



California
Department of
Health Services

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



ARNOLD SCHWARZENEGGER
Governor

March 24, 2004

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 04-10
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: DISTRIBUTION OF THE HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT NOTICE OF PRIVACY PRACTICES TO
MEDI-CAL ELIGIBLES
(Reference: All County Welfare Directors Letters 03-18 and 03-44)

As described in All County Welfare Directors Letter No. 03-44, dated August 19, 2003, the Department of Health Services (DHS) asked counties to incorporate the Notice of Privacy Practices (NPP) distribution into the manual Medi-Cal eligibility process so that new beneficiaries would receive a copy of the NPP.

The DHS Information Technology Services Division has completed the programming to identify new eligibles on the Medi-Cal Eligibility Data System database in order to mail an NPP to the new eligibles. This automated process began in January and will now run each month.

The only exception to this automated process are those new eligibles falling into the following aid codes: 7M, 7N, 7P, and 7R. Counties are asked to continue handing out the NPP to any persons falling into these specific aid codes because confidentiality issues preclude DHS from mailing the NPPs to the homes of these beneficiaries.

Please contact the Office of Health Insurance Portability and Accountability Act (HIPAA) Compliance to order a new supply of NPPs in both English and Spanish if you need additional copies to hand out to persons in these confidential aid codes. Please e-mail your request to sfanelli@dhs.ca.gov and copies will be mailed to you.

Enclosed for your information is a copy of the latest version of the NPP in English and Spanish.

If you have questions regarding the Medi-Cal NPP, please contact the Office of HIPAA Compliance at (916) 255-0691 or you may send questions or comments via e-mail to HIPAAteam@dhs.ca.gov. If you have other questions related to this letter, please contact Mr. Armando Martinez at (916) 552-9452.

Original signed by

Beth Fife, Chief
Medi-Cal Eligibility Branch

Enclosures

WHY WE MAY USE OR SHARE YOUR HEALTH INFORMATION

WHAT ARE MY PRIVACY RIGHTS?

in the ways listed above. We

- You have a right to:
 - Ask us not to use or share your Med-Call 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.

For legal reasons, we may give your information to a third party.

- information a personal representative who has the legal right to act for you may look at and get for you. We have information about your Med-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 they help you by law.
- Ask to change information in your records if it is not correct or complete. We may decline to

- 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.

- Ask us for information shared about you for reasons other than treatment, payment, or Medical-Care operations. You may ask for a list of whom we shared your information with, 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

Si desea una copia del Aviso de Prácticas de Privateer, que trata sobre sus derechos de privacidad en Med-Call, llame al (816) 255-5255 (Spanish)

Երբ որոշ ցանկանում էջ տոմարը Մասնագիր
Կարտոթիվների հայաստանյայտական կոդի, որ
նրա Med-Cat հրահանգների մեջն է, անգամ
կարող եղ գաղաղամարդ (P#) 255-5250
(Armenian)

如果您需要索取一份介紹的 Medi-Cal 福利單的「傳統管理方法通知」, 請電 (916) 255-3259.
(Traditional Chinese, Mandarin)

Yog koi xiv dau ab dam ntwm qha dog kav xyum
lv thav las thwv, was yog nam bog koi cal tiv dam
ntwm koi mob (Medi-Cal) rou voj las thwv, nu rou
(916) 235-5525 (thang)

Med-CM 개인 정보 보호권에 관한 개인 정보 보호
관련 문서문의 사항을 문의하시면 (916) 255-3258
리하하신사오 (Korean)

Electrical Machine & Power (Igor Paulina, MEd, Cal., Insurance)
 110 Randolph (916) 255-6228 (Pasadena)
 Kung ma ninyo ng hiya ng Peralatas Tungkol sa
 Mga Peralatas sa Kabinang, na nauukol sa tryong
 mga kumpas sa kabinang sa Merit Cal., sumangay
 sa (916) 255-5258 (Tagalog)

Nếu quý vị muốn có một bản Thông Báo về Cach Cũ
Thống Tin Rừng Tự nhiên quý vị cần gửi thư qua địa
địa Email: tin_gun_nat@2545258.Vietnam.vn

If you want a copy of the Notice of Privacy Practices, which talks about your Med-Cal privacy rights, call (916) 255-5259.

