



California Department of Public Health

## MESSAGE FROM AIDS DRUG ASSISTANCE PROGRAM NOTICE OF PRIVACY PRACTICES

Effective December 1, 2023

### 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

AIDS Drug Assistance Program (ADAP) and any business associates providing services to ADAP must keep your health information private. ADAP receives information about you when you apply for benefits and when your pharmacist sends ADAP a bill for your care. ADAP also receives medical information on your treatment when ADAP approves your care. ADAP must give you this notice about the law and how ADAP can use and share your health information and what your rights are.

## HOW ADAP MAY USE AND SHARE INFORMATION ABOUT YOU SOME OTHER WAYS ADAP MAY SHARE YOUR INFORMATION

The law also allows ADAP to use or disclose information ADAP has about you for the following reasons:

- To contact you about your ADAP benefits.
- When required by state or federal law.
- To agencies that oversee audits or investigations for purposes directly related to ADAP.
- In appeals of decisions about health care claims paid or denied by ADAP.
- To the Secretary of the U.S. Department of Health and Human Services when it is investigating or checking on how ADAP is meeting privacy laws.
- To other government agencies that give public benefits such as Medi-Cal, under specified conditions permitted by law.
- To the armed forces if the individual is Armed Forces personnel or foreign military personnel and the disclosure is deemed necessary by appropriate military command authorities

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• To authorized federal officials for the conducting of authorized intelligence, counterintelligence, and other national security activities.

ADAP may give out health information about you to organizations that help run the ADAP program. If ADAP does such disclosures, ADAP will make sure that it protects the privacy of your information ADAP shares.

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. ADAP will obey these laws.

#### NO DISCRIMINATION

ADAP does not discriminate on the basis of race, color, national origin, sex, age, gender identity, gender expression, sexual orientation, or disability.

#### WHEN WRITTEN PERMISSION IS NEEDED

If ADAP wants to use or give out personal and health information about you for any reason that is not listed above, ADAP must ask your permission in writing. 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 ADAP to restrict certain uses or sharing of your personal health care information.
  However, ADAP may not be able to honor your request except in one circumstance:
  if you pay in full for a health procedure which would normally be billed to a health
  plan, CDPH will honor your request not to share information about that procedure
  with the health plan.
- Ask ADAP to contact you confidentially (for example, in writing only or at a different address, post office box, or by telephone). ADAP will accept reasonable requests if needed for your safety.
- See and get a copy of your ADAP information. You may have someone else see and get a copy of your ADAP information. ADAP has information about your eligibility, your health care bills, and some medical records that ADAP uses to allow or manage your health care services. You may need to pay a fee for ADAP to copy and mail the records. ADAP may keep you from seeing all or parts of your records when the law allows. If ADAP does deny your access request, ADAP will give you information on how to appeal our decision.
- Change the records if you believe some information ADAP has about you is wrong.

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ADAP may deny your request if the information was not made or kept by ADAP or the information is already correct and complete. If your request is denied, you may write a letter disagreeing with ADAP's decision and your letter will be kept with your records.

#### **IMPORTANT**

# ADAP 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.

- You have the right to ask for a list of the times when ADAP has shared your health information after April 14, 2003. The list will tell you what information ADAP shared, with whom, when, and for what reasons. The list will not have when ADAP gave information to you, when ADAP had your permission to make a disclosure, or when ADAP shared your information for treatment, payment, or health care operations.
- You have a right to receive a written copy of this Notice of Privacy Practices when you
  request it. To do so, please contact the ADAP Health Insurance Portability and
  Accountability Act Coordinator at the information below. You can also find this notice
  on our website at <a href="https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAadap.aspx">https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAadap.aspx</a>

#### **HOW DO YOU CONTACT ADAP TO USE YOUR RIGHTS?**

Please call or write ADAP if you want to receive the form(s) you will need to exercise your privacy rights.

ADAP Branch Chief
ADAP
California Department of Public Health
P.O. Box 997426, MS 7704
Sacramento, CA 95899-7426
(844) 421-7050

You may also contact your ADAP enrollment worker for the forms necessary to exercise your rights.

If you believe that ADAP has not protected your privacy, you may file a complaint by calling or writing to:

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Privacy Officer

Office of Legal Services, Privacy Office

California Department of Public Health

P.O. Box 997377, MS 0506

Sacramento, CA 95899-7377

(877) 421-9634

privacy@cdph.ca.gov

#### COMPLAINTS

You may also call or write the Secretary of the United States (U.S.), Department of Health and Human Services, Office for Civil Rights, 90 7th Street, Suite 4-100, San Francisco, CA 94103, telephone (800) 368-1019, TDD (800) 537-7697, or email at <a href="mailto:ocrmail@hhs.gov">ocrmail@hhs.gov</a>

ADAP cannot take away your health care benefits, retaliate in any way if you file a complaint, or use any of the privacy rights in this notice.

If you have any questions about this notice, and want more information please contact the California Department of Public Health, Privacy Officer, at the address and telephone number listed above.

#### **CHANGES TO NOTICE OF PRIVACY PRACTICES**

ADAP must obey the rules of this notice. ADAP has the right to make changes to this ADAP Notice of Privacy Practices. If ADAP does make any material changes, ADAP will amend this notice and give it to you right away.

To get a copy of this notice in other languages, Braille, or large print, please call or write to ADAP at the phone number or address listed.

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