



CANCER DETECTION AND TREATMENT BRANCH (CDTB), including EVERY WOMAN COUNTS (EWC) and the PROSTATE CANCER TREATMENT PROGRAM (PCTP)

# Notice of Privacy Practices

Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

## Privacy and You

Your health information is personal and private. The CDTB must keep your health information private. We get information about you when you apply for CDTB programs. Your doctors, dentists, clinics, labs, and hospitals send information to us when they ask us to approve and pay for your health care. We must give you this Notice telling you how we keep your health information private.

## Changes to Notice of Privacy Practices

The CDTB must obey the rules in this Notice. We have the right to change our privacy practices. If we do make changes, we will send a new Notice to all people who get CDTB services and the new Notice will apply to all the health information we have at that time.

## How We May Use and Share Your Information

CDTB programs must obey laws on how we use and share your information, such as your name, address, personal facts, the medical care you had, and your medical records. Any information shared must be for a reason related to the administration of CDTB programs. Such reasons include:

- To approve eligibility and medical dental benefits
- To establish ways to pay for health care
- To approve, provide, and pay for health care
- CDTB Health care
- To investigate or prosecute Medi-Cal cases (such as fraud)
- To plan and research ways to improve CDTB services

Information will be disclosed to the Secretary of the U.S. Dept. of Health and Human Services when requested and when disclosure is required by law. If you receive mental health or drug and alcohol benefits, or services for the developmentally disabled, or if you have been diagnosed with HIV, there are laws that protect information about you. CDTB will obey these laws.

## Why We May Use or Share Your Health Information

1. **For treatment:** CDTB may share information with necessary providers to make sure you get the care you need.
2. **For payment:** We share information with your health care provider and others who bill us for your health care or who pay the bills.
3. **For health care operations:** We may use your health records to check the quality of the health care you get and in audits, fraud and abuse programs, planning, and management.
4. **For health notices:** We may send you notices about free health exams, food programs, and other topics.
5. **For legal reasons:** We may give your information to a court, investigator, or lawyer in cases about CDTB. This may be about fraud and abuse, or to get back money from others who should pay your CDTB bills, or other issues related to CDTB programs. If a court orders us to give out your information, we will do so.
6. **For appeals:** You or your health care provider may appeal CDTB decisions made about your health care services. Your health information may be used to decide these appeals.
7. **For eligibility:** We may share your information with federal, state, and local agencies for administrative purposes. This includes checking with USCIS on the immigration status of only those persons seeking full scope Medi-Cal benefits. Federal law says the USCIS cannot use the information for anything else except in cases of fraud.
8. **For planning and research:** We may share limited medical information about you with other agencies and researchers. Researchers must come from non-profit educational institutions and research must be approved by the State Committee for the Protection of Human Subjects.
9. **For some other limited purposes:** Organ and tissue donation, workers' compensation, public health activities and risks, health oversight activities, law enforcement activities, coroners, medical examiners and funeral directors, military and veteran's affairs, national security and intelligence activities, protective services for the president and others, and for inmates.

## Written Permission

CDTB programs may use or share your information in limited ways. If we want to use your health information in a way not listed, we must get your permission in

in writing. If you give permission, you may take it back in writing at any time.

### **What are My Privacy Rights?**

*You have a right to:*

- Ask us not to use or share your CDTB information in the ways listed above. We may not be able to agree to your request. We must agree with your request if it is about an item or service that you paid for.
- Ask us to contact you confidentially, in writing only, at a different address, post office box, or by telephone only. We will accept reasonable requests if needed for your safety.
- Look at and get a copy of your CDTB information. A personal representative who has the legal right to act for you may look at and get it for you. We have information about your CDTB eligibility, health care bills, and some medical records. To get a copy of your records, ask us to send you a form to fill out or look on our website. You will need to pay a fee for us to copy and mail the records. We may keep you from seeing part of your records when allowed or required by law.
- Ask to change information in your records if it is not correct or complete. We may decline to change the information if CDTB did not create or keep it, or if it is already correct and complete. You may request a review of the denial or send a letter to disagree with the denial. This letter will be kept with your CDTB records.
- Ask us for information shared about you. You may ask for a list of who we shared your information with, when, why, and what information was shared.
- Notification of unauthorized access or disclosure of your health information of notice is required by law.
- Ask for a paper copy of this Notice of Privacy Practices, you can also find this Notice on our website at: <http://dhcs.ca.gov/privacyoffice>.

### **Important**

CDTB does not have full copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor, dentist, clinic, or health plan. If you are in a managed care plan, that plan may have information about bills paid for you after you joined the plan. Please contact the managed care plan to look at or get a copy of these bills.

### **How do I Ask about My Privacy Rights?**

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

#### **Privacy Officer**

#### **Department of Health Care Services**

P.O. Box 997413 MS 0010  
Sacramento, Ca 95899-7413  
(866) 866-0602 or (877) 735-2929 TTY/TDD

### **How Do I Complain?**

If you think that your privacy rights have been violated, you may contact us to file a complaint at the address below or visit our web site at:

<http://dhcs.ca.gov/privacyoffice>.

#### **Privacy Officer**

#### **Department of Health Care Services**

P.O. Box 997413 MS 0010  
Sacramento, Ca 95899-7413  
(866) 866-0602 Option 1 or  
(877) 735-2929 TTY/TDD  
FAX: (916) 440-7680

#### **Secretary of the U.S. Department of Health and Human Services Office for**

Civil Rights Attention:

Regional Manager

90 7<sup>th</sup> Street, Suite 4-110

San Francisco, CA 94103

(800) 368-1019 or (800) 537-7697 TTY/TDD

FAX: (415) 437-8329

### **No Retaliation**

CDTB 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.

### **Questions**

If you have any questions about this Notice and want more information, please contact the Privacy Officer at the office or website addresses listed above.

To get a copy of this notice in other languages, Braille, large print, on audiocassette or computer disk, please call or write the Privacy Officer at the number or address listed above.