



SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

NAME
DOB
MRN

**DPH NOTICE OF HIPAA PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge receipt of the San Francisco Department of Public Health “DPH Notice of HIPAA Privacy Practices.

