

RM-2003 Notice of Health Information Privacy Practices
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Planned Parenthood Southeast, Inc. – 404.688.9300

Purpose: This notice describes how health information about you may be used or disclosed by Planned Parenthood Southeast, Inc. (PPSE) and how to access this information.

Effective Date of this Notice: 4/25/2023

Please Review This Notice Carefully: If you have any questions about this Notice, please contact PPSE's Privacy Officer, Jessica Homier, at privacyofficer@ppse.org or PPSE Administration Office, 241 Peachtree St. NE, Suite 400, Atlanta GA, 30303.

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 create a record of the care and services you receive from us. We do so in order to provide you with quality care and to comply with legal and regulatory requirements.

This notice applies to all of the records generated or received by PPSE, whether we documented the health information or another health care provider 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 describes certain obligations we have regarding the use and disclosure of your health information.

Our pledge regarding your health information is backed by federal and state law. The privacy and security provisions of the federal Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) require us to:

- Make sure that health information that identifies you is kept private
- Provide to you this notice of our legal duties and privacy practices with respect to health information about you
- Follow the terms of the notice that is currently in effect
- Notify you following a breach of your unsecured protected health information

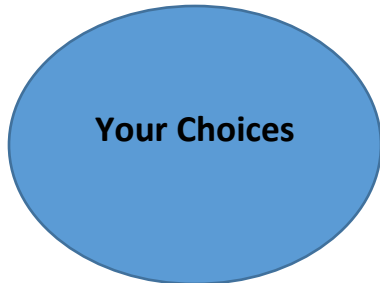
Your Information. Your Rights. Our Responsibilities



You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

You have some choices in the way that we use and share information as we:



- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

We may use and share your information as we:



- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address worker's compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights: When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record**
 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record**
 - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Request confidential communications**
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- **Ask us to limit what we use or share**
 - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information**
 - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice** - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you**
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated**
 - You can complain if you feel we have violated your rights by contacting us using the information on page 1.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.

Your Choices: For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to:
 - Share information with your family, close friends, or others involved in your care
 - Share information in a disaster relief situation
 - Include your information in a hospital directory

** If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes
- In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures:

How do we typically use or share your health information? We typically use or share your health information in the following ways:

- **Treat you** - We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

- **Run our organization** - We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

- **Bill for your services** - We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Help with public health and safety issues** - We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety
- **Do research** - We can use or share your information for health research
- **Comply with the law** - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- **Respond to organ and tissue donation requests** - We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director** - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers’ compensation, law enforcement, and other government requests** - We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions** - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

* For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and electronically.

Additional State Laws and Regulations:

- **Alabama** – applicable to staff and patients of our Alabama Health Centers
 - **How does the state define protected health information?** – State administrative code adopts HIPAA in its entirety, including definition of PHI.
 - **How does the state define a covered entity (i.e. who is subject to the disclosure laws)?** – None beyond HIPAA.
 - **What additional security obligations exist (beyond HIPAA) for PHI?** - [AL Code § 22-11A-22 \(2022\)](#) – **Medical records of persons infected with sexually transmitted diseases confidential; penalty for release:** All information, reports and medical records concerning persons infected with sexually transmitted diseases designated by the State Board of Health shall be confidential and shall not be subject to public inspection or admission into evidence in any court except commitment proceedings brought under this article. Individual medical records may be released on the written consent of the patient. Anyone violating the provisions of this section shall be guilty of a Class C misdemeanor.
 - **What rules are there governing business associates?** – None beyond HIPAA
 - **What constitutes a breach or unlawful disclosure?** – The unauthorized acquisition of data in electronic form containing sensitive personally identify information (including health records).
 - **What safe harbors or exceptions exist (e.g., close family, death, etc.)?** – None beyond HIPAA.
 - **What form may an authorization for disclosure take (e.g. written, verbal, duration)?**- None beyond HIPAA.
 - **What are the reporting and remediation requirements in the event of a breach / unlawful exposure?** - [AL Code § 8-38-5 \(2022\)](#) – Notice to individuals under subsection (a) shall be made as expeditiously as possible and without unreasonable delay, taking into account the

time necessary to allow the covered entity to conduct an investigation in accordance with Section 8-38-4. Except as provided in subsection (c), the covered entity shall provide notice within 45 days of the covered entity's receipt of notice from a third-party agent that a breach has occurred or upon the covered entity's determination that a breach has occurred and is reasonably likely to cause substantial harm to the individuals to whom the information relates.

