

CLINICIAN ACKNOWLEDGEMENT
OF RECEIPT OF THE
PLANNED PARENTHOOD OF MARYLAND
2015-2016 MEDICAL STANDARDS AND
GUIDELINES

I agree to practice in accordance with the current version of the PPM Medical Standards and Guidelines. I also understand that it is my responsibility to advise other Health Center staff members performing supporting clinical duties of these changes. I will provide the appropriate oversight of other health center staff to maintain compliance with the current PPM Medical Standards and Guidelines.

Clinician /Physician Name (Please Print)

Clinician/Physician Signature

Date

Sign and return to: Planned Parenthood of Maryland
330 N. Howard St.
Baltimore, MD 21201



This form must be completed by all clinicians serving as preceptors for professional students, residents and clinicians rotating at Planned Parenthood of Maryland (PPM). It should be used as an aid to verify that all of the necessary documents have been completed and to assure that PPM has the correct information on file for reference. Please print legibly.

Student's Name

(Last) (First) (Middle)

Name of college/university/residency program: _____

Location of Preceptorship (e.g. EA): _____

Start Date: _____

End Date: _____

Title (M.D., R.N., C.N.M., etc): _____

Signed the Signature Log form? Yes No N/A

Signed the Confidentiality Agreement form? Yes No

Provided an emergency contact? Yes No

Does PPM have a current contract on file? Yes No

Signed the Medical Standards and Guidelines? Yes No

Clinician Name _____

Clinician signature _____

Date: _____

Note:

Please turn in all completed paperwork to the Director of Human Resources

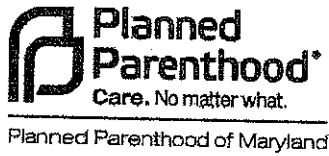
References:

Hyperlink to preceptor policy (to be created)

<G:\EVERYONE\Preceptor Paperwork\017-signature log.doc>

<G:\EVERYONE\Preceptor Paperwork\Confidentiality Agreement.doc>

<G:\EVERYONE\Preceptor Paperwork\Student Emergency Contact.doc>



Staff Contact Information Form

Date last updated: 07/21/2014

Personal Information			
Last Name			
First Name			
Address:			Apt #
City:	State:	County:	Zip
Primary Phone:		Email Address:	
Emergency Contact #1			
Name			
Relationship			
Address			
Phone number(s)			
Emergency Contact #2			
Name			
Relationship			
Address			
Phone number(s)			

I have voluntarily provided the above contact information and authorize Planned Parenthood of MD and its representatives to contact any of the above on my behalf in case of an emergency.

Employee Signature _____

Date _____

Trainee Log of Encounters

Student/Trainee's name: _____

Student/Trainee's title: _____ Student/Trainee's affiliation: _____

Log start date: ___/___/___ Log end date: ___/___/___

Affix Label Here

Client's Name: _____

DOB: _____ Date: _____

Visit Type: _____

Comments: _____

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Client's Name: _____

DOB: _____ Date: _____

Visit Type: _____

Comments: _____

Preceptor's signature: _____ Date: ___/___/___



**Mandatory Reporting for Child Abuse, Neglect or Sexual Assault
Knowledge Assessment**

1) Are PPM staff with client contact *required/mandated* to report rape, other sexual offenses or sexual exploitation when the victim is a minor and the *perpetrator is a family member or other caretaker*?

Yes

No

2) Are PPM staff with client contact *required/mandated* to report rape or other sexual offenses when the victim is a minor and the *perpetrator is NOT a family member or other caretaker*?

Yes

No

3) Are PPM staff with client contact *permitted/allowed* to report rape or other sexual offenses when the victim is a minor and the *perpetrator is NOT a family member or other caretaker* and informed consent *has not* been obtained?

Yes

No

4) Are PPM staff with client contact *required/mandated* to report statutory rape?

Yes

No

5) Are PPM staff with client contact *permitted/allowed* to report statutory rape if informed consent *has not* been obtained?

Yes

No

6) Are PPM staff with client contact *permitted/allowed* to notify parents, guardians or caretakers of minor clients of rape or other sexual abuse, if informed consent from the minor *has not* been obtained?

Yes

No

Employee name and signature _____

Supervisor name and signature _____



EMPLOYEE ACKNOWLEDGMENT

I certify that I have read and will abide by the procedure Mandatory Minor Reporting contained in the Planned Parenthood of Maryland Security Manual, revised as of 3.20.12, a copy of which has been provided to me. I understand all of the rules, policies, terms and conditions and agree to abide by them. If I do not understand a portion of these policies it is my responsibility to seek clarification from my supervisor and/or the President/CEO. I understand that the material presented here is in the form of standard operating procedures. This Planned Parenthood of Maryland Security Manual in no way guarantees the total and complete safety of me or any PPM employee. The manual is meant to be a "how to" guide that Planned Parenthood of Maryland and its employees can use to assess its risks and manage its emergency situations. Ultimately, individuals are responsible for their own safety and cannot delegate their personal responsibility for safety to someone else or Planned Parenthood of Maryland. I also understand that it has been recommended that I read the book "THE GIFT OF FEAR" by Gavin DeBecker for further information on survival signals that protect us from violence. Further, I understand that PPM is an "at-will" employer, which means that Planned Parenthood of Maryland employees are "at-will" and the employment relationship may be terminated by Planned Parenthood of Maryland or the employee at any time with or without notice, with or without cause or with or without reason and that nothing in this Security Manual in any way creates an expressed or implied contract between Planned Parenthood of Maryland and me, nor are they to be interpreted as such. I understand that these policies replace all previously issued and/or conflicting Security policies written and oral. I understand that Planned Parenthood of Maryland may change these policies at any time and I will be responsible for complying with any future changes in the policies once they are communicated to Planned Parenthood of Maryland employees, whether or not I have signed an acknowledgment of such changes.

