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California Department of Public Health



EDMUND G. BROWN JR.  
Governor

**MESSAGE FROM AIDS DRUG ASSISTANCE PROGRAM**

**NOTICE OF PRIVACY PRACTICES**

Effective March 23, 2015

**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) 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**

ADAP may only use and share information about you, as required or permitted by law, in the operation of ADAP, Ryan White HIV/AIDS Program, Covered California, and Medi-Cal. This information includes things like your name, address, personal facts, medical history, Social Security Number and medical care given to you.

ADAP uses this information and shares it with others for the following reasons:

- **For payment:** ADAP and others that work with ADAP review, approve, and pay for pharmacy bills sent to ADAP for your medical care. When ADAP does this, ADAP shares information with the pharmacy benefits manager, pharmacists and doctors and others who bill ADAP for your care.
- **For health care operations:** ADAP may use your health records to check the quality of the prescription drug treatment you receive and to check your medical need to

receive restricted ADAP drugs. ADAP may also use this information in audits or fraud investigations, or for planning and managing the ADAP program.

- **Eligibility Determination:** ADAP may share your ADAP information with a Covered California Certified Enrollment Counselor, or with a benefits counselor, case manager, or OA-Health Insurance Premium Payment Program (OA-HIPP) enrollment worker who is an employee or contractor of a Health Insurance and Portability and Accountability Act (HIPAA)-covered county health department delivering HIV or AIDS health care services, for the purpose of enrolling you in and continuing your access to a Medi-Cal or Covered California health plan .

ADAP may also share your name and Social Security Number or individual taxpayer identification number with the Franchise Tax Board. This allows ADAP to verify your income from reported tax records and allows us to obtain required financial documentation if you do not have these records.

## **SOME OTHER WAYS ADAP MAY SHARE YOUR INFORMATION**

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

- To call or write to you about your benefits with ADAP.
- 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 federal government when it is 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.

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

## **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 not to use or share your personal health care information in the ways listed above. However, ADAP may not be able to honor your request.
- Ask ADAP to contact you in writing only or at a different address, post office box, or by telephone. ADAP will accept reasonable requests if needed for your safety.
- To 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 will 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, ADAP will give you information on how to appeal our decision.
- To change the records if you believe some information ADAP has about you is wrong. 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, or when ADAP shared it 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. You can also find this notice on our website at <http://www.cdph.ca.gov/programs/aids/Pages/tOAADAPindiv.aspx>

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

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

**ADAP Health Insurance Portability  
and Accountability Act Coordinator**

c/o ADAP

Department of Public Health  
MS 7700, P.O. Box 997426  
Sacramento, CA 95899-7426  
(916) 449-5882

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:

<p style="text-align: center;"><b>Privacy Officer</b> California Department of Public Health Office of Legal Services Privacy Office, 1415 L Street, Suite 500 Sacramento, CA 95814 (916) 440-7671</p>
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## **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 7<sup>th</sup> Street, Suite 4-100, San Francisco, CA 94103, telephone (800) 368-1019 or you may call the U.S. Office for Rights at 866-OCR-PRIV, 866-627-7748, or 866-788-4989 TTY/TDD.

**ADAP cannot take away your health care benefits or 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 in the ADAP privacy rules. If ADAP does make any changes, ADAP will correct this notice and give it to you right away.

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