

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- 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

➤ *See page 2 for more information on these rights and how to exercise them*

Your Choices

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

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➤ *See page 3 for more information on these choices and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ *See pages 3 and 4 for more information on these uses and disclosures*

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 a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records 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 and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are 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 consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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.

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 payment for your care
- Share information in a disaster relief situation

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

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.

Help manage the health care treatment you receive

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

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

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 and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- 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.
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MINORS AND PERSONS WITH GUARDIANS

Minors have all the rights outlined in this Notice with respect to health information relating to reproductive healthcare, 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 healthcare 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.

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, on our web site, and we will mail a copy to you.

Effective date: 2013

Planned Parenthood Southeast, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Planned Parenthood Southeast, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

- Planned Parenthood Southeast, Inc. provides free aids and services to people with disabilities to communicate effectively with us such as qualified sign language interpreters and written information in other formats (larger print, audio, accessible electronic formats, or other formats).
- Planned Parenthood Southeast, Inc. provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, then please contact 404-688-9300.

If you believe that Planned Parenthood Southeast, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, then you can file a grievance with: 404-688-9300. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, then 404-688-9300 is available to help you. You also can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building, Washington, DC 20201
1- 800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- ATTENTION: Language assistance services, free of charge, are available to you. Please contact 404-688-9300.
- Atención: los servicios de asistencia lingüística, gratuitos, están disponibles para usted. Por favor llame al 404-688-9300.
- Chú ý: Dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Vui lòng gọi 404-688-9300.
- 주의 : 언어 지원 서비스가 무료로 제공됩니다. 404-688-9300으로 전화하십시오. juui : eon-eo jiwon seobiseuga mulyolo jegongdoebnida. 404-688-9300eulo jeonhwahasibsio.
- 注意 : 免费提供语言帮助服务。请致电404-688-9300 Zhùyì: Miǎnfèi tígōng yǔyán bāngzhù fúwù. Qǐng zhìdiàn 404-688-9300.
- ધ્યાન: ભાષા સહાય સેવાઓ, નિ: શુલ્ક, તમારા માટે ઉપલબ્ધ છે. કૃપા કરીને 404-688-9300 પર ક .લ કરો. Dhyāna: Bhāṣā sahāya sēvā'ō, ni: Śulka, tamārā māṭē upalabdha chē. Kṛpā karīnē 404-688-9300 para ka.La karō.
- Attention: des services d'assistance linguistique gratuits sont à votre disposition. S'il vous plaît appelez 404-688-9300.
- ትኩረት የቋንቋ ድጋፍ አገልግሎቶች ያለ ክፍያ እርስዎ ይገኛሉ ። እባክዎ በ 404-688-9300 ይደውሉ ። tikureti yek'wanik'wa digafi āgeligilotochi yale kifiya irisiwo yigenyalu ። ibakiwo be 404-688-9300 yidewilu ።

- ध्यान: भाषा सहायता सेवाएं, आपके लिए निःशुल्क उपलब्ध हैं। कृपया 404-688-9300 पर कॉल करें। dhyaan: bhaasha sahaayata sevaen, aapake lie nihshulk upalabdh hain. krpaya 404-688-9300 par kol karen.
- Atansyon: Sèvis asistans lang, gratis, disponib pou ou. Tanpri rele 404-688-9300.
- Внимание: Вам бесплатно предоставляются услуги языковой помощи. Пожалуйста, звоните 404-688-9300. Vnmaniye: Vam besplatno predostavlyayutsya uslugi yazykovoy pomoshchi. Pozhaluysta, zvonite 404-688-9300.

انتباه: تتوفر خدمات المساعدة اللغوية
مجانيًا. يرجى الاتصال 404-688-9300.

aintibah: tatawafar khadamat almusaeadat allughawiat mjanana. yrja alaitisal 404-688-9300.

- Atenção: Serviços de assistência linguística, gratuitos, estão disponíveis para você. Ligue para 404-688-9300.

توجه: خدمات کمک به زبان ،
رایگان ، در دسترس شما است. لطفا
با شماره 404-688-9300 تماس
بگیرید.

- Achtung: Die Sprachunterstützung steht Ihnen kostenlos zur Verfügung. Bitte rufen Sie die Nummer 404-688-9300 an.
- 注意: 言語支援サービスは無料で利用できます。404-688-9300にお電話ください。
Chūi: Gengo shien sâbisu wa muryō de riyō dekimasu. 404 - 688 - 9300 Ni o denwa kudasai.