

**NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES****THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED BY PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST (PPCCC) AND HOW TO ACCESS THIS INFORMATION****PLEASE REVIEW THIS NOTICE CAREFULLY**

**Effective Date Of This Notice: September 23, 2013**

If you have any questions about this notice, please contact PPCCC's Privacy Official at 805-963-2445 or [privacyofficer@ppcentralcoast.org](mailto:privacyofficer@ppcentralcoast.org).

**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 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 California Central Coast whether we documented the health information, or another doctor 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 supported by Federal and California state 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;
- Follow the terms of the notice that is currently in effect; and
- Notify you after a breach of your unsecured protected health information.

## **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 healthcare 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 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 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 government program such as Medi-Cal or Medicare 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 Medi-Cal 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 Healthcare Operations:** We may use and disclose health information about you 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 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 healthcare delivery without learning who our specific patients are.

**Special Protections for Minors:** In California, there are certain circumstances where minors are given special protections from disclosure of their medical information. If you are a minor, you must provide us with written authorization to disclose information in certain circumstances. For example, in most cases, we may not provide information to your parents or guardians without your signed written authorization when the case involves pregnancy, contraception, abortion, contagious or sexually transmitted diseases, AIDS/HIV, mental health care and drug and alcohol abuse treatment.

**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. If you give us verbal permission, we can also text you appointment reminders. You can opt out of this service at any time.

**Patient Surveys:** We may use and disclose health information to contact you and ask that you complete a survey on your experience with PPCCC. You may choose not to complete it or request to opt out of receiving surveys.

**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, in-person or via the patient portal.

**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.

**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.

**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 or 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 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 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 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.

**Special Categories of Information.** In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information, e.g. test results for HIV, treatment for mental health conditions or

alcohol and drug abuse. Government health benefit programs, such as Medi-Cal may also limit the disclosure of beneficial information for purposes unrelated to the program.

### **USES OF HEALTH INFORMATION REQUIRING AN AUTHORIZATION**

The following uses and disclosures of health information will be made only with your written permission:

- Use and disclosures of protected health information for marketing purposes;
- Use and disclosures that constitute 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.

### **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 Official at Planned Parenthood California Central Coast." If you request a copy of your health information, we may charge a fee for the costs of locating, copying, mailing or other supplies and services associated with your request. Under California law, you may review your health information within five business days of our receiving your request. If you request a copy of your health information, we must furnish the copy within 15 days of receiving the request.

**Limits on Information:** We may deny your request to inspect and copy in certain very limited circumstances. For example, if we believe supplying you with certain information could lead to physical harm to you or someone else, we may withhold that information. If you are denied access to health information, you may in certain instances appeal that denial. 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.

**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 Official at Planned Parenthood California Central Coast."

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. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003 [The compliance date of the Privacy Regulation]. 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.

**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: <https://www.plannedparenthood.org/planned-parenthood-california-central-coast/patient-resources/notice-privacy-practices>

**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**

PPCCC complies with California's Minor Consent Laws in its service delivery in California. Unless a specific exception applies, a minor's guardian or parent must consent to medical care. The exceptions include those described below, which are specifically related to PPCCC's scope of service.

- A minor of any age may consent to medical care related to the prevention or treatment of pregnancy, except sterilization (CA Family Code 6925). The health care provider is not permitted to inform the minor's parent or legal guardian (CA Health & Safety Code 123115 (a)).
- A minor of any age may receive birth control without parental consent (CA Family Code 6925). The health care provider is not permitted to inform the parent or legal guardian (CA Health & Safety Code 123115(a)).
- A minor of any age may consent to an abortion without parental consent and without court permission (*American Academy of Pediatrics v. Lungren*, 16 Cal. App. 4th (1997)). The health care provider is not permitted to inform the parent or legal guardian. (CA Health & Safety Code and 123115(a)).
- A minor of any age who has a condition or injury which is considered an emergency but whose parent or guardian is unavailable to give consent is permitted to give consent for medical services (CA Business and Professions Code 2397). The health care provider shall inform the minor's parent or guardian.
- A minor 12 years old and older is competent to give written consent for an HIV test (CA Health & Safety Code 121020). The health care provider is not permitted to inform a parent or legal guardian without the minor's consent (CA Health & Safety Code 123115(a)).
- A minor 12 years old and older may consent to the diagnosis and/or treatment for infectious, contagious, or communicable diseases, and prevention of sexually transmitted diseases (CA Family Code 6926).

### **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 Secretary of the Department of Health and Human Services. To file a complaint with us, contact: "The Privacy Official at PPCCC" at 805 963-2445 or [privacyofficer@ppcentralcoast.org](mailto:privacyofficer@ppcentralcoast.org). **You will not be penalized for filing a complaint.**