Employee Name (please print) _____

Employee Signature _____ Date _____

____ Original: Personnel File Copy: Employee



Mandatory Reporting for Child Abuse, Neglect and Sexual Assault

Mandatory Training for All Staff, Non Employee Staff and Volunteers with Clients Contact (All Health Care, Call Center, and Education Employees)

ZERO TOLERANCE POLICY

Planned Parenthood has zero tolerance for non-compliance with our policies and procedures for addressing situations that endanger the welfare of minors, including our policies and procedures relating to state mandatory reporting laws. Management will train employees upon hire and annually regarding agency policies and procedures for handling of situations involving conduct that endangers the welfare of minors, including mandatory reporting requirements. Confirmed failure to comply with these policies and procedures will result in termination of employment.

MANDATORY REPORTING

As a Healthcare Practitioner you are a mandated reporter for Child Abuse, Neglect and Sexual Assault.

Confidentiality is the general rule for health care providers working with victims of sexual assault. However when the victim is a minor, there are complicated rules governing when confidentiality must be breached and the assault or abuse must be reported to law enforcement and the Department of Social Services.

Clients must be told of any limits of confidentiality due to state abuse reporting laws, prior to be asked about intimate partner violence or abuse or giving a client a self-administered assessment form. (PPFA 97c)

Definitions: Base on Maryland Law

Minor/Child

In Maryland, a minor is anyone under the age of 18 years who is not married or the parent of a child.

Proof

This does NOT require PROOF that abuse or neglect has occurred before reporting. Incidents are to be reported as soon as they are suspected. Waiting for proof may involve grave risk to the child and impede services to the family. Proof may be long in coming, witnesses to child abuse and neglect are rare, and the child's testimony may be disbelieved or inadmissible.

Child Abuse

Child abuse includes physical injury or mental injury under circumstances indicating that a child's health or welfare is harmed or at substantial risk of harm and sexual abuse, with or without physical injury, perpetrated upon a child by a family or household member or someone with temporary or permanent, current or past care, custody or responsibility for supervision of the child.

Child Neglect

Child neglect is the failure to provide proper care and attention to a child under circumstances that the child's health or welfare is harmed or placed at substantial risk of harm. It includes leaving the child unattended and mental injury or substantial risk of mental injury that is caused by failure to provide proper care and attention to the child.

Child Sexual Abuse

The State law defines child "sexual abuse" as "any act that involves sexual molestation or exploitation of a child by a parent or other person who has had permanent or temporary care or custody or responsibility for supervision of a child, or by any household or family member."

Statutory Rape

“Statutory Rape” is not a term used in Maryland’s criminal law. Maryland’s criminal law has age-based sexual crimes. Each of these offenses includes prohibition of certain sexual conduct with persons under age 16 even if the minor consented. These “statutory” provisions are part of Maryland’s criminal law and separate from the legal definition of “child sexual abuse” triggering mandatory reporting. A “statutory rape” or other age-based sexual offense, by itself, **does not** trigger the mandatory reporting law. Instead, mandated reporters must look to the Family Law Article provisions, *i.e.*, **was the offense committed by a parent or family member. If so, it must be reported; if not, confidentiality must be maintained.**

WHAT TO REPORT

MANDATED REPORTING: ONLY if the perpetrator of the Sexual Abuse is:

- a family or household member, or
- someone with temporary or permanent, current or past care, custody or responsibility for the supervision of the child

PERMITTED REPORTING: ONLY WITH informed consent from the minor

- When perpetrator is NOT a family member or caretaker

REPORTING NOT PERMITTED - Confidentiality MUST BE maintained

- When the perpetrator is NOT a family member or caretaker and NO CONSENT is obtained

A provider could risk licensing or criminal penalties or civil liability for violating the confidentiality of a client were the provider to make a report in a situation that falls outside the mandated reporting law.

HIPPA permits disclosure only where state law affirmatively requires it. Health care providers risk violating this law if they fail to inquire about the relationship between a minor and the person she or he is sexually involved with, and then use this lack of information as the justification for breaching confidentiality and reporting. Penalties for violating HIPAA include fines and imprisonment. You must confirm that the perpetrator qualifies as Mandated Reporting in order to breach confidentiality.

MAY BE LEGALLY PERMITTED: ONLY the CEO has this Authority

- **Parental Notification of Suspected Abuse:** When perpetrator is NOT a family member or caretaker **and it does not qualify as Mandated Reporting**

Decisions to violate a minor’s confidential relationship with counselors and reproductive health care providers should balance the risk of harm with the potential benefits and will be done so only by the CEO in conjunction of legal counsel. If you determine that parental notification is necessary to preserve the life and health of a client notify the CEO immediately.

HIPAA also permits health care providers to refuse to treat a parent as a child’s “personal representative” (*i.e.* the person who may receive information and consent on behalf of the minor) if the provider reasonably believes that this could endanger the child.

WHEN TO REPORT

According to Section 5-704 (b), if you are mandated to report, **you must make an oral and written report** to the local department of social services (or in abuse cases, to the local law enforcement department and the local States Attorney) **not later than 48 hours after the contact**, examination, treatment or other circumstances that lead you to believe that the child had been subjected to abuse or neglect.



WHERE TO REPORT

The reporter is to **notify the Director of Risk & Quality Management immediately**. The DHR/SSA 180 must be added to the minor's record. A copy of the DHR/SSA 180 and a Non-Reportable Report must be forwarded to Risk and Quality Management.

Health practitioners are required to notify the **local department of social services** about suspected cases of child abuse. **Appropriate law enforcement agencies must also be notified**. Reporting form DHR/SSA 180 must be completed in addition to calling (select the LDSS in your area) telephone numbers to make a report.

If a copy of the report is placed in the patient's medical record (a sample Child Abuse Reporting Form (DHR/SSA 180) can be found in Appendix A), information contained in the report shall only be disclosed in accordance with the Confidentiality Law regarding child abuse and neglect (Article 88A'6(b).) See below for further information

Abuse committed in outside the state or the United States

Incidences committed in other states must be reported to the state of occurrence. Foreign incidences of abuse shall be reported to the Embassy of the country in which the abuse took place. Three attempts by phone call to notify the embassy are required and recorded in the final report file. After documenting three attempts to report, if no response is received, the reporting is then completed and due diligence has been met. Once contacted, file the report as instructed by the Embassy.

