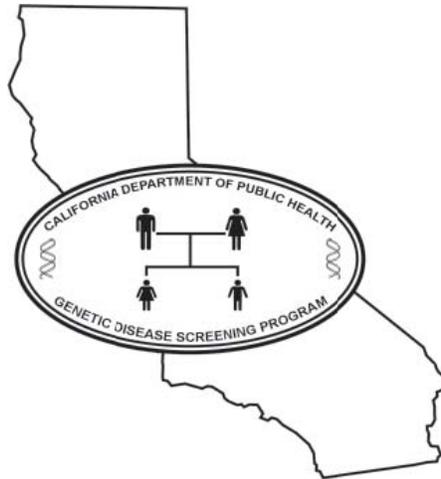


The California Prenatal Screening Program is voluntary. Women can refuse testing without losing insurance benefits or eligibility or services from State programs.

California law prohibits the use of test results by insurance companies or employers to discriminate against an individual. If you believe that you have experienced discrimination as a result of prenatal screening, write to Chief of the Genetic Disease Screening Program, at the address below.



California Department of Public Health
Genetic Disease Screening Program
850 Marina Bay Parkway, F175
Richmond, CA 94804
866-718-7915 toll free

For more information see our website www.cdph.ca.gov and click on the Prenatal Screening Section on the left.

November 2008

This notice describes how personal and medical information about you or your newborn may be used and disclosed and how you can get access to this information. **Please Review Carefully.**

Who Maintains the Information?

The information on this form is maintained by the Department of Public Health, Genetic Disease Screening Program. The Chief of the Genetic Disease Screening Program may be reached at 850 Marina Bay Parkway, F175, Richmond, California, 94804, (510) 412-1500. The Chief is responsible for the system of records and shall, upon request, inform you about the location of your records and respond to any requests you may have about information in those records.

The law also allows the Department to use or give out information we have about you for the following reasons:

- For research studies that have been approved by an institutional review board and meet all federal and state privacy law requirements, such as research related to preventing disease.
- For medical research without identification of the person from whom the information was obtained, unless you specifically request in writing that your information not be used, by writing to the address listed below.
- To organizations which help us in our operations, such as by collecting fees. If we provide them with information, we will make sure that they protect the privacy of information we share with them as required by Federal and State law.

Individual Rights and Access to Information

The Department may change its policies at any time subject to applicable laws and regulations. If the Department does so, you will be notified and may request a copy of our current policies or obtain more information about our privacy practices by calling the numbers listed below or consulting our website at www.cdph.ca.gov. You may also request a paper copy of this Notice. This Privacy Notice can be found on our website at:

www.cdph.ca.gov/programs/Pages/PrivacyOffice.aspx.

The Prenatal Screening 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 can revoke your authorization at any time, except if the Prenatal Screening Program has already acted because of your permission by contacting the Chief of the Genetic Disease Screening Program at 850 Marina Bay Parkway, F175, Richmond, CA 94804.

You have the right to look at or receive a copy of your health information. If you request copy, we will charge you \$0.10 (10 cents) for each page. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than screening, payment or related administrative purposes.

You have a right to ask Prenatal Screen Program not to use or share your information in the ways listed in this notice. However, we may not be able to comply with your request. You have a right to have information in your records changed if information is missing or you believe the information is incorrect. You have the right to request we correct the existing information or add the missing information. You have the right to ask us to contact you at a different address, post office box or telephone number. We will accept reasonable requests.

Prenatal Screening Program may not retaliate or refuse to pay your bills in any way if you choose to file a complaint or use any of your privacy rights in this notice.

Copies and Other Languages

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 address and number listed below.

Important: Prenatal Screening Program does not have complete copies of your health records. If you want to look at, get a copy of, or change your health records, please contact your doctor, clinic, or health plan.

Notices

This privacy notice is from the Prenatal Screening Program. You may get other privacy notices from your doctor and other health care programs.

How Do You Use Your Rights

If you believe that we have not protected your privacy or have violated any of your rights you may file a complaint by calling or writing: Privacy Officer, California Department of Public Health, P.O. Box 997377, Sacramento, CA 95899-7377, 916-440-7671 or 877-421-9634 TTY/TDD or visit our website at: www.cdph.ca.gov/programs/pages/privacyoffice.aspx.

Or

You may also contact the Regional Manager, Department of Health and Human Services, Office for Civil Rights at 90 7th Street, Suite 4-100, San Francisco, CA, 94103, telephone 800-368-1019 or U.S. Office for Civil Rights at 866-OCR-PRIV(866-627-7748) or 866-788-4989 TTY.

AMERICANS WITH DISABILITIES ACT (ADA)
Notice of Information and Access Statement
Policy of Nondiscrimination on the Basis of Disability and Equal Employment
Opportunity Statement

The California Department of Public Health (CDPH) complies with all state and federal laws, which prohibit discrimination in employment and provide admission and access to its programs or activities.

The Deputy Director, Office of Civil Rights (OCR), CDPH has been designated to coordinate and carry out the department's compliance with nondiscrimination requirements. Title II of the ADA addresses nondiscrimination and access issues regarding disabilities. To obtain information concerning the CDPH EEO Policies or the provisions of the ADA and the rights provided, you may contact the CDPH OCR by phone at 916-440-7370, TTY 916-440-7399 or write to:

OCR, CA Dept. of Public Health
MS0009, P.O. Box 997413
Sacramento, CA 95899-7413

Upon request, this document will be made available in Braille, high contrast, large print, audiocassette or electronic format. To obtain a copy in one of these alternate formats, call or write:

Chief, Prenatal Screening Branch
850 Marina Bay Pkwy, F175, Mail Stop 8200, Richmond, CA 94804
Phone: 510-412-1502 Relay Operator 711/1-800-735-2929