

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED BY PLANNED PARENTHOOD LOS ANGELES (“PPLA”) AND HOW YOU CAN ACCESS THIS INFORMATION

January 1, 2024

PLEASE REVIEW THIS NOTICE CAREFULLY

If you have any questions about this notice, please contact PPLA at (213) 284-3200 and ask for the Privacy Officer. You may also contact the PPLA Privacy Officer at 400 West 30th Street, Los Angeles, California 90007.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand 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 PPLA, 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-up by federal and state law. The privacy and security provisions of the federal 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

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

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 government program such as Medicare or a state Medi-Cal/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 Medi-Cal/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 other health care providers 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.

To Individuals Involved in Your Care or Payment for Your Care: Unless you have told us in writing that you do not want us to do so (see also Special Protections for Minors below), we may release medical information about you to family members or others involved in your medical care. We may also give medical information to someone who helps pay for your care. In the rare situation of a natural or similar disaster, we may disclose medical information about you to an organization assisting in disaster relief efforts so that your family can be notified about your status, location and condition.

Special Protections for Minors: In California, there are certain circumstances in which 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, we may not provide your medical information to your parents or guardians without your signed written authorization in most circumstances in which the care involves pregnancy, contraception, abortion, contagious or sexually transmitted diseases, AIDS/HIV, mental health care, and drug and alcohol abuse treatment.

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

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

are special restrictions on the use or disclosure of certain categories of information (e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse). Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

Research: There may be situations in which 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 such a Board that the researchers will adequately protect your health information.

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.

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 that you have 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.

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

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 in compliance with the provisions of California law that require the party issuing the subpoena to notify you and provide you with an opportunity to object to the disclosure of the information.

Law Enforcement: We may release health information to law enforcement officials:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person when asked by law enforcement officials or those assisting them (e.g., missing persons announcements on TV, radio, newspapers, Amber alerts);
- If you are the victim of a crime and (1) you consent or (2) we are unable to obtain your consent because of your incapacity or other emergency;
- 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.

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.

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.

USES OF HEALTH INFORMATION REQUIRING AN AUTHORIZATION

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

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures of protected health information for marketing purposes;
- Uses 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.

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

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 prior to such revocation, and that we are required to retain the records of the care that we provided to you.

Immunizations:

The following disclosures of health information will be made only with the written or oral permission of you, or if you are a minor under applicable law, your parent, guardian, or other person in loco parentis for you (unless you are an emancipated minor):

- Our disclosure of proof of immunization to a school where applicable law requires the school to have such information prior to admitting you as a student.

You, or as applicable your parent, guardian, or other person in loco parentis for you (unless you are an emancipated minor), may revoke that permission, in writing, at any time. If such permission is revoked, we will no longer disclose such health information about you in this manner. Please note, however, that this may affect your admittance to any applicable school. You understand that we are unable to take back any disclosures we have already made prior to such revocation, 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/or request a copy health information that may be used to make decisions about your care. Usually, this includes health and billing records, but does not include psychotherapy notes. You may also request that we send a copy of your health information directly to another person that you designate.

If we use or maintain your health information in an electronic format, you also have the right to have us transmit your health information in an electronic format to you or another person that you designate.

To inspect and/or request a copy of 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 PPLA Medical Records Clerk at 400 West 30th Street, Los Angeles, California 90007. Your request must be in writing, be signed by you, and clearly identify the records you are requesting and the format in which you are requesting them. If you are requesting that we provide a copy of your health information to another person, your request must also clearly identify the designated person and where to send the copy of the health information.

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.

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

California law provides quicker access to records than under HIPAA. Under California law, you may review your health information within five business days of our receipt of your request. If you request a copy of your health information, we must furnish the copy within 15 days of our receipt of the 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 PPLA Privacy Officer.

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, which may not be longer than six years and may not include dates before April 14, 2003. 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 60 days of your request, or notify you in writing 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 90 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

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

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.

Although 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. 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. If we do agree to your request, 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.

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, even if you have received the Notice electronically. You may also obtain a copy of this Notice at our website www.pp-la.org.

Right to Receive Notice of a Breach: We are required by federal and state law to notify you following a breach with respect to your unsecured protected health information.

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

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 health centers 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 PPLA Privacy Officer at the telephone number and address at the beginning of this Notice. All complaints must be submitted in writing. **You will not be retaliated against for filing a complaint.**

You may also contact the following agencies:

- U.S. Department of Health and Human Services, Office of Civil Rights (OCR) with a complaint.
 - <http://www.hhs.gov/ocr/> for up to date contact information for the OCR.
- The California Office of Privacy Information:
 - <http://oag.ca.gov/privacy>
- The California Department of Health (“CDPH”):
 - www.cdph.ca.gov or General Information at (916) 558-1784