OTHER REQUIRED RESPONSE:

Even when it is not reportable, a sexual relationship between an adolescent and an older adolescent or adult may raise concerns that sexual coercion is occurring. Family planning providers are required to counsel minors about ways to resist attempts to coerce them into engaging in sexual activities. In addition to counseling, referrals to sexual assault programs or other types of assistance are offered. (See your Center Director for local resources).

CONFIDENTIALITY

Information contained in records or reports concerning child abuse or neglect is sensitive and personal. Federal and State law narrowly restricts the circumstances under which information contained in reports or records may be disclosed. It is essential that health care professionals and institutions comply with the Maryland confidentiality law (article 88 a & b) of the Annotated Code of Maryland) when asked to disclose information contained in records concerning child abuse and neglect.

Confidentiality provisions states that:

- The name of the reporter may only be revealed under a court order. However, if the reporter is a professional, he or she may give written permission for his or her identity to be revealed.
- The identity of any other person whose life or safety is likely to be endangered by disclosing the information must not be disclosed. This is extremely important when sharing information with parents or the person who is suspected of child neglect or abuse.
- Information should only be disclosed when doing so would be in the best interest of the child who is the subject of the report.
- Professional discretion should be exercised to disclose only that information which is relevant for the care or treatment of the child.

In 1986, the Maryland confidentiality law was amended to permit the disclosure of information concerning abuse and neglect to licensed practitioners or an institution providing treatment or care to a child who is the subject of a report of child abuse or neglect. Maryland law also permits information to be shared with members of a multidisciplinary case consultation team who are investigating or providing services in response to a report of suspected abuse or neglect.



REPORT RETENTION AND DESTRUCTION

In the client medical chart place only a notice in the progress chart. "A Mandatory Minor Abuse Report was filed on DATE (5/26/11) to REPORTED AGENCY (Baltimore County Department of Social Services).

After reporting, the mandatory reports and all investigative notes will be mailed in a sealed confidential envelope to the Risk and Quality Manager for Storage. These records will be held in accordance to the medical record retention and destruction policy. The Director of RQM and the CEO can provide the clinician a faxed or scanned report if the clinician needs the information to provide additional care.

For the protection of the reporter, reporting documents are released only when required by law.

RECORD REQUESTS ON BEHALF OF MINORS

Record requests presented by or on behalf of a minor client must be presented to the Clinician, along with the client's medical record, for review and approval. No minor records are to be released without consent of the Clinician.

If a clinician determines that the release of the minor's records would likely endanger the minor, the request, minor's medical record and a written statement of risk and advice against the release shall be forwarded to the HIPAA Privacy Officer. The Director of RQM will review the legality of the denial and present the recommendation to the CEO for final determination.

REFERENCE SUMMARY OF RELATED LAWS

ACCESS TO MEDICAL RECORDS

There are two Maryland laws (Health General Article 4-306, and the Family Law Article 5-711) pertaining to the disclosure of medical records, including mental health records to local departments of social services. (Health General Article, 4-306 went in effect July 1, 1991. The Family Law Article 5-711 went in effect July 1, 1987).

Health General Article 4-306

Mandates that health care providers disclose information from medical records, concerning any person (child or adult) who is being assessed as part of a protective services investigation or to whom services are being provided. Information is to be shared upon request to a local department of social services representative providing protective services. This law governs all medical records including mental health records.

This includes making available copies of medical records that the health care provider assesses to be relevant to the child protective services investigation or provisions of services. This provision also allows for the sharing of information without authorization from the person on whom information is being disclosed.

Family Law Article 5-711

This law mandates that medical care providers make copies available of a child's medical record upon request by social services personnel conducting investigations or providing services to a child as a result of a child abuse or neglect report.

Age Based Sexual Crimes Criminal Law Articles 3-304, 3-305, 3-307, 3-308

Criminal Law Article §3-304, 3-305 - It is a second degree rape or sexual offense to have sexual intercourse or commit a sexual act (oral or anal sex, or vaginal or anal penetration with an object) with a person under 14 if the person committing the act is at least 4 years older than the victim. **Criminal Law Article §3-307** a person is guilty of a sexual offense in the 3rd degree if the person engages in vaginal intercourse or a sexual act (oral or anal sex, or vaginal or anal penetration with an object) with another person who is 14 or 15 years old when the perpetrator is at least 21 years old. **Criminal Law Article §3-308** - 4th degree sexual offense involves vaginal intercourse between a 14 or 15 year old and a perpetrator who is four or more years older or a sexual act with a 14 or 15 year old, not covered by 3rd degree sexual offenses (generally this applies to 18-20 year old perpetrators).



Maryland's Parental Notification for Abortion Law Article 20-103

Maryland law requires that one parent or guardian be notified before a minor has an abortion.

Definition of a Minor: In Maryland, a minor is anyone under the age of 18 years who is not married or the parent of a child.

The parent/guardian does not need to consent (agree) with the minor's choice, but does need to know the minor is planning to have an abortion. Maryland's parental notification law says specifically that no notification is required if, in the judgment of the doctor performing the abortion:

- The minor is mature and capable of giving her informed consent to the procedure, OR
- Notification would not be in the minor's best interest, OR
- Notice may lead to physical or emotional abuse of the minor, OR
- The minor patient does not live with her parent or guardian, OR
- A reasonable effort to give notice has been unsuccessful.

Our experience at Planned Parenthood of Maryland and the scientific research done by the Alan Guttmacher Institute, show that the vast majority of adolescents (81 percent, according to the AGI study) already involve a parent or other adult in the abortion decision. The remaining young people usually do not turn to their parent because of difficult circumstances – they may not live with the parent, or they may be legitimately concerned about abuse or being thrown out of their homes. Maryland law provides the above exclusions to protect these young people.

