State of California—Health and Human Services Agency
Department of Health Services

California Department of Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.
Director

GRAY DAVIS
Governor

April 21, 2003

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

Letter No.:03-18

SUBJECT: MEDI-CAL: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF PRIVACY PRACTICES

This letter is to inform you that in early April 2003 the Department of Health Services (DHS) is sending out a Notice of Privacy Practices (Notice) to all Medi-Cal recipient households, as mandated by the Health Insurance Portability and Accountability Act (HIPAA) Final Privacy Rule. The Medi-Cal Eligibility Data System (MEDS) will identify and send the Notice to new Medi-Cal recipient households.

The Notice informs beneficiaries about Medi-Cal privacy practices and how recipients will be able to access their health information. Under the HIPAA Privacy Rule, recipients now have the right to look at, receive copies of, and amend information in their Medi-Cal records. The Notice also states that otherwise existing Medicaid law remains unchanged regarding the disclosure of information maintained by Medi-Cal. Disclosure by the Medi-Cal program remains limited to those purposes directly related to the administration of Medi-Cal, and thus is much more restrictive than the allowable disclosures under HIPAA. Examples of how Medi-Cal uses and discloses information are included in the Notice.

DHS has made every effort to make this important document available to all Medi-Cal recipients. The Notice has been printed in English and Spanish, and includes information on how beneficiaries can obtain a copy in any of the additional 11 threshold languages (or in Braille) or an alternative format. The Notice also includes a phone number and address to contact for more information, to obtain access to individuals' Medi-Cal records, or to exercise any of the other privacy rights.

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Do your part to help California save energy. To learn more about saving energy, visit the following web site: www.consumerenergycenter.org/flex/index.html

714 P STREET, ROOM 1692 P.O. BOX 942732, SACRAMENTO, CA 94234-7320
(916) 657-2941
Internet Address: www.dhs.ca.gov

We regret that due to the tight federal mandated deadline of April 14, 2003, it was not possible to send you information regarding this Notice sooner. We value your suggestions and efforts at keeping the Medi-Cal population informed.

If you have questions regarding this Notice, please contact the Office of HIPAA Compliance at (916) 255-0691 or you may send questions or comments via email to HIPAATeam@dhs.ca.gov.

You may also refer recipients who want to access their health information or want additional information about the Notice to the DHS Privacy hotline at (916) 255-5259. Your office may experience an increase in calls as recipients may wish to make address changes. Callers will be referred back to their county eligibility workers for that purpose.

Thank your for your assistance.

Original signed by

Beth Fife, Chief
Medi-Cal Eligibility Branch

Enclosure

California
Department of
Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.
Director

Department of Health Services

MESSAGE FROM THE CALIFORNIA MEDI-CAL PROGRAM

GRAY DAVIS
Governor

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.

PRIVACY AND YOU

Your health information is personal and private. The Medi-Cal Program must keep your health information private. We get information about you when you apply for Medi-Cal. 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 of the law of how we keep your health information private.

CHANGES TO NOTICE OF PRIVACY PRACTICES

Medi-Cal 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 right away to all people that get Medi-Cal.

HOW WE MAY USE AND SHARE YOUR INFORMATION

The Medi-Cal program 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

Información en español al reverso.

shared must be for a reason related to the administration of the Medi-Cal program. Such reasons include:

- To approve eligibility and medical and dental benefits
- To establish ways to pay for health care
- To approve, provide, and pay for Medi-Cal health care
- To investigate or prosecute Medi-Cal cases (like fraud)

Why we may use or share your health information:

1. **For treatment:** Medi-Cal may need to approve, before you see a doctor, dentist, clinic or other health care provider. We will share information with necessary providers to make sure you get the care you need.

2. **For payment:** When Medi-Cal pays your health care bills, we share information with your health care provider and others who bill us for your health care. We may send some bills to other health plans or groups 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. We may also use them in audits, fraud and abuse programs, planning, and managing the Medi-Cal program.

