How To Contact the GHPP To Use Your Rights

If you want to use any of the privacy rights explained in this notice, please contact the GHPP at:

GHPP
Post Office Box 997413
MS 8100
Sacramento, California 95899-7413
1-(800)-639-0597

Complaints

If you believe that your privacy rights have been violated and wish to complain, you may file a complaint by contacting us at the address below or visiting the Privacy Office web site at: http://dhcs.ca.gov/privacyoffice.

Privacy Officer
Department of Health Care Services
P.O. Box 997413
MS 0010
Sacramento, California 95899-7413
(916) 445-4646 (Voice) or
(877) 735-2929 (TTY/TDD)

Or

Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
90 7th Street, Suite 4-100
San Francisco, California 94103
(800) 368-1019; (800) 537-7697 (TDD)
or
U.S Office for Civil Rights
(866) 627-7748 (Voice) or
(866) 788-4989 (TTY/TDD)

No Retaliation

The GHPP cannot take away your health care benefits or do anything to hurt you in any way if you file a complaint or use any of the privacy rights in this Notice.

Effective Date

This Notice of Privacy Practices takes effect on April 14, 2003.

Changes to the Notice

The GHPP must obey the rules of this Notice. However, the GHPP has the right to make changes in its privacy rules. If the GHPP makes such changes, this Notice of Privacy Practices will be rewritten and given to you if you are in the GHPP program.

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.

*****IMPORTANT*****

THE GHPP DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORD, PLEASE CONTACT YOUR DOCTOR, CLINIC, OR HOSPITAL. IF YOU ARE IN A MANAGED CARE PLAN, THAT PLAN MAY HAVE INFORMATION ABOUT BILLS PAID FOR YOU SINCE YOU JOINED THE PLAN. PLEASE CONTACT THE MANAGED CARE PLAN TO LOOK AT OR GET COPIES OF THESE BILLS.

Department of Health Care Services

A MESSAGE FROM THE GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)

NOTICE of PRIVACY PRACTICES

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.

By law the GHPP must protect the privacy of the information we have about you. We must protect both the information about your eligibility for GHPP and your personal medical information. The GHPP must give this notice to you and tell you how the GHPP may use and give out ("disclose") information about you and what your privacy rights are.

How the GHPP May Use and Share Information About You

Your name, address, personal information about your care, medical history, medical diagnoses, and medical services provided to you will be used and shared mainly for reasons connected with the operation of the GHPP. These reasons include, for example:

- Deciding your eligibility for GHPP benefits.
- Deciding the fees that you may have to pay in order to receive the GHPP benefits.
- Deciding if you are eligible for Medi-Cal and if you have Medicare or private health insurance coverage.

- **For treatment:** Approving and/or authorizing services for your diagnosis and treatment. You may need health care services that GHPP must approve before the care is given. To give this approval, the GHPP may receive information from and share it with other people involved in your care to make sure that you get the services you need.
- **For payment:** The GHPP and people that work with us receive, review, approve, process, and pay for health care bills from your doctor or other healthcare providers for services given to you. The GHPP may share information about you with these doctors and other providers who bill the GHPP. The GHPP may send the bills that it receives to other health plans or organizations that may need to pay for services that were given to you.
- **For health care operations:** The GHPP may use facts about your health and health care that you receive to make sure that you receive high quality health care. The GHPP may also use this information in audits or fraud investigations of doctors and other health care providers and for planning and general management of the GHPP.

Other Uses of Your Health Information

The GHPP may also use or give out information it has about patients for the following reasons:

- For public health reasons, such as reporting disease outbreaks.
- For legal reasons, such as to answer a court order.
- For police activities, such as providing information to locate a missing person.
- For research studies that meet all privacy law requirements, such as research related to the prevention of disease.
- To avoid a serious and current threat to health and safety, such as a terrorist attack.
- To contact you about your GHPP benefits.
- To gather information that can no longer be traced back to you, such as a list about how often various GHPP medical problems happen for all GHPP clients.
- For other reasons required by law, such as Workers Compensation, which may require sharing of your health information.

GHPP may give out health information about you to organizations that help run its program, such as companies that pay GHPP bills. If GHPP does this, it will make sure that these other organizations protect the privacy of information we share with them.

Some state laws limit the sharing of 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. GHPP will obey these laws.

NOTE

IF YOU ARE A MEDI-CAL PATIENT, THE LAW MAY NOT ALLOW SHARING SOME OF THE INFORMATION LISTED ABOVE. MEDI-CAL RULES SAY INFORMATION CAN ONLY BE USED OR SHARED FOR REASONS DIRECTLY CONNECTED TO THE OPERATION OF THE MEDI-CAL PROGRAM.

When Written Permission Is Needed

If the GHPP wants to use your information for any reason not listed above, it will get written permission from you. If you give the GHPP written permission or authorization to use or share your information for other reasons, you may take back your written permission or authorization at any time.

Your Privacy Rights

By law you have the right to:

- See and get a copy of your personal medical information which the GHPP has.
- Have your personal medical information changed if you believe that it is wrong or if information is missing, and the GHPP agrees. If the GHPP disagrees, you may have a letter added to your personal medical file explaining what is wrong or missing.
- Get a list of people who get your personal medical information from the GHPP. This listing will not show when your personal medical information was given to you or your personal representative, or when it was shared for treatment, payment, or health care operations.
- Ask the GHPP to write to you in a different way or in a different place, such as sending materials to you at a Post Office Box instead of your home address.
- Ask the GHPP to limit how your personal medical information is used and given out. However, the GHPP may not be able to agree to your request.
- You have the right to get a paper copy of this Notice of Privacy Practices. This Notice is also available at the CMS Website, http://www.dhs.ca.gov/pcfh/cms/ghpp/