Maryland's Minor Consent Law for Reproductive Health Services Article 20-102

This law permits minors to receive contraceptive services on a confidential basis. The law states that "a minor has the same capacity as an adult to consent to treatment for or advice about drug abuse, alcoholism, venereal disease, pregnancy, and contraception other than sterilization."

This means minors can get the following services without parental knowledge or consent:

- Pregnancy testing
- Birth control
- Exams
- Testing and treatment of sexually transmitted infections (STIs)

Planned Parenthood encourages adolescents to communicate with their parents and guardians when seeking contraceptive health care, but does not require that they do so. According to a report in the Journal of the American Medical Association (JAMA), most adolescents already inform parents about their use of reproductive health services.

For more information visit: <http://www.dhr.state.md.us/cps/mandated.php>

Departments of Social Services and After Hour Contacts

County

Phone Number & Address

Allegany County

Tel: (301) 784-7122, After hours: (301) 759-0362

FAX: (301) 784-7244



	Address: One Frederick Street, Cumberland, Maryland 21502 Tel: (410) 421-8400 FAX: (410) 508-2041
Anne Arundel County	Address: 7500 Ritchie Hywy, Glen Burnie, Maryland 21061-1787 Tel: (410) 361-2235 (24 hours) FAX: (443) 423-7003 or 7002, After 3:30-hours (443) 423-5950
Baltimore City	Address: 1900 N. Howard Street, Baltimore, Maryland 21218 Tel: (410) 853-3000 (Option 1) After hours: (410) 583-9398 FAX: (410) 853-3698
Baltimore County	Address: Drumcastle Government Center, 6401 York Road, Baltimore, Maryland 21212 Tel: 1-443-550-6900, After hours: (Toll Free: 1-800-787-9428) FAX: (410) 286-7429
Calvert County	Address: 200 Duke Street, Prince Frederick, Maryland 20678 Tel: (410) 819-4500, After hours: (410) 479-2515 Sheriff's Office. FAX: (410) 819-4501
Caroline County	Address: 207 South Third Street, Denton, Maryland 21629 Tel: (410) 386-3434 (24 Hours) FAX: (410) 386-3477
Carroll County	Address: 1232 Tech Drive, Westminster, Maryland 21157 Tel: (410) 996-0100 (Option 3), After hours: (410) 996-5350 FAX: (410) 996-0228
Cecil County	Address: 170 East Main Street, Elkton, Maryland 21922-1160 Tel: (301) 392-6739, After hours: (301) 932-2222 FAX: (301) 934-2662
Charles County	Address: P.O. Box 1010, 200 Kent Avenue, LaPlata, Maryland 20646 Tel: (410) 901-4100, After hours: (410) 221-3246 FAX: (410) 901-1060
Dorchester County	Address: P.O. Box 217, 627 Race Street, Cambridge, Maryland 21613 Tel: (301) 600-2464, After hours: (301) 600-2100 Police Dept. FAX: (301) 600-2639
Frederick County	Address: 100 East All Saints Street, Frederick, Maryland 21701 Tel: (301) 533-3005, After hours: (301) 334-1930 Sheriff's Office. FAX: (301) 334-5413
Garrett County	Address: 12578 Garrett Highway, Oakland, Maryland 21550 Tel: (410) 836-4713, After hours: (410) 838-6600 Sheriff's Office. FAX: (410) 836-4945
Harford County	Address: 2 South Bond Street, Bel Air, Maryland 21014 Tel: (410) 872-4203, After hours: (410) 313-2929 Police Dept. FAX: (410) 872-4303 Address: 7121 Columbia Gateway Drive, Columbia, Maryland 21046
Howard County	Tel: (410) 810-7600, After hours: (410) 758-1101 State Police FAX: (410) 778-1497
Kent County	Address: 350 High St, Chestertown, Maryland 21620
Montgomery County	Tel: (240) 777-4417 (24 hours)



FAX: (240) 777-4258

Address: The Dept. of Health & Human Services, 1301 Piccard Drive
Rockville, Maryland 20850

Tel: (301) 909-2450, **After hours:** (301) 699-8605

FAX: (301) 909-2200

Prince George's County

Address: 805 Brightseat Road, Landover, Maryland 20785

Tel: (410) 758-8000 (all hours), **After hours:** (410) 758-0770 Sheriff's
Office.

FAX: (410) 758-8110

Queen Anne's County

Address: 125 Comet Drive, Centreville, Maryland 21617

Tel: (240) 895-7016, **After hours:** (301) 475-8016

FAX: (240) 895-7099

St. Mary's County

Address: 23110 Leonard Hall Drive, Leonardtown, Maryland 20650

Tel: (410) 677-4200, **After hours:** (410) 651-9225 Sheriff's Office Centra,
Emergency Services.

FAX: (410) 677-4300

Somerset County

Address: P.O. Box 369, 30397 Mt. Vernon Road, Princess Anne, Maryland
21853

Tel: (410) 770-4848 (option#1), **After hours:** (410) 822-3101 MD State
Police

FAX: (410) 820-7067

Talbot County

Address: 301 Bay Street, Easton, Maryland 21601

Tel: (240) 420-2222 (24 hours)

FAX: (240) 420-2549

Washington County

Address: 122 North Potomac Street, Hagerstown, Maryland 21741-1419

Tel: (410) 713-3900 (option#1), **After hours:** (410) 548-4891

FAX: (410) 713-3910

Wicomico County

Address: 201 Baptist Street, Salisbury, Maryland 21802-2298

Tel: (410) 677-6800, **After hours:** (410) 632-1111 (option#2) Sheriff's
Office.

FAX: (410) 677-6810

Worcester County

Address: 299 Commerce Street, Snow Hill, Maryland 21863

**Department of Human
Resources**

General Information: 1-800-332-6347 **TTY:** 1-800-332-6347

Numero del telefono directo: 1-800-732-7850

Social Services Administration (410) 767-7112

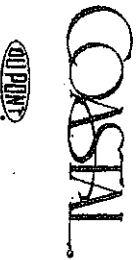
HIPAA: PRIVACY COMPLIANCE

This employee handbook is one of a series of fully illustrated employee handbooks, informative posters, broadcast-quality video and DVD training programs, interactive CD-ROM and Web-based courses produced by Coastal HealthTrain, a division of Coastal Training Technologies Corporation. Each product is the result of painstaking analysis, design, development and production by the instructional designers and technical specialists on our staff.