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 Medi-Cal. This may be about fraud or abuse, or to get back money from others that should pay your Medi-Cal bills, or other issues related to the Medi-Cal program. 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 Medi-Cal 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 when you apply for Medi-Cal to verify eligibility, and for other purposes related to the administration of the Medi-

Cal program. This includes checking with INS on the immigration status of only those persons seeking full scope Medi-Cal benefits. Federal law says the INS cannot use the information for anything else except in cases of fraud.

WRITTEN PERMISSION

Medi-Cal may use or share your information in limited ways. If we want to use your health information in a way not listed above, we must get your permission in writing. If you give permission, you may take it back in writing at any time.

WHAT ARE MY PRIVACY RIGHTS ?

You have the right to:

- Ask us not to use or share your Medi-Cal information in the ways listed above. We may not be able to agree to your request.
- Ask us to contact you 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 Medi-Cal 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 Medi-Cal eligibility, your health care bills, and some medical records. To get a copy of your records, ask us to send you a form to fill out. You will need to pay a fee for us to copy and mail the records. We may keep you from seeing parts of your records when allowed by law.
- Ask to change information in your records if it is not correct or complete. We may decline to change the information if Medi-Cal 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 Medi-Cal records.

- Ask us for information shared about you for reasons other than treatment, payment, or Medi-Cal operations. You may ask for a list of with whom we shared your information, when, why, and what information was shared. The list will start on April 14, 2003.

- Ask for a paper copy of this Notice of Privacy Practices. You can also find this Notice on our website at: www.dhs.ca.gov.

******** IMPORTANT ********

MEDI-CAL 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
CA Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 255-5259 or (877) 735-2929 TTY/TDD

HOW DO I COMPLAIN?

If you think that your privacy rights have been violated and wish to complain, you may file a complaint by calling or writing:

Privacy Officer
CA Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 255-5259 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
50 United Nations Plaza, Room 322
San Francisco, CA 94102
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

NO RETALIATION

Medi-Cal 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, Department of Health Services, listed above.

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 on page 5.

إذا أردت الحصول على معلومات عن حقوقك في الحفاظ على السرية الشخصية في نظام الرعاية الصحية لولاية كاليفورنيا (ميدي–كال Medi-Cal) ، اتصل مع رقم الهاتف 255-5259 (916) (Arabic)

Եթե դուք ցանկանում եք տեղեկություն ստանալ ձեր Medi-Cal-ի Գաղտնիության Իրավունքների մասին, ապա խնդրում ենք զանգահարել (916) 255-5259 հեռախոսահամարով: (Armenian)

ប្រសិនបើលោកអ្នកចង់ស្វែងយល់ព័ត៌មានស្តីអំពីសិទ្ធិនូវអ្វីដែលអ្នកត្រូវទទួលបាន ពី Medi-Cal របស់អ្នក សូមទូរស័ព្ទទៅលេខ (916) 255-5259. (Cambodian/Khmer)

如果你想要得到有關 Medi-Cal 保護個人隱私權利的資料，請致電 (916) 255-5259 (Cantonese)

اگر در مورد محرمانه بودن حقوق Medi-Cal خود اطلاعات میخواهید, لطفا با شماره 255-5259 (916) تماس بگیرید. (Farsi)

Yog hais tias koj xav paub ntxiv txog Medi-Cal Txoj Cai Ceev Tseg, thov hu xov tooj rau (916) 255-5259. (Hmong)

귀하의 Medi-Cal 비공개 권리에 관한 정보를 원하시면 (916) 255-5259로 전화하십시오 (Korean)

如果你希望得到有关 Medi-Cal 保护个人隐私权利的资料，请致电 (916) 255-5259 (Mandarin)

Если Вы хотите получить информацию о том, как в рамках программы Medi-Cal обеспечиваются ваши права на неприкосновенность частной жизни, звоните по телефону (916) 255-5259. (Russian)

Kung nais ninyo ng impormasyon tungkol sa inyong mga Karapatan sa Kalihiman sa Medi-Cal, mangyaring tumawag sa (916) 255-5259. (Tagalog)

Nếu muốn biết thêm thông tin về Quyền Riêng Tư của Medi-Cal, xin gọi số (916) 255-5259. (Vietnamese)