Si desea una copia del Aviso de Prácticas de Privacidad, que trata sobre sus derechos de privacidad en Med-Cal llame al (916) 255-5259 (Spanish)

اذا كنت تريد نسخة من إشعار ممارسات الخصوصية الخاص بـ Med-Cal، فليدعك على (916) 255-5259

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如何取得通知隱私權的資料請聯絡 Med-Cal 私隱權的權利。如果欲獲得詳細的資訊請聯絡：請致電 (916) 255-5259 (Chinese)

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《《《 IMPORTANTE 》》》

MEDI-CAL NO TIENE TODOS SUS DOCUMENTOS MEDICOS SI USTED QUIERE VER, OBTENER UNA COPIA, O CAMBIAR SUS DOCUMENTOS MEDICOS, POR FAVOR CONTACTE SU DOCTOR, DENTISTA, CLINICA, O PLAN DE SALUD SI USTED ESTÁ EN UN PLAN DE CUIDADO MEDICO ADMINISTRADO, ESE PLAN QUIZAS TENGA INFORMACION ACERCA DE SUS COBROS PAGADOS DESPUÉS QUE ENTRÓ AL PLAN POR FAVOR CONTACTE EL PLAN DE CUIDADO ADMINISTRADO PARA VER U OB TENER UNA COPIA DE ESTOS COBROS

¿CÓMO PREGUNTO ACERCA DE MIS DERECHOS DE PRIVACIDAD?

Si usted desea usar cualquiera de estos derechos de privacidad descritos en esta notificación, por favor llame o escriba a

Privacy Officer
CA Department of Health Services
P O Box 897413
MS 4722
Sacramento, CA 95898-7413
(916) 255-5259 o (877) 735-2829 TTY/TDD

¿CÓMO PUEDO QUEJARME?

Si usted piensa que sus derechos de privacidad han sido violados y desea quejarse, usted puede presentar su queja llamando o escribiendo a:

Privacy Officer
CA Department of Health Services
P O Box 897413
MS 4722
Sacramento, CA 95898-7413
(916) 255-5259 o (877) 735-2829 TTY/TDD

o

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
(800) 368-1019

NO HABRÁ REPRESALIAS

Med-Cal no puede quitarle sus beneficios de cuidado de salud o tomar represalias de ninguna manera si usted presenta una queja o usa cualquiera de los derechos de privacidad de esta notificación

PREGUNTAS

Si tiene alguna pregunta sobre este Aviso o desea más información, póngase en contacto con el Privacy Officer, escribiendo o llamando a la dirección y al número indicados anteriormente

Para obtener una copia de este aviso en otros idiomas, en Braille, en letra grande, en audiotextos o en disquetes de computadora, por favor llame o escriba al Privacy Officer, al número y la dirección indicados anteriormente.

California
Department of Health Services



MEDI-CAL Notificación de Prácticas de Privacidad

Vigente a partir del 14 de abril de 2003

ESTA NOTIFICACIÓN DESCRIBE CÓMO LA INFORMACIÓN MÉDICA PUEDE SER USADA Y COMPARTIDA Y CÓMO USTED PUEDE OBTENER ACCESO A ESTA INFORMACIÓN.
POR FAVOR REVISELA CON CUIDADO.

Es posible que usamos o compartamos su información de salud:

CAMBIOS A LAS PRÁCTICAS DE PRIVACIDAD

Medo-Cal quiere que obedezca las reglas de esta notificación. Tenemos el derecho de cambiar nuestras prácticas de privacidad. Si hacemos cambios, mandaremos una nueva notificación lo más pronto posible a todas las personas que reciben Medo-Cal.

Medi-Cal **Texas** **razones incluyen:**

- (fraude)**

información sobre usted. Medi-Cal obedezca estas leyes

PERMISO POR ESCRITO

maizemento

PRIVACIDAD?

- Pedimos que no usen

- REBORN AS PARTIAL ACCEPTANCE PROCESSING**

Il movimento per la pace è una delle forze più potenti del mondo.

- endurance in key**

están correctos o corruptos. Es posible que

- www.cts.ca.gov**

(810) 255-5255

(Spanish)

Կապուղի ՆՔ ՔԱՆԱԳԱՅԻՆԻՐԱԿ (ՔՅԹ) 2555-5258

(916) 255-5259 - (California)

(Traditional Chinese, Mandarin)

○ ○ ○ ○ ○

(816) 235 5258 (Hmong)

Is Med-Cel™ the most effective way to lose weight?

(808) 766-8085 (Kinner)

권파하심시오. (Korean)

no telephone (016) 255-625

68 (916) 255-5250 (Toll-free)

vi Med-Cal, no gu 6 (615) 255-5255 (Vrobiansky)