Our catalog is constantly being revised and expanded, so we would appreciate any comments on current titles or suggestions for future ones. For further information on any Coastal product, or to receive a free HealthTrain catalog, call Coastal Training Technologies Corp. (Virginia Beach, VA) at 1-800-729-4325 or send a FAX to 757-498-3657. Visit us on the Web at www.coastal.com.

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To Purchase Additional Handbooks Call 800-451-8295

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HIPAA: PRIVACY COMPLIANCE

The HIPAA Privacy Rule — ensures that personal medical information you share with doctors, hospitals and others who provide and pay for healthcare is protected. HIPAA Privacy is a comprehensive federal protection guideline for the privacy of health information.

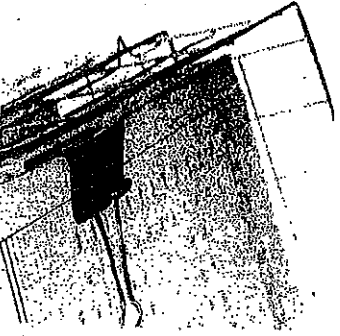
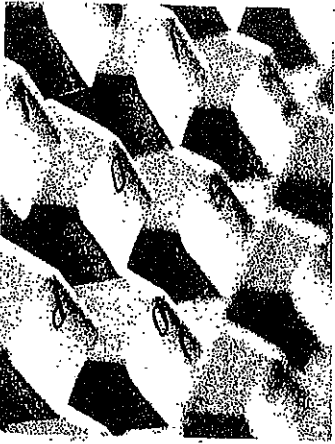
Basically, the Privacy Rule does the following:

- Imposes restrictions on the use and disclosure of personal health information
- Gives patients greater access to their medical records
- Gives patients greater protection of their medical records.

The Health Information Technology for Economic and Clinical Health Act — HITECH — expands the HIPAA privacy protections and includes additional:

- Patient rights
- Requirements for business associates
- Breach notification requirements
- Marketing provisions
- Stiff penalties for noncompliance.

You can make sure you protect personal patient data by learning the basics of the HIPAA Privacy Rule and the HITECH Act outlined in this handbook.



WHO IS COVERED BY THE HIPAA PRIVACY RULE & THE HITECH ACT?

You're covered by the HIPAA Privacy Rule — and termed a covered entity — if you are a:

- Healthcare provider
- Health plan
- Healthcare clearinghouse
- A business associate who has access to patient records.

This also applies to HITECH with some exceptions:

Under the HITECH Act:

- The Privacy Rule applies directly to business associates.
- Business associates must comply with the use and disclosure requirements of the HIPAA Privacy Rule and are subject to the same civil and criminal penalties for violations and compliance audits.



WHAT IS PROTECTED HEALTH INFORMATION?

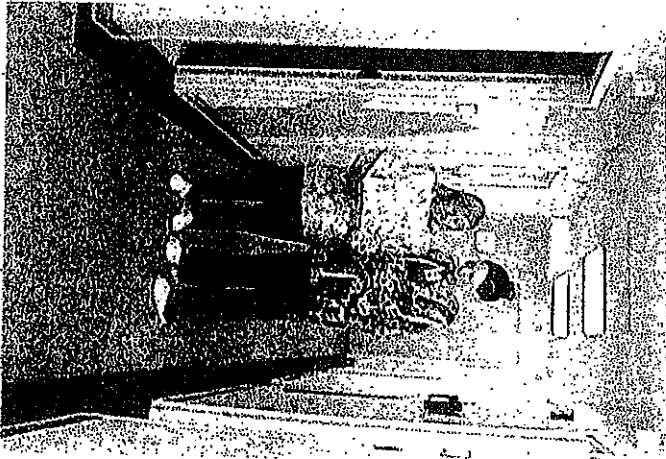
When a patient gives personal health information to a covered entity, that information becomes Protected Health Information — or PHI.

It includes:

- Any individually identifiable health information or patient information used or disclosed by a covered entity in any form — oral, recorded, on paper, or sent electronically, or
- Any personal health information that contains information that connects the patient to the information.

Examples of information that might connect personal health information to the individual patient include:

- The individual's name or address
- Social security or other identification numbers
- Physician's personal notes
- Billing information.



WHAT ARE THE RULES FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION?

HIPAA's Privacy Rule is all about the use and disclosure of Protected Health Information or PHI. With few exceptions, PHI can't be used or disclosed by anyone unless it is permitted or required by the Privacy Rule.

PHI is used when:

- Shared
- Examined
- Applied
- Analyzed.

PHI is disclosed when:

- Released
- Transferred
- In any way made accessible to anyone outside the covered entity.

You are permitted to use or disclose PHI:

- For treatment, payment, and healthcare operations
- With authorization or agreement from the individual patient
- For disclosure to the individual patient
- For incidental uses such as physicians talking to patients in a semi-private room.

Under the HITECH Act:

- Patients have additional rights regarding the use of their electronic health records or e-PHI.
- Covered entities must agree to patient requests to restrict disclosure of their e-PHI if:
 - The disclosure is to a health plan for purposes of carrying out payment or healthcare operations — not treatment — and the provider has been paid in full for those services.

You are required to release PHI for use and disclosure.

- When requested or authorized by the individual — although some exceptions apply.
- When required by the Department of Health and Human Services (HHS) for compliance or investigation.

The patient's right to access his or her information is also expanded by HITECH.

- The Privacy Rule allows patients to receive an accounting of all non-routine disclosures of their health information.
 - Under the HITECH Act, patients can:
 - » Request an accounting of disclosures of their electronic health records used for treatment, payment, and health care operations
 - » Request an accounting of disclosures they authorized for the prior three years
 - » Designate that a third party be the recipient of the electronic health information.

WHEN IS AUTHORIZATION REQUIRED?

