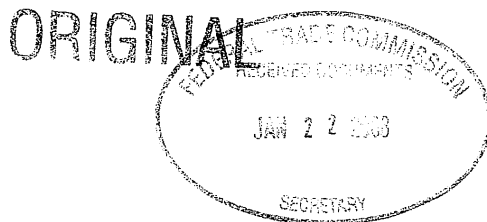


Victor Havel
Joan Spradley-Havel



Federal Trade Commission/ Office of the Secretary
Room H-135 (Annex K)
600 Pennsylvania Avenue, N.W.
Washington, DC 20580

January 9, 2008

Subject: Project No. P075414; SSNs in the Private Sector; COMMENTS

Dear Sirs;

This response has been generated to provide a senior-citizen prospective of protecting our SSN from identity theft on a day-to-day basis. We believe our experience to be significantly unique to that of the average retired consumer to warrant these comments.

I. Current Private Sector Collection and Uses of the SSN:

Our day-to-day exposure to identity theft comes from the **medical community**. Over the last two years, we have sought medical services from 21 medical providers in the greater Dallas metropolitan area. In each initial visit, the medical provider's admission form requested our SSN! Providing our SSN meant exposing our SSN to the staffs of 4 hospitals, 4 labs/clinics, and the personnel in 13 doctors' practices, ranging in size from four to forty people.

At each admission, we challenged the reason for the need of the provider for the patient's SSN. The answer was in each case was 'for insurance purposes' (i.e.: "...to bill your insurance carrier...or ..your insurance company requires it from us!").

Now comes the uniqueness of our particular situation. The 'consumer' here is retired a Federal Employee with medical insurance provided through the FEHB program by a commercial carrier. Unlike the Medicare program which uses the patient's SSN for medical insurance administration & payments, the FEHB requires their insurance carriers to use carrier specific patient numbers which are provided on the patient's identification card. Knowing that we are going to be confronted with the request for our SSN at admission, we have confirmed in advance with the medical insurance carriers that they do NOT use nor require our SSN in their dealings with their medical providers.

Based on this confirmation, we have consistently declined to provide our SSN, and, when challenged, recommended that the provider contact our insurance carrier. Of the 21 medical providers we have been referred to or visited in the latest two years, we have been denied medical service from only one because we refused to provide our SSN.



Charles R. Guild
Senior Regulatory Analyst

December 20, 1996

Mr. Paul G. Irish
Program Administrator
Public Utility Commission of Texas
1701 N Congress Ave
PO Box 13326
Austin, Texas 78711-3326

RE: Complaint of Victor Havel of White Settlement , Texas

Dear Mr. Irish:

In response to Mr. Havel's request, his Social Security number has been removed from his account information. The reason for the requesting of the information in the first place is not to run a credit check as mentioned by Mr. Havel but rather to cross check to see if there are any matches on off-service debts owed to TU Electric in the applicants name. This action is done on all new customers requesting service and should not be construed as a credit check as used to acquire a loan or credit card. This investigation is allowed by the Commission prior to establishing an account for an applicant in order to find unpaid debts to the utility in applicants names.

If you need any further information, please feel free to call.

Sincerely,

Charles R. Guild
Sr. Regulatory Analyst

CRG

cc: Victor Havel

**BAYLOR WAXAHACHIE
NOTICE OF HEALTH INFORMATION PRACTICES**

**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.**

**Understanding Your Health Record/
Information**

This notice describes the practices of Baylor and that of any physician¹ with staff privileges with respect to your protected health information created while you are a patient at Baylor. Baylor, physicians with staff privileges, and personnel authorized to have access to your medical chart are subject to this notice. In addition, Baylor and physicians with staff privileges may share medical information with each other for treatment, payment or health care operations described in this notice.

We create a record of the care and services you receive at Baylor. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care at Baylor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Your Health Information Rights

¹ Physicians participating in your care at Baylor, including the physicians in the Emergency Department, are not employees or agents of Baylor and are not acting for or on behalf of Baylor. They are either Independent Physicians who are engaged in the private practice of medicine who have been granted privileges to use this facility for the care of their patients or licensed physicians who are engaged in a Post Graduate Medical Education Program. All medical decisions regarding your care and treatment at Baylor are made by such physicians and not by Baylor.

Although your health record is the physical property of Baylor, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction;
- Obtain a paper copy of this notice of information practices;
- Inspect and request a copy of your health record as provided by law;
- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record;
- Obtain an accounting of disclosures of your health information as provided by law;
- Request communication of your health information by alternative means or at alternative locations. We will accommodate reasonable request; and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken in reliance on your authorization.

