

**Attachment B**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED BY PLANNED PARENTHOOD KEYSTONE AND HOW TO ACCESS THIS INFORMATION. *PLEASE REVIEW IT CAREFULLY.***

**Effective Date of This Notice: April 26, 2023**

**PLEASE REVIEW THIS NOTICE CAREFULLY**

If you have any questions about this notice, please contact Planned Parenthood Keystone's Privacy Officer at 610-709-6072.

**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

Planned Parenthood Keystone understands 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 applies to all of the records generated or received by Planned Parenthood Keystone, whether we documented the health information, or another doctor forwarded it to us. This Notice also applies to the physicians, licensed professionals, employees, volunteers, and trainees seeing and treating patients at Planned Parenthood Keystone. 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 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 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 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 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 health care 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.

**To Persons Involved in Your Care.** If you do not object, we may, based on our professional judgment, disclose your PHI to a family member or other person if they are involved in your care or paying for your care. Similarly, we may also disclose limited PHI to an entity authorized to assist in disaster relief efforts for the purpose of coordinating notification to someone responsible for your care of your general condition or location. ***However, we will not disclose HIV/AIDS related information to family members or other persons involved in your care (who are not your health care providers) without your written consent.***

**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.** If you are a member of the armed forces, we may release health information about you as required by military command authorities 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 cases of HIV or AIDS;
- 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 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.

**Business Associates.** At times, we need to disclose your PHI to persons or organizations outside of Planned Parenthood Keystone who assist us with our payment, billing activities, and health care operations. We require these Business Associates and their Subcontractors to appropriately safeguard your PHI.

\*\*\*

The confidentiality of substance use disorder, mental health treatment, and HIV-related information maintained by us is specifically protected by state and/or federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in other limited, regulated circumstances.

We will not disclose any HIV-related information about you, except in situations where you have provided us with a written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.

## **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 Officer at Planned Parenthood Keystone.” If you request a copy of your health information, we may charge a reasonable 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 Officer at Planned Parenthood Keystone.”

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. An accounting will include disclosures made in the six (6) years prior to the date of a request. The first list of disclosures you request within a twelve (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 thirty (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 sixty (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 obtain a copy of this Notice at our website: [ppkeystone.org](http://ppkeystone.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 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 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 of the consent requirement, 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 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. If a pregnant person is less than eighteen (18) years of age and not emancipated, or if the pregnant person has been adjudged an incapacitated person under 20 Pa.C.S. § 5511 (relating to petition and hearing; independent evaluation), a physician shall not perform an abortion upon the patient unless, in the case of a person who is less than eighteen (18) years of age, the person first obtains the informed consent both of the pregnant person and a parent of the pregnant person; or, in the case of a person who is incapacitated, the person first obtains the informed consent of the person's guardian.

### **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 United States Secretary of the Department of Health and Human Services. To file a complaint with us, contact: "The Privacy Officer at Planned Parenthood Keystone." All complaints must be submitted in writing to 610 Louis Dr. Suite 300 Warminster, PA 18974. You will not be penalized for filing a complaint.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C.

A complaint must be made in writing and will not in any way affect the quality of care we provide you.

### **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.