The Privacy Rule makes consent for routine healthcare optional. But you are required to get a signed authorization from the patient if you use or disclose his or her Protected Health Information for purposes other than:

- Treatment
- Payment
- Healthcare operations.

Under the HIPAA Privacy Rule:

Authorization is required to use PHI:

- For use or disclosure of psychotherapy notes (except for treatment, payment or healthcare operations)

- For use and disclosure to third parties for marketing activities such as selling lists of patients and enrollees. The HITECH Act imposes more restrictions on sales and marketing of Protected Health Information — or PHI — without the patient's authorization:
 - » Except in limited circumstances involving research or public health activities.
 - » Covered entities are also prohibited from being paid to use PHI for marketing purposes without patient authorization.
 - » Exceptions include limited communication to a patient about a drug or biologic the patient is currently being prescribed.
- However, covered entities can communicate freely with patients about treatment options and health-related information.

WHAT IS INCLUDED IN AN AUTHORIZATION FORM?

Each authorization form only covers the use/disclosure outlined in that form. The form must contain:

- A description of the PHI to be used/disclosed, in clear language
- Who will use/disclose PHI, and for what purpose
- Whether or not it will result in financial gain for the covered entity
- The patient's right to revoke the authorization
- A signature of the patient whose records are used/disclosed, and a date of signing.
- An expiration date.



WHEN IS AUTHORIZATION NOT REQUIRED?

PHI can be used/disclosed without authorization, but with patient agreement, for the following reasons:

- To maintain a facility's patient directory
 - To inform family members or other identified persons involved in the patient's care, or notify them on patient location, condition or death
 - To inform appropriate agencies during disaster relief efforts.
- Other permitted uses/disclosures that do not require patient authorization or agreement include:
- Public health activities related to disease prevention or control
 - To report victims of abuse, neglect, or domestic violence
 - Health oversight activities such as audits, legal investigations, licensure or for certain law enforcement purposes or government functions
 - For coroners, medical examiners, funeral directors or tissue/organ donations
 - To avert a serious threat to health and safety.

WHAT IS MINIMUM NECESSARY?

In general, use/disclosure of PHI is limited to the minimum amount of health information necessary to get the job done right. That means:

- Covered entities must develop policies and practices to make sure the least amount of health information is shared
- Employees must be identified who regularly access PHI, and
- The types of PHI needed and the conditions for access.

The Minimum Necessary Rule does not apply to use/disclosure of medical records for treatment, since healthcare providers need the entire record to provide quality care.



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WHAT IS THE PRIVACY NOTICE?

Patients have the right to adequate notice concerning the use/disclosure of their PHI on the first date of service delivery, or as soon as possible after an emergency. And new notices must be issued when your facility's privacy practices change.

- The Privacy Notice must:
- Contain patient's rights and the covered entities' legal duties
 - Be made available to patients in print
 - Be displayed at the site of service, or posted on a web site if possible.

Once a patient has received notice of his or her rights, covered entities must make an effort to get written acknowledgment of receipt of notice from the patient, or document reasons why it was not obtained. And copies must be kept of all notices and acknowledgements.



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WHAT ARE PATIENT PRIVACY RIGHTS?

The Privacy Rule and the HITECH Act grant patients certain rights over their PHI. It's your job to make sure they can exercise their rights, including the following:

- Receive Privacy Notice at time of first delivery of service
- Restrict use and disclosure in specific circumstances
- Have PHI communicated to them by alternate means and at alternate locations to protect confidentiality
- Designate a third party to be the recipient of their e-PHI
- Inspect, correct and amend PHI and obtain copies, with some exceptions
- Request a history of non-routine disclosures for six years prior to the request
- Request a history of disclosures related to treatment, payment, or health care operations — and those authorized by the patient — for the prior three years
- Contact designated persons regarding any privacy concern or breach of privacy within the facility or at HHS.



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WHAT ABOUT THE PRIVACY RIGHTS OF MINORS?

In general, parents have the right to access and control the PHI of their minor children — except when state law overrides parental control. Examples include:

- HIV testing of minors without parental permission
- Cases of abuse
- When parents have agreed to give up control over their minor child.

WHAT MUST ADMINISTRATION DO TO COMPLY?

- To comply with the privacy portion of HIPAA and the HITECH Act:
- Allow patients to see and have copies made of requested PHI.
- Designate a full-or part-time privacy official responsible for implementing the programs.
- Designate a contact person or office responsible for receiving complaints.
- Develop a Notice of Privacy Practices document.
- Develop policies and safeguards to protect PHI and limit incidental use or disclosure.
- Institute employee-training programs, so everyone knows about the privacy policies and procedures for safeguarding PHI.
- Institute a complaints process, and file and resolve formal complaints.
- Make sure contracts with business associates comply with the Privacy Rule and the HITECH Act.

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Data Breach Notification Requirements

- The HITECH Act imposes stringent requirements in the event of a "Breach" — the inappropriate or unauthorized use or disclosure of patient health information. The Privacy Rule has no requirement to report privacy breaches.
- Covered entities must notify patients when their unsecured or "unencrypted PHI" has been compromised.
- That includes unauthorized disclosures of PHI to outside third parties, as well as unauthorized internal access to PHI.
- Exceptions include unintentional use or incidental disclosure by employees or authorized individuals within the "same facility."
- Individuals must be notified without delay and within sixty days after the breach is discovered.
- If more than 500 people are affected, the covered entity must notify the Department of Health and Human Services and local print and broadcast media outlets.

WHAT HAPPENS TO THOSE WHO DON'T COMPLY?

HIPAA established the first civil and criminal penalties for violations of the Privacy Rule and the HITECH Act increased those penalties.

If you violate the Privacy Rule, HIPAA set civil and criminal penalties including:

- A \$100 civil penalty up to a maximum of \$25,000 per year for each standard violated.
- A criminal penalty for knowingly disclosing PHI — a penalty that may escalate to a maximum of \$250,000 for conspicuously bad offenses.