You may exercise your rights set forth in this notice by providing a written request, except for requests to obtain a paper copy of the notice, to the Health Information Management Department at Baylor, 1405 W. Jefferson, Waxahachie, TX 75165.

Our Responsibilities

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures;
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available for you to request at Baylor. The revised notice will also be posted at Baylor and on the Baylor Health Care System web page at www.baylorhealth.edu; and
- We will not use or disclose your health information without your written authorization, except as described in this notice.

Examples of Disclosures for Treatment, Payment, Health Care Operations and As Otherwise Allowed By Law.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and



Presbyterian Plano

Center for Diagnostics & Surgery

NOTICE OF PRIVACY PRACTICES

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

UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made in order to manage the care you receive. Presbyterian Plano Center for Diagnostics & Surgery (PPCDS) understands that the medical information that is recorded about you and your health is personal. The confidentiality of your health information is also protected under both state and federal law.

This Notice of Privacy Practices describes how PPCDS may use and disclose your information and the rights that you have regarding your health information. This notice applies to all PPCDS healthcare facilities (both inpatient and outpatient). It also applies to physicians and allied health professionals with staff privileges at PPCDS.

YOUR HEALTH INFORMATION RIGHTS

Although your health information is the physical property of the facility or practitioner that compiled it, the information belongs to you, and you have certain rights over that information. You have the right to:

- Request, in writing, a restriction on certain uses and disclosures of your health information. However, agreement with the request is not required by law, such as when it is determined that compliance with the restriction cannot be guaranteed;
- Inspect or obtain a copy of your health record as provided by law;
- Request, in writing, that your health record be amended as provided by law, if you feel the health information we have about you is incorrect or incomplete. You will be notified if the request cannot be granted;
- Request that we communicate with you about your health information in a specific way or at a specific location. Reasonable requests will be accommodated;
- Obtain an accounting of disclosures of your health information as provided by law;
- Obtain a paper copy of this Notice of Privacy Practices on request.

You may exercise these rights by directing a request to the Privacy Contact listed on this Notice.

OUR RESPONSIBILITIES

PPCDS has certain responsibilities regarding your health information, including the requirement to:

- Maintain the privacy of your health information;
- Provide you with this Notice that describes PPCDS legal duties and privacy practices regarding the information that we maintain about you;
- Abide by the terms of the Notice currently in effect.

PPCDS entities reserve the right to change these information privacy policies and practices and to make the changes applicable to any health information that we maintain. If changes are made, the revised Notice of Privacy Practices will be made available at PPCDS facility, and will be supplied when requested.

Uses and Disclosures of Health Information with Authorization

When you obtain services from PPCDS, certain uses and disclosures of your health information are necessary and permitted by law in order to treat you, to process payments for your treatment and to support the operations of the entity and other involved providers. These following categories describe ways that PPCDS use or disclose you information, and some representative examples are provided in each category. All of the ways your health information is used or disclosed should fall within one of these categories.

ADVANCED HEART CARE, PA
NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment of health care operations and for other purposes that are permitted by law. It also describes your right to access and control your protected health information.

Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by your Physician, Office Staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information to a Physician to whom you have been referred to, to ensure that the Physician has the necessary information to diagnose or treat you.

Health Care Operations: We may disclose your protected health information in the following situations without your authorization. These situations include: as Required by Law, Public Health Issues as required by law, Communicable Diseases, Abuse or Neglect.

You may revoke this authorization at any time, in writing, except to the extent that your Physician or the Physician's practice has taken as action in on the use of disclosure indicated in the authorization.

Your Rights: In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request a copy you may be charged a fee. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes. If you believe that information in your record is incorrect or missing, you have the right to request that we correct the existing information or add the missing information.

Complaints: You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with our HIPAA Compliance officer in person or by phone at our main home number, 214-739-0404.

Our Legal Duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

Signature below is only acknowledgement that you have received this Notice or our Privacy Practices.

Printed Name: _____	Signature _____	Date _____
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In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

- Home Telephone
 - OK to leave a message with detailed information
 - Leave message with callback number only
- Work Telephone
 - OK to leave a message with detailed information
 - Leave message with callback number only
- Written Communication
 - OK to mail to my home address
 - Other (please specify) _____

Patient's Signature: _____	Date: _____
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In order for us to release any information regarding your treatment or any test results to a Family Member (i.e. spouse, parent or child) we must have permission from you.

Person(s) to whom information may be released: _____

Expiration Date: _____

Patient's Signature: _____	Date: _____
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