

NOTICE OF RETENTION OF CONFIDENTIAL RECORDS

The Department of Health Care Services (DHCS) hereby acknowledges the confidentiality of participant and personnel records maintained by any alcoholism or drug abuse recovery or treatment facility, or other program providing services as stipulated in 42 CFR (Code of Federal Regulations), Part 2 and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 CFR Part 160 & 164.

DHCS AUTHORIZED REPRESENTATIVE MUST CHECK ONE OF THE FOLLOWING:

- Inspection of participant and personnel records has disclosed deficiencies with applicable licensing regulations and/or Standards for Direct Alcohol/Drug Program Services which necessitate the duplication and retention of records containing participant identifying information. Records made and retained by DHCS’s duly authorized representative are being used to substantiate a claim of noncompliance.
- Inspection of participant and personnel records has **not** disclosed deficiencies with applicable licensing regulations and/or Standards for Direct Alcohol/Drug Program Services at the time of delivery of this Notice. However, records containing participant and personnel identifying information are being duplicated and retained to produce an evidentiary basis for a complaint investigation.

Records containing participant identifying information shall be retained in a confidential folder as part of the facility or program file. All files are stored in a locked file drawer at the Department of Health Care Services, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413.

Records containing participant identifying information will be disposed of in accordance with 42 CFR, Part 2. Inquiries by the program or facility regarding disposition may be directed to the Department of Health Care Services, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413.

Program/Facility Name

DHCS License/Certification Number

DHCS Representative

Date

Licensee/Designee

Date

(I acknowledge receiving the original of this form.)



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For energy saving tips, visit the Flex Your Power website at
<http://www.fypower.org>