The HITECH Act

- Creates a tiered increase in civil penalties tied to level of intent and neglect
- Individuals, as well as business associates, are subject to the same criminal and civil penalties as covered entities for violations and noncompliance due to willful neglect.
- Noncompliance due to willful neglect will result in civil penalties up to \$250,000, with repeat or uncorrected violations extending up to \$1.5 million.
- In addition, a State's Attorney General can bring civil actions against a person on behalf of patients adversely affected by violations of HIPAA or the HITECH Act.

If you unknowingly make a mistake, remember: the Department of Health and Human Services is mandated to give you and your organization advice and technical assistance — and help you work out problems.



- True False The HIPAA Privacy Rule and the HITECH Act protect a patient's fundamental right to privacy and confidentiality.
- True False Under the HIPAA Privacy Rule, you are called a covered entity if you are a healthcare provider, health plan, or healthcare clearinghouse.
- True False Protected Health Information is any individually identifiable information that connects a patient to his or her health information.
- True False PHI includes all health information that is used/disclosed — except PHI in oral form.
- True False PHI is disclosed when it is shared, examined, applied or analyzed.
- True False PHI is used when it is released, transferred, or allowed to be accessed or divulged outside the covered entity.
- True False You are permitted to use/disclose PHI for treatment, payment and healthcare operations.
- True False You are required to use/disclose PHI when authorized or requested by the individual patient.
- True False Using PHI for purposes not specified by the Privacy Rule requires covered entities to get patient's authorization.
- True False The HITECH Act imposes additional restrictions on sales and marketing of PHI without the patient's authorization, except in limited circumstances.
- True False An authorization must contain an expiration date.
- True False After you receive a signed authorization, the patient can decide to revoke it.
- True False You can use/disclose PHI with patient agreement for public health activities related to disease prevention.

- 14. True False You can use/disclose PHI without patient agreement to report victims of abuse, neglect, or domestic violence.
- 15. True False In general, disclosure of PHI must be limited to the least amount needed to get the job done right.
- 16. True False The Privacy Notice is the patient's right to get adequate notice about the use/disclosure of his or her PHI, as well as rights in general.
- 17. True False The HITECH Act gives patients the right to request a history of disclosures of their electronic health records used for treatment, payment, and health care operations.
- 18. True False The Privacy Rule and the HITECH Act gives patients the right to take action if their privacy is violated.
- 19. True False If you need help understanding the rules, the Department of Health and Human Services is required to give you assistance.
- 20. True False To protect patient confidentiality, learn about your facility's patient privacy rights — and encourage others to do the same.

ACKNOWLEDGEMENT OF TRAINING

I have read and understand this *HIPAA Privacy Compliance* handbook. I have also completed and passed the comprehensive quiz at the conclusion of this handbook.

Employee's Signature _____ Date _____

Trainer's Name _____ Date _____

Note: This document is included in the employee handbook and is subject to change.

ANNUAL HIPAA PRIVACY & SECURITY STATEMENT

As an employee, officer, volunteer, student, medical trainee, or individual who is part of the workforce of PP of Maryland, you may have access to Health Information. To ensure that Health Information is used and disclosed in compliance with the HIPAA Privacy & Security Regulations and our Privacy Policies and Procedures, you are required to read and sign this document. This Statement, along with the Privacy Policies and Procedures, describe your duties and obligations with regard to Health Information. Full compliance with this ANNUAL PRIVACY & SECURITY STATEMENT and our Privacy Policies and Procedures are a condition of your employment or volunteering. A copy of your signed Statement will be kept on file.

A. Restrictions on the Use and Disclosure of Health Information

As a general matter, an individual's Health Information may not be used or disclosed without proper permission. The use of and disclosure of Health Information is subject to the restrictions in the HIPAA Privacy & Security Regulations and our Privacy Policies and Procedures. The use or disclosure of Health Information may be limited by Business Associate contracts between PP of Maryland and third parties. The Privacy & Security Regulation requires these contracts. Please refer to our Privacy Policies and Procedures or ask the Privacy and/or Security Officials for further guidance.

B. Penalties and Fines

Penalties and fines can be imposed by HIPAA on anyone who improperly uses or discloses Health Information. In addition to penalties and fines, any improper use or disclosure of Health Information may subject you to disciplinary action up to and including termination.

C. Certification of Understanding and Compliance

I hereby certify that I have carefully read and understand this Annual Privacy & Security Statement and the Privacy Policies and Procedures and agree to abide by their provisions. All of my questions, if any, about these documents have been answered and copies have been made available to me. I agree to abide by all of the requirements and provisions set forth in this Statement and the Privacy Policies and Procedures.

Name (please print)

Signature

Date: _____

Confidentiality Agreement

This confidentiality agreement is being entered into effect on _____ by and
(Date)
between Planned Parenthood of Maryland (PPM) and _____
(Name)

PURPOSE: Due to the nature of PPM business and the tasks that you are paid or volunteered to perform, you will have access to, learn, and/or be provided with confidential information relating to employees, volunteers, clients, and patients. Confidentiality of all aspects of employee, volunteer, client, and patient involvement with PPM is of primary importance first, the individual and second, to PPM service, care, and professional standing. The PPM guarantee of confidentiality not only protects the individual's right of privacy; it also protects the integrity of the entire agency.

DEFINITIONS: For purposes of this agreement, the following definitions apply:

- Employees: paid PPM staff
- Volunteers: persons that agree to perform various tasks for PPM without pay
- Clients/Patients: persons served by PPM

GOLDEN RULE OF CONFIDENTIALITY:

Give, show, or say nothing about the PPM employee, volunteer, client, or patient.

CONFIDENTIAL INFORMATION: For purposes of this agreement, confidential information shall mean all information that becomes known to the PPM staff/volunteer as a consequence of his/her work for PPM and includes, but is not limited to:

- Agency records: all records of the agency unless released on the authority of the President, or in the case of medical records, with the written consent of the patient or upon order of the court.
- Patient records: all written or printed information that contains any patient information including, but not limited to, the personal medical file, billing information, test results and appointment records.
- PPM client, employee and volunteer records: all written or printed information that contains any PPM client or staff information including, but not limited to, lists of employees, volunteers, donors, or others; personnel files; payroll records; work schedules; and sign in/out sheets.

