

**Privacy Notice**

This form is used to collect the address where you are located so that Home and Community-Based service providers can come to you for your services. The personal and medical information collected on and with this form is private and confidential and is requested by the Department of Health Care Services (The Department), Integrated Systems of Care Division (ISCD). Any personal and health information collected in this form by the Department is subject to limitations in the Information Practices Act (IPA), the Health Insurance Portability and Accountability Act (HIPAA), and other state policies. The Department will not use or share your information unless authorized by you, or by the individual to whom it pertains, in writing or as authorized by law. You should not provide personal information that is not requested. If you do not provide all information requested, we cannot send the Home and Community-Based service providers to your home to provide any of the Home and Community-Based Service Programs. The Department may share or provide any of the information provided on or with this form to home and community-based service providers. In most cases, the individual(s) to whom this information pertains has the right to access it. For more information or to obtain access to records containing your personal information maintained by the Department, contact your managed care plan.

DHCS is authorized to collect this information pursuant to the California Code of Regulations (CCR) Title 2, Division 7, Chapter 11. The Department is also authorized to collect personal and health information for the administration of the Medi-Cal program. For more information on DHCS' Privacy Practices, please see the [Notice of Privacy Practices](#) (English) document and visit the [Privacy Policy Statement](#) page.

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

If you wish to obtain a paper copy of DHCS' privacy policy and practices or wish to file a complaint, 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](mailto:incidents@dhcs.ca.gov)  
Telephone: (916) 445-4646

The privacy notice provided here is required by California Civil Code 1798.17.  
For more consumer information on security, please see the California Department of Justice's, [Security Awareness](#) website.