- **What penalties exist for failure to report an unlawful exposure?** – Penalties of up to \$5000 per day for violation of notification provisions. Alabama Supreme Court recognizes tort claims of invasion of privacy for unlawful disclosure of medical records.
- **What rules are there for responding to subpoenas?** – Subpoena must be HIPAA-compliant before response authorization.

- **Georgia** – applicable to staff and patients of our Georgia Health Centers
 - **How does the state define protected health information?** – [GA Code § 31-33-1 \(2021\)](#) – “Record” means a patient’s health record, including, but not limited to, evaluations, diagnoses, prognoses, laboratory reports, X-rays, prescriptions, and other technical information used in assessing the patient’s condition, or the pertinent portion of the record relating to a specific condition or a summary of the record.
 - **How does the state define a covered entity (i.e. who is subject to the disclosure laws)?** – [GA Code § 31-33-1 \(2021\)](#) – “Provider” means all hospitals, including public, private, osteopathic, and tuberculosis hospitals; or other special care units, including podiatric facilities, skilled nursing facilities, and kidney disease treatment centers, including freestanding hemodialysis units; intermediate care facilities; ambulatory, surgical, or obstetrical facilities; health maintenance organizations; and home health agencies. It shall also mean any person licensed to practice under Chapter 9, 11, 26, 34, 35, or 39 of Title 43.
 - **What additional security obligations exist (beyond HIPAA) for PHI?** - [GA Code § 31-33-2 \(2021\)](#) – A provider having custody and control of any evaluation, diagnosis, prognosis, laboratory report, or biopsy slide in a patient’s records shall retain such item for a period of not less than ten years from the date such item was created.
 - **What rules are there governing business associates?** – None beyond HIPAA
 - **What constitutes a breach or unlawful disclosure?** – State data breach law does not include health information. State recognizes tort claims for unlawful disclosure of health information.
 - **What safe harbors or exceptions exist (e.g., close family, death, etc.)?** –
 - [GA Code § 31-33-5 \(2021\)](#) – Any provider releasing information in good faith pursuant to the provisions of this chapter shall not be civilly or criminally liable to the patient, guardian, parent, or any other person for such release
 - [GA Code § 31-33-2 \(2021\)](#) – Upon written request from the patient or a person authorized to have access to the patient’s record under an advance directive for health care or a durable power of attorney for health care for such patient, the provider having custody and control of the patient’s records shall furnish a complete and current copy of that record, in accordance with the provisions of

the Code section. If the patient is deceased, such request may be made by the following persons:

