

**CHANGES TO
NOTICE OF PRIVACY PRACTICES**

The Aids Drug Assistance Program must obey the rules of this notice. We have the right to make changes in our privacy rules and use it with all Aids Drug Assistance Programs. If we do make any changes, we will change this notice and give it to Aids Drug Assistance Programs clients.

NO RETALIATION

Aids Drug Assistance Program may not refuse to pay your bills or retaliate in any way if you file a complaint or use any of the privacy rights in this Notice.

QUESTIONS

If you have any questions about this Notice and want more information, please contact the Privacy Officer, Department of Public Health, at the address and phone number listed on the back.

<<< IMPORTANT >>>

**THE AIDS DRUG ASSISTANCE
PROGRAM DOES NOT HAVE
COMPLETE COPIES OF YOUR
MEDICAL RECORDS. IF YOU
WANT TO LOOK AT, GET A COPY
OF, OR CHANGE YOUR MEDICAL
RECORDS, PLEASE CONTACT
YOUR DOCTOR, CLINIC, OR
HEALTH CARE PLAN.**

HOW DO YOU USE YOUR RIGHTS?

If you think your privacy rights have been violated, you may file a complaint by calling or writing:

Privacy Officer
CA Department of Public Health
P.O. Box 997377
MS 0506
Sacramento, CA 95899-7377
(916) 440-7671 or (877) 421-9634 TTY/TDD

or

Regional Manager
Department of Health and Human Services
Office for Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103

For additional information, call:
(800) 368-1019
or
U.S. Office for Civil Rights at
(866) OCR-PRIV (866-627-7748)
or (866) 788-4989 TTY

This privacy notice is from the Aids Drug Assistance Program. You may get other Privacy notices from your doctor and other health care programs.

To get a copy of this notice in other languages, Braille, large print, audiocassette or computer disk, please call or write the Privacy Officer at the number or address listed above.



**California
Department of Public Health**



**AIDS DRUG
ASSISTANCE
PROGRAM**

**NOTICE of
PRIVACY
PRACTICES**

Effective August 2008

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

PRIVACY AND YOU

The law requires the Aids Drug Assistance Program to tell you how we keep your personal and health information private and what your rights are.

This notice tells you that health information about you is kept private, how you can get a copy of the information we have, and what your rights are. It also tells you how the Aids Drug Assistance Program can use your health information and give it to others.

We get information about you when you apply for benefits and when your pharmacist sends us a bill for your care. We also get medical information on your treatment when we approve your care. It also tells you how the Aids Drug Assistance Program can use your health information and give it to others.

HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

Federal law requires us to use and share information we have about you only for operating the Aids Drug Assistance Program. This information includes such things as your name, address, personal facts, medical history, and medical care given to you.

We use this information and share it with others for the following reasons:

- ♦ **For Payment:** The Aids Drug Assistance Program and others that work with us review, approve, and pay for pharmacy bills sent to us for your medical care. When we do this, we share information with the pharmacists, doctors, and others who bill us for your care.
- ♦ **For Health Care Operations:** The Aids Drug Assistance Program may use your health records to check the quality of the prescription drug treatment you receive and to check your medical needs to get restricted Aids Drug Assistance Program drugs. We may also use this information in audits or fraud investigations or for planning and managing the Aids Drug Assistance Program.

SOME OTHER WAYS WE MAY SHARE YOUR INFORMATION

The law also allows the Aids Drug Assistance Program to use or give out information we have about you for the following reasons:

- ♦ To call or write to you about your benefits with us.
- ♦ When required by law, such as in response to a court order.
- ♦ To agencies that oversee the health care system for audits or investigations.
- ♦ In appeals of decisions about health care claims paid or denied by the Aids Drug Assistance Program.
- ♦ To the federal government when it is checking on how we are meeting privacy laws.
- ♦ To other government agencies that give public benefits such as Medi-Cal.
- ♦ To gather information which can no longer be traced back to you.

We may give out health information about you to organizations that help us run our program. If we do, we will make sure that they protect the privacy of your information we share with them.

Some state laws limit sharing the information listed above. For example, there are special laws which protect information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse care. We will obey these laws.

WRITTEN PERMISSION

The Aids Drug Assistance Program must have your written permission to use or give out personal and health information about you for any reason that is not described in this notice. You may take back your written permission at any time, except if we have already acted because of your permission.

WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?

You have the right:

- ♦ To ask us not to use or share your personal health care information in the ways listed. However, we may not be able to comply with your request.
- ♦ To ask us to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests if needed to protect your safety.
- ♦ To see and get a copy of your Aids Drug Assistance Program information. You may have someone else see and get a copy of your information. We have information about your eligibility, your health care bills, and some medical records that we use to allow or manage your health care services. You will need to pay a fee for us to copy and mail the records. We may keep you from seeing all or parts of your records when the law allows. If we do, we will give you information on how to appeal our decision.
- ♦ To change the records if you believe some information we have about you is wrong. We may deny your request if the information is not made or kept by the us or the information is already correct and complete. If your request is denied, you may write a letter disagreeing with our decision and your letter will be kept with your records.
- ♦ To request a list of the times when we have shared your health information after April 14, 2003. The list will tell you what information we shared, with whom, when and for what reasons. The list will not have the times when we gave information to you, when we had your permission, or when we shared it for treatment, payment, or health care operations.
- You have a right to get a paper copy of this Notice of Privacy Practices when you request it. You can also find this Notice on our website at: www.cdph.ca.gov/HealthInfo/Pages/PrivacyNoticesandStatements.aspx.