

# YOUR PRIVACY RIGHTS

Federal and state laws require that individuals (or their personal representative) be provided certain rights regarding their personal information generated and maintained by the California Department of Public Health or the Department's business associate. PI is information that can identify or can be used to identify an individual, and relates to the past, present or future health condition of an individual. The Department's [Privacy Office](#) is responsible for facilitating the Department's compliance with federal and state privacy laws to ensure the safeguarding of PI.

Any PI requests shall be made in writing using the appropriate forms provided below. With limited exceptions, an individual (or a personal representative) has the right to request the following:

- **ACCESS TO INSPECT AND OBTAIN COPIES OF PI**  
You have the right to inspect your personal information in records, which the Department creates or maintains. You also have the right to request copies of those records. You may be charged for the costs of copying and mailing of these records.  
[Request for Access to PI - Individual](#)  
[Request to Access PI - Parent, Guardian, or Personal Representative](#)
- **ACCOUNT OF DISCLOSURES OF PI**  
You have the right to request the Department to account for the disclosures of your PI, which the Department creates or maintains.  
[Request for an Accounting of Disclosures of PI - Individual](#)  
[Request for an Accounting of Disclosures of PI - Parent, Guardian, or Personal Representative](#)
- **AMEND PI**  
You have the right to request amendments to your personal information which the Department creates or maintains.  
[Request to Amend PI - Individual](#)  
[Request to Amend PI - Parent, Guardian, or Personal Representative](#)
- **AUTHORIZATION FOR USE AND DISCLOSURE OF PERSONAL INFORMATION**  
You have the right to authorize the use and disclosure of your personal information which the Department creates or maintains.  
[Authorization for Use and Disclosure of PI - Individual, Parent, Guardian, or Personal Representative](#)
- **CONFIDENTIAL COMMUNICATION OF PI**  
You also have the right to request the Department not to disclose PI to a family member, relative, or friend involved with your care or payment for your health care.  
[Request for Confidential Communication PI - Individual](#)  
[Request for Confidential Communication PI - Parent, Guardian, or Personal Representative](#)
- **PRIVACY/HIPAA COMPLAINT FORM**  
You have the right to file a complaint if you believe your HIPAA rights have been violated regarding your personal information which the Department creates or maintains.  
[Privacy/HIPAA Complaint Form](#)
- **RESTRICT USE AND DISCLOSURE OF PI**  
You have the right to request the Department to restrict the use and disclosure of your PI to carry out treatment, payment or operations.  
[Request to Restrict Use and Disclosure of PI - Individual](#)  
[Request to Restrict Use and Disclosure of PI - Parent, Guardian, or Personal Representative](#)