

If you want a copy of the Notice of Privacy Practices, which is about your State-funded BCCTP privacy rights, call (916) 445-4646

إذا أردت نسخة من إشعار الممارسات الخاصة، الذي يتناول حقوق الممارسات الخاصة الخاصة بك، اتصل برقم (Arabic) (916) 445-4646

Եթե ցանկանում եք ձեռք բերել Գաղտնիության Գործածման մասին Ծանուցման պատճեն, որը ձեր գաղտնիության իրավունքներին մասին է, ապա զանգահարեք (916) 445-4546 եռախոսակցական: (Armenian)

若閣下希望索取一份有關閣下私隱權的私隱處理通知書，請致電 (916) 445-4646 (Cantonese)

اگر مایل به دریافت نسخه ای از این اطلاعیه شوی، تمام حریمت، که درباره حقوق حفظ حریم خصوصی شماست، می باشد با شماره تلفن (916) 445-4646 تماس بگیرید. (Farsi)

បើអ្នកចង់បានមួយច្បាប់នៃសេចក្តីជូនដំណឹងស្តីអំពីភាពលាក់កាណី ដែលនយាយអំពីសិទ្ធិនៃភាពលាក់កាណីរបស់អ្នក សូមហៅលេខ (916) 445-4646 (Khmer)

만약 귀하의 프라이버시 권리를 설명한, 프라이버시 관행에 관한 통지문 사본을 원하시면, (916) 445-4646로 전화하세요. (Korean)

Yog hais tias koj xav tau ib daim qauv ntawm Daim Ntawv Qhia Txog Cov Kev Ua Feem Nraim, uas hais txog koj cov cai feem nraim, hu rau (916) 445-4646 (Hmong)

**IMPORTANT**

**\*\*\*\*THE BREAST AND CERVICAL CANCER TREATMENT 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 MANAGED CARE PLAN.\*\*\*\***

- Request a list of the times when we have shared your health information after April 14, 2003. The list will tell you with whom we shared information, when, for what reasons, and what information was shared. The list will not say when we gave information to you, or when we gave out information with your permission, or when we shared information 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 the BCCTP website at: <http://dhcs.ca.gov/BCCTP>.

**HOW DO YOU CONTACT US TO USE YOUR RIGHTS**

If you want to use any of the privacy rights explained in this Notice, please call, write or e-mail us at the address or phone number in the box below. We will send you the form you need.

**Privacy Officer**  
Department of Health Care Services  
MS 0010  
P.O. Box 997413  
Sacramento, CA 95899-7413  
(916) 445-4646 or (877) 735-2929 TTY/TDD  
<http://dhcs.ca.gov/privacyoffice>

**COMPLAINTS**

If you believe we have not protected your privacy, you may file a complaint by contacting the Privacy Officer at the Department of Health Care Services at the above listed address or visit our website at: <http://dhcs.ca.gov/privacyoffice>.

You may also call or write the Secretary of the Department of Health and Human Services, U.S. Office for Civil Rights, 90 7th Street, Suite 4-100, San Francisco, CA 94103. Telephone: (800) 368-1019.

Or you may call the U.S. Office of Civil Rights at 866-OCR-PRIV (866-627-7748) or 866-788-4989 TTY/TDD.

**YOUR BENEFITS ARE SAFE**

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

**DO YOU HAVE QUESTIONS?**

If you have any questions about this Notice and want more information, please contact the Privacy Officer, at the Department of Health Care Services, listed in this Notice, or visit our website at: <http://dhcs.ca.gov/privacyoffice>

**CHANGES TO NOTICE OF PRIVACY PRACTICES**

The BCCTP must obey this Notice in effect on April 14, 2003. We have the right to change our privacy practices. If we make any changes, we will revise this Notice and give it to you right away.

To get a copy of this Notice in other languages, Braille, large print, audiocassette or computer disk, please contact the Privacy Officer, at the Department of Health Care Services, listed in this Notice, or visit our website at: <http://dhcs.ca.gov/privacyoffice>.



State of California  
Health and Human Service  
Agency



ARNOLD SCHWARZENEGGER  
Governor

**Department  
of  
Health Care Services**

**MESSAGE FROM  
THE  
BREAST AND CERVICAL  
CANCER TREATMENT  
PROGRAM (BCCTP)**

**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 IT CAREFULLY**

You are receiving this Notice because you are enrolled into the State-funded Breast and Cervical Cancer Treatment Program

The Breast and Cervical Cancer Treatment Program (BCCTP) must keep your health information private. We get information about you when you apply for services, and when a contact is made between the BCCTP, doctors, clinics, and others regarding your BCCTP eligibility. We may get medical information on your cancer treatment before and after your BCCTP application is approved. We must give you this Notice of how the law allows us to use and share your health information and what your rights are.

#### HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

The BCCTP uses and shares information about you in administering the BCCTP. This information includes such things as your name, address, personal facts, medical information, other health insurance information and medical care given to you. We use this information and share it with others for the following reasons:

- **For treatment:** We may obtain information from doctors, hospitals, health insurance plans and others when making eligibility determinations that enable you to receive cancer treatment and related services under the BCCTP. Your doctor or other health care personnel may provide information about the medical care given to you, the results of that medical care, and other medical care you may need concerning your cancer screening and diagnosis, and if you are in need of treatment.
- **For payment:** The BCCTP and others that work with us review, approve and pay for health care bills administered by the State on your behalf. When we do this, we share information with the doctors, clinics and others who bill for payment of your medical care.
- **For health care operations:** The BCCTP may use your health records in review of the quality of health care you receive. We may use this information in audits or fraud investigations, or for planning and managing of the BCCTP. (Rev. 1/09)

#### SOME OTHER WAYS WE MAY SHARE YOUR INFORMATION

The law also allows the BCCTP to use or give out information we have about you for the following purposes:

- To call or write you about your benefits under the BCCTP
- For public health activities, such as reporting when diseases occur
- For legal and administrative cases, such as in response to a court order
- For research studies that meet all privacy law requirements, such as research related to preventing or treating disease
- For purposes required by law, such as reporting abuse or neglect, or workers' compensation
- 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 BCCTP
- To the federal government when it is checking on how we are meeting privacy laws
- To other government agencies that provide public benefits
- To create a collection of information that can no longer be traced back to you

We may give out health information about you to organizations that help us in our operations, such as by paying claims for services you have received under the BCCTP. If we do, we will make sure that they protect the privacy of information we share with them.

Some state laws limit the sharing of information described above. For example, there are special laws that protect information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. We will obey these laws.

#### WHEN WRITTEN PERMISSION IS NEEDED

Before the BCCTP will use your personal information for any reason not listed above, we will get written permission from you. If you do give us written permission to use or share your information for other reasons, you may take back your permission in writing at any time.

#### WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?

You have the right to:

- Ask us to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests when necessary to protect your privacy and safety.
- See and get a copy of information that the BCCTP has about you. The BCCTP has eligibility information, and some medical information, which we use to approve your eligibility for services under the BCCTP. You may be charged a fee for the costs of copying and mailing records. We may keep you from seeing all or parts of your records for reasons allowed by law. If we do, we will give you information on how to file an appeal of our decision.
- Change the records if you believe that certain information we have in our records about you is wrong. We may deny your request if the information is not made or kept by the BCCTP, or 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.

ຖ້າທ່ານຕ້ອງການສໍາເນົາໃບແຈ້ງການກ່ຽວກັບການປະຕິບັດສິດທິຄວາມເປັນສ່ວນຕົວ ບຸກຄົນ ທີ່ກ່ຽວຂ້ອງກັບສິດທິຄວາມເປັນສ່ວນຕົວບຸກຄົນຂອງທ່ານ, ໂທເບີ (916) 445-4546 (Laotian)

「隱私權管理方法通知」闡述了您的隱私權，如果您想要索取一份，請致電 (916) 445-4546 (Mandarin)

ਜੇ ਤੁਸੀਂ ਜਾਣਕਾਰੀ ਨੂੰ ਗੁਪਤ ਰੱਖਣ ਦੇ ਵਿਹਾਰ ਦੀ ਕਾਪੀ ਲੈਣੀ ਚਾਹੁੰਦੇ ਹੋ, ਜੋ ਕਿ ਜਾਣਕਾਰੀ ਨੂੰ ਗੁਪਤ ਰੱਖਣ ਦੇ ਤੁਹਾਡੇ ਅਧਿਕਾਰ ਬਾਰੇ ਹੈ, ਤਾਂ ਇਸ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ: (916) 445-4546 (Punjabi)

Если вы хотите получить экземпляр “Уведомления о практике сохранения конфиденциальности информации”, содержащего информацию о ваших правах на сохранение конфиденциальности, позвоните по телефону (916) 445-4546 (Russian)

Si desea una copia del Aviso sobre Prácticas de Privacidad que explica sus derechos a la privacidad, llame al: (916) 445-4546 (Spanish)

Kung gusto ninyo ng kopya ng Paunawa Tungkol sa Hindi Pagsisiwalat ng Impormasyon, na nauukol sa inyong mga karapatan sa privacy, tawagan ang (916) 445-4546 (Tagalog)

Nếu quý vị muốn nhận được một bản Thông Tri Thực Hành Bảo Mật, nói về quyền riêng tư của quý vị, xin vui lòng gọi (916) 445-4546 (Vietnamese)