NONDISCLOSURE OBLIGATIONS: PPM staff and volunteers promise to receive and hold all confidential information in confidence. Without limiting the generality of the foregoing, PPM staff/volunteers shall refrain from the following:

- Providing unauthorized persons access to PPM property;
- Passing on to another directly or indirectly, through oral or written exchange, the identity or any other information regarding PPM employees, volunteers, clients, or patients outside of normal business procedures.

Confidentiality Acknowledgement

I have read and understand PPM's *Confidentiality Agreement*. I also have been given a copy of the policy for future reference and agree to abide by the terms and conditions as outlined therein.

Acknowledged by:

PPM Staff/Volunteer Signature

Date

PPM Staff/Volunteer Name (Printed)

Protest Response Procedure

PPM Policy

Remember it is PPM policy that:

All employees, volunteers and agents will refrain from speaking with picketers, except to enforce or inform them of the FACE act*, to remain as non-confrontational as possible, to keep ones hands along the side of the body or behind the back to avoid any contact and to discourage clients and visitors from engaging in conversation with picketers.

Freedom of Access to Clinic Entrances Act (FACE). This federal law specifically prohibits the following: To use or attempt the use of force, the threat of force, or physical obstruction to injure, intimidate, or interfere with providers of reproductive health services or their patients.

Media Requests

If any reporters or other media members contact you or try to enter the building, please relay the following message to refer them to the Director of Communications:

We are serving patients today. We would be happy to provide you an interview with a health professional or a senior member of our health center or affiliate staff. We will do all we can to assist you while protecting the privacy of our patients. To help you get what you need for your story, we suggest that you contact our Director of Communications at 410-576-2162.

When to Call the Landlord

Your center (excluding Baltimore) is located on private property. If the protesters are on property owned by the landlord and the protest includes activity the landlord may consider disruptive or upsetting to other businesses call the emergency number provided by your landlord. Inform the representative of the protest and why you are requesting they call the police to ask the protesters to move to the sidewalk or public property.

When to Call the Police

For the most part protesters know their limits and will remain peaceful and law abiding. If however, the protesters demonstrate any of the (FACE) prohibited behaviors outlined above or enter the health center, call 911 immediately. If the protest is more than 20 people large call your local non emergency police number just to make them aware of the crowd.

Talking Points

Redirect to Client Focus

- We are health professionals and we are focused on our patients, not on protestors. We work at Planned Parenthood because we care about women and men and their health. There is nothing more important to us.
- Our first priority today and every day is taking care of the women and families who walk through our health center doors seeking lifesaving cancer screenings, family planning, HIV testing and other services. No matter who protests, our patients can always count on us to stay focused on delivering the care they need and deserve. That's why we're here.

PPM Talking Points

1. For over 80 years, Planned Parenthood of Maryland has been a trusted preventive health care provider and the primary source for fact-based sexuality education.
2. **We're here for every person, every family, and every community.**
3. Planned Parenthood of Maryland serves over 35,000 men, women and teens each year.
4. We focus on preventive services that help women and their families stay healthy - 83% of our services are preventive reproductive health care & education.
5. Planned Parenthood of Maryland provides sexuality education in local schools, trainings for professionals, teen programs, volunteer opportunities, and we have an advocacy presence in Annapolis.
6. Last year, Planned Parenthood of Maryland served over 23,000 patients at 8 locations across the state: Annapolis, Baltimore, Easton, Frederick, Owings Mills, Salisbury, Towson, and Waldorf.
7. Planned Parenthood of Maryland services include: annual exams; Pap Tests; breast and cervical cancer screenings; contraception; pregnancy testing and options counseling; sexually transmitted disease testing and treatment; HIV testing and counseling; abortion care; and vasectomies.
8. The majority of our patients are female (96%) and in their twenties (58%).
9. We're here providing health care regardless of insurance status or ability to pay. Roughly 3/4ths of our patients (75.9%) are uninsured, underinsured or on Medicaid.
10. We're here for someone you know.

Annapolis Police	410-268-9000
Baltimore Police	410-396-2525
Frederick Police	301-694-2100
Owings Mills Police	410-887-1570
Salisbury Police	410-548-3164

Did any of the following behaviors occur?

Use or threat of force, or physical obstruction: ___ Yes ___ No _____ Number of

Willfully injure, intimidate, or interfere: ___ Yes ___ No _____ Number of

If so, please secure witness contact information in the Protest Incident Witness Log

Protest Incident Witness Log

Who witnessed these behaviors? (Provide name and contact phone number when possible)

Behavior _____

Offender _____ Victim _____

Witness _____ Police Report _____

Behavior _____

Offender _____ Victim _____

Witness _____ Police Report _____

Behavior _____

Offender _____ Victim _____

Witness _____ Police Report _____

Behavior _____

Offender _____ Victim _____

Witness _____ Police Report _____

Behavior _____

Towson Police 410-887-2214

Waldorf Police 301-932-2222

Fire Department Emergency 911

Protest Debriefing Report

Use To: Report incident details, unlawful or concerning behavior, or new activity to occur during a protest. This report will be filed along with a Security Incident Report.

Center _____

Date _____

Center Director _____

_____ No Unusual or Unlawful Behavior (do not file this report)

Did you have advance notice of the protest? _____

How many protesters would you estimate were present? _____

Have you ever seen these protesters before? _____

What about this protest, if anything, was usual or concerning? _____

POLICE CALL:

Call time _____ Reason: _____ Trespassing Only

Other reasons: _____

Responding Officers: _____

Police Contact Information: _____

ANY REQUESTS FOR CLIENT MEDICAL REPORTS MUST BE REFERED TO THE HIPPA PRIVACY OFFICER, THE RISK AND QUALITY MANAGER.

Offender _____

Victim _____

Witness _____

Police Report _____

Behavior _____

Offender _____

Victim _____

Witness _____

Police Report _____

