

## GENETICALLY HANDICAPPED PERSONS PROGRAM NEW REFERRAL

To refer an individual for program consideration please complete this form and send by fax (916) 440-5318 or email [GHPPEligibility@dhcs.ca.gov](mailto:GHPPEligibility@dhcs.ca.gov) along with any additional supporting documentation. Program staff will review and contact individual regarding eligibility. To enroll, individual must separately complete and submit a Genetically Handicapped Person Program (GHPP) form [DHCS 4000 A/B](#).

## Client Personal Information

Last Name:		First Name:		Middle Initial:	Date of Birth:
Gender:	Language:	Ethnicity:	Birthplace (CA county, state, or country):		
Residential Address. Street:		City:	State:	Zip Code:	
Mailing Address (if different). Street:		City:	State:	Zip Code:	
Phone Number:	Email Address:	Mother's Maiden Name (first and last):			
GHPP Eligible Condition:					

## Client Insurance Information

Medi-Cal ID Number (if applicable):		Medicare ID Number (if applicable):	
Other Health Coverage (if applicable) Medical:	Vision:	Dental:	

## Referring Individual/Agency

Referring Individual/Agency Name:	Phone Number:	Fax Number:
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Please check additional documents (if available) to be included with this referral:

- ☐ Most recent Special Care Center annual report
- ☐ DNA test result or other test confirming GHPP eligible condition
- ☐ Information about upcoming surgeries/transplants

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The below to be completed by California Children's Services (CCS) advocate if client under 21.

County:		Child's CCS Number:	
County Advocate's Name:	Advocate's Phone:	Advocate's Fax:	
Name of Child's Special Care Center:			

## Privacy Notice on Collection

This privacy notice is required by California Civil Code section 1798.17. The purpose of this form is to collect information for enrollment in the Genetically Handicapped Persons Program (GHPP). The personal and/or medical information collected in this form is confidential and protected by the Health Insurance Portability and Accountability Act Privacy Rule (45 C.F.R. Parts 160, 164), the Information Practices Act (California Civ. Code, § 1798 et seq.), Department of Health Care Services (Department) policy, and state policy. The information in this form is being collected by the Department's Clinical Assurance Division by the authority of Health & Safety Code Sections 125155, 125155.1, 125157, 125166, 125175, 125180, & 125185.

All information requested in this form is required unless otherwise stated. If you do not provide the required information, the Department will return your application form to you as incomplete. The Department may share provided information with: (1) other state agencies to perform its constitutional or statutory duties where the use is compatible with a purpose for which the information was collected, (2) local, state, or federal government entities if required by state or federal law, and (3) health plans. Please do not provide any personal or medical information other than the information that is specifically requested in this form.

In most cases, individuals have a right to access information about them that is in federal and state records. The Department may charge a small fee to cover the cost of duplicating this information. For more information or access to records containing your personal information maintained by the Department, contact the following:

Office Technician  
DHCS/CADPO Box 997419  
Sacramento, CA. 95899  
Telephone: (916) 552-9100

If you wish to obtain a paper copy of DHCS' privacy policy and practices, or wish to file a complaint regarding privacy practices, you may contact the Department's Data Privacy Unit by mail, email, or telephone:

Privacy Office  
c/o: Data Privacy Unit  
Department of Health Care Services  
P.O. Box 997413, MS 4722  
Sacramento, CA 95899-7413  
Email: incidents@dhcs.ca.gov  
Telephone: (916) 445-4646

The Department of Health Care Services' policies regarding personal information are available online in the Department's Notice of Privacy Practices (<https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx>) and the Privacy Policy Statement (<https://www.dhcs.ca.gov/pages/privacy.aspx>).