- The executor, administrator, or temporary administrator for the decedent's estate if such person has been appointed;
 - If an executor, administrator, or temporary administrator for the decedent's estate has not been appointed by the surviving spouse;
 - If there is no surviving spouse, by any surviving child; and
 - If there is no surviving child, by any parent.
- **What form may an authorization for disclosure take (e.g. written, verbal, duration)?**- [GA Code § 31-33-2 \(2021\)](#) – A provider shall not be required to release records in accordance with this Code section unless and until the requesting person has furnished the provider with a signed, written authorization indicating that he or she is authorized to have access to the patient's records by paragraph (2) or subsection (a) of this Code section. Any provider shall be justified in relying upon such written authorization.
 - **What are the reporting and remediation requirements in the event of a breach / unlawful exposure?** – None beyond HIPAA.
 - **What penalties exist for failure to report an unlawful exposure?** – None beyond HIPAA.
 - **What rules are there for responding to subpoenas?** – None beyond HIPAA
- **Mississippi** – applicable to staff and patients of our Mississippi Health Centers
 - **How does the state define protected health information?** –
 - [MS Code of Rules 19-1-28.04](#) – “Health information” means any information or data except age or gender, whether oral or recorded in any form or medium, created by or derived from a health care provider or the consumer that relates to:
 - The past, present, or future physical, mental or behavioral health or condition of an individual;
 - The provision of health care to an individual; or
 - Payment for the provision of health care to an individual
 - **How does the state define a covered entity (i.e. who is subject to the disclosure laws)?** – [MS Code § 13-1-21 \(2020\)](#) –
 - All communications made to a physician, osteopath, dentist, hospital, nurse, pharmacist, podiatrist, optometrist, or chiropractor by a patient under his charge or by one seeking professional advice are hereby declared to be privileged, and such party shall not be required to disclose the same in any legal proceeding except at the instance of the patient or, in the case of the death of the patient, at the instance of his personal representative or legal heirs in case there be no personal representative, or except, if the validity of the will of the decedent is in question, at the instance of the personal representative or any of the legal heirs or any contestant or proponent of the will
 - Waiver of the medical privilege of patients regarding the release of medical information to health care personnel, the State Board of Health or local health

departments, made to comply with Sections 41-3-15, 41-23-1 and 41-23-2 and related rules, shall be implied. The medical privilege likewise shall be waived to allow any physician, osteopath, dentist, hospital, nurse, pharmacist, podiatrist, optometrist or chiropractor to report to the State Department of Health necessary information regarding any person afflicted with any communicable disease or infected with the causative agent thereof who neglects or refuses to comply with accepted protective measures to prevent the transmission of the communicable disease.

- **What additional security obligations exist (beyond HIPAA) for PHI?** – None beyond HIPAA
- **What rules are there governing business associates?** – None beyond HIPAA
- **What constitutes a breach or unlawful disclosure?** – No stat-specific statute governing breach or unlawful disclosure of PHI beyond federal protections and tort law.
- **What safe harbors or exceptions exist (e.g., close family, death, etc.)? – exceptions may exist in the following scenarios / situations:**
 - 19 Miss. Admin. Code Pt. 1, R. § 28.17(B) – Insurance Functions
 - Miss. Code Ann. §§ 73- 30-17, 41-21-97 – Disclosure necessary to prevent crime, violence, or suicide
 - Miss. Code Ann. § 83- 41-355 – Litigation between person and HMO
 - Miss. Code Ann. § 41-21-97 – Court order
 - Miss. Code Ann. § 41-21-97 – Necessary for continued treatment of patient
 - Miss. Code Ann. § 41-21-97 – Necessary for benefits determination
- **What form may an authorization for disclosure take (e.g. written, verbal, duration)?- [MS Code of Rules 19-1-28.18](#) –**
 - A valid authorization to disclose nonpublic personal health information pursuant to this Article V shall be in written or electronic form and shall contain all of the following:
 - The identity of the consumer or customer who is the subject of the nonpublic personal health information;
 - A general description of the types of nonpublic personal health information to be disclosed;
 - General descriptions of the parties to whom the licensee discloses nonpublic personal health information, the purpose of the disclosure and how the information will be used;
 - The signature of the consumer or customer who is the subject of the nonpublic personal health information or the individual who is legally empowered to grant authority and the date signed; and
 - Notice of the length of time for which the authorization is valid and that the consumer or customer may revoke the authorization at any time and the procedure for making a revocation.
- **What are the reporting and remediation requirements in the event of a breach / unlawful exposure?** – None beyond HIPAA.
- **What penalties exist for failure to report an unlawful exposure?** – None beyond HIPAA.

- **What rules are there for responding to subpoenas?** – None beyond HIPAA

Other Instructions:

- Effective Date of this Notice: 4/25/2023
- Planned Parenthood Southeast, Inc. Privacy Officer – Jessica Homier; privacyofficer@ppse.org; 404-688-9300; PPSE Administration Office, 241 Peachtree St. NE, Suite 400, Atlanta GA, 30303