



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



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**NOTICE OF PRIVACY PRACTICES**

Effective July 1, 2007

**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 Family PACT (Planning, Access, Care, and Treatment) Program must keep your health information private. We get information about you when you apply for our services. Your doctors, 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 and what your rights are.

**CHANGES TO NOTICE OF PRIVACY PRACTICES**

Family PACT must obey the rules of this Notice. We have the right to make a change in our privacy practices and use it with all Family PACT records. If we do make changes, we will rewrite this Notice and give it to clients in the Family PACT Program as soon as possible.

**HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

Family PACT and the people that work with us must obey laws on how we use and share your information. Your name, address, personal facts, medical records, and your medical history may only be used or shared for a reason related to operating the Family PACT Program, except when we are required to share information by law. Such reasons include:

- Approving eligibility and the amount of medical assistance
- Approving, providing, and paying for Family PACT services
- Investigating or prosecuting cases involving Family PACT (such as fraud)

Information will be disclosed to the Secretary of the U.S. Dept. of Public Health when requested. If you have been diagnosed with HIV, there are laws that protect information about you. Family PACT will obey these laws.

The examples below show how we may use and share your health information for treatment, payment, and health care operations:

1. **For treatment:** You may need reproductive health medical care, which Family PACT must approve in advance. We will receive information from and share it with other people to make sure you get the care you need.
2. **For payment:** Family PACT and others that work with us receive, review, approve, process, and pay for health care claims sent to us for your reproductive health medical services. When we do this, we share information with the doctors, labs, clinics, and others who bill us for services.
3. **For health care operations:** We may use your health records to check the quality of the reproductive health care services you receive. We may also use them in audits, fraud and abuse programs, planning, and managing the Family PACT Program.
4. **For Eligibility:** We may share your information with Federal and State agencies when you apply for Family PACT to verify eligibility and for other purposes related to the administration of the Program.

**OTHER USES FOR YOUR HEALTH INFORMATION**

We may be forced to give out your health information under a court order or when required by law. We will give out information voluntarily to a court or lawyer if it is related to the operation of Family PACT. Such cases may involve fraud or actions to recover money from legally responsible third parties, when Family PACT has paid for your medical claims. You or your doctor, hospital, etc. may appeal Family PACT decisions made about claims for services for you. Your health information may be used to make these appeal decisions.

#### WHEN IS WRITTEN PERMISSION NEEDED?

Family PACT may use or share your information in limited ways. If Family PACT ever wants to use your health information in any way not listed above, we must get your permission in writing. If you 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 MY PRIVACY RIGHTS?

- You have a right to ask us not to use or share your personal Family PACT information in the ways described above. We may not be able to agree to your request.
- You have the right to ask Family PACT 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 safety.
- You have the right to look at and get a copy of information that Family PACT has about you. Someone who has the legal right to act for you (your personal representative) may also look at and get a copy of this information for you. Family PACT has eligibility information, information about your health care bills, and reproductive health medical information, which we use to approve services for you or manage your reproductive health care. You will be sent a form to fill out and will be charged a fee for the costs of copying and mailing records. We may keep you from seeing parts of your records for reasons allowed by law.
- You have the right to ask that information in your records be changed if it is wrong or not complete. We may refuse your request if the information is not made or kept by Family PACT, or if it is already correct and complete. You may ask for a review of our refusal or send in a letter disagreeing with our decision. This statement will be kept with your Family PACT records.
- When we share your health information for reasons other than your care, payment, or Family PACT operations, you have the right to ask for a list of whom we shared the information with, when, for what reasons, and what information was shared.

You have a right to request a paper copy of this Notice of Privacy Practices. You can also find this Notice on our website at: [www.familypact.org](http://www.familypact.org).

- \*\*\*\*\***IMPORTANT**\*\*\*\*\*

**FAMILY PACT 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 OR CLINIC.**

#### HOW TO CONTACT US FOR MORE INFORMATION

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

Privacy Officer  
Office of Legal Services  
CA Department of Public Health  
P.O. Box 997377, MS 0505  
Sacramento, CA 95899-7377  
(916) 440-7432  
E-mail: [Privacy@CDPH.ca.gov](mailto:Privacy@CDPH.ca.gov)

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 phone number and address provided.

#### COMPLAINTS

If you believe that your privacy rights have been violated and wish to complain, you may file a complaint by calling or writing at the address below:

Privacy Officer  
Office of Legal Services  
CA Department of Public Health  
P.O. Box 997377, MS 0505  
Sacramento, CA 95899-7377  
(916) 440-7432  
E-mail: [Privacy@CDPH.ca.gov](mailto:Privacy@CDPH.ca.gov)

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

(800) 368-1019

#### NO RETALIATION

Family PACT 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 Public Health, at the address and phone number provided.