

**CHANGES TO  
NOTICE OF PRIVACY PRACTICES**

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

**NO RETALIATION**

Refugee Health Assessment 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.

This privacy notice is from the Refugee Health Assessment Program. You may get other privacy notices from your doctor and other health care programs.

**<<< IMPORTANT >>>**

**THE REFUGEE HEALTH  
ASSESSMENT 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

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**



**REFUGEE HEALTH  
ASSESSMENT 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

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 Refugee Health Assessment Program can use your health information and give it to others.

The law requires Refugee Health Assessment Program to tell you how we keep your personal and health information private and what your rights are. This information includes health information from health care providers or their representatives that send bills to us for approval and payment for your health care.

## 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 Refugee Health Assessment 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 Treatment:** The Refugee Health Assessment Program may use information in your health records to check how complete your health care services are and their quality.
- ◆ **For Payment:** The Refugee Health Assessment Program approves and pays the clinic that provided health care services to you. When we do this, we may talk with the doctors, clinics, and others who bill us for your care.
- ◆ **For Health Care Operations:** The Refugee Health Assessment Program may use your health care record to check your health care services. We may also use this information in audits or fraud investigations, or for planning and managing the program.

## SOME OTHER WAYS WE MAY SHARE YOUR INFORMATION

The law also allows the Refugee Health Assessment Program to use or give out information we have about you for the following reasons:

- ◆ 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 Refugee Health Assessment Program.
- ◆ To the federal government when it is checking on how we are meeting privacy laws.
- ◆ 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 that 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 Refugee Health Assessment 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.

## 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.

## WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?

You have a 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.
- ◆ 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 Refugee Health Assessment Program information and records. Our records have medical information from your first refugee health evaluation. You may need to pay a fee for the costs of copying and mailing 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 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.
- ◆ You have the right 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, 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](http://www.cdph.ca.gov/HealthInfo/Pages/PrivacyNoticesandStatements.aspx).