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 disclose health information to a coroner or health examiner, for example, to identify a deceased person or determine the cause of death. We may also disclose health information about patients to funeral directors as necessary to carry out their duties.

Inmates. If you are an inmate of a correction institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official. This disclosure 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.

Other Restrictions on Use or Disclosure

We will not use or disclose your health information in any way that is restricted or prohibited by law. For example:

Minors and Persons with Guardians. Minors over twelve years old have the right to receive **reproductive health care without parental consent or knowledge.** This includes birth control exams, and supplies, pregnancy testing diagnosis and treatment of sexually transmitted infections, and abortion. We will not disclose any information to your parent or guardian without your consent.

For all other types of healthcare, your parents or guardian may have the right to access your medical record and to make certain decisions regarding the uses and disclosures of your health information.

Health Information Relating to Certain Diseases. Unless specifically required or authorized by law, we will not disclose your health information relating to conditions such as HIV disease and substance abuse without your authorization.

Psychotherapy Notes. Except for use by the originator of psychotherapy notes for treatment, training purposes, or to defend ourselves in a legal action brought by you, we will not disclose psychotherapy notes without your authorization.

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 making only with your written authorization.

Your Rights Regarding Health Information About You

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

Right to Inspect & Copy. You have the right to inspect and copy your own health information, including your medical chart and billing records. In order to protect your privacy, you need to submit your request for a copy of your record in writing, preferably on a form provided by us. If you would like to read your chart, you can either do so at the time of your visit or call us to set up a convenient time. 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.

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. We prefer that you make this request in writing on a form provided by us. We may deny your request in certain limited circumstances.

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 without your written authorization, except for uses and disclosure for treatment, payment, and health care operations, as previously described. To request a 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 (6) years and may not include dates before April 14th, 2003.

Right to Request Restrictions. You have the right to request a restriction or limitation on how your health information is used or disclosed. 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 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 the law or we believe it will negatively impact the care we may provide you. 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 care 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 healthcare or for any other instructions on notifying you about your healthcare 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: www.ppsfl.org.

Right to Receive Notice of a Breach. We are required to notify you following a breach of unsecured protected health information, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery, if known;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.

We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and to maintain a written log of breaches involving less than 500 patients.

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 Office for Civil Rights at 212-264-3313. To file a complaint with us, contact: "The Privacy Officer at Planned Parenthood of the Southern Finger Lakes." All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Revocation of Consent or Authorization.

If you provide us authorization to use or disclose health information about you, you may revoke that consent or authorization, in writing, at any time. If you revoke your consent or authorization, 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 disclosure we have already made with your permission, and that we are required to retain the records of the care that we provided you.

Uses of Health Information Requiring An Authorization

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.



Planned Parenthood of the Southern Finger Lakes

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

This notice describes how Health Information about you may be used or disclosed by

PLANNED PARENTHOOD OF THE SOUTHERN FINGER LAKES, INC.

and how to access this information

EFFECTIVE DATE OF THIS NOTICE:
September 23, 2013

PLEASE REVIEW THIS NOTICE CAREFULLY

If you have any questions about this notice please contact Planned Parenthood of the Southern Finger Lakes' Privacy Officer at (607) 273-1526 ext. 2324.

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. This Notice applies to all of the records generated and received by Planned Parenthood of the Southern Finger Lakes, whether we documented the health information, or another doctor forwarded it to us.

Federal Law backs up our pledge regarding your health information. The privacy and security provision of the Health Insurance Portability and Accountability Act ("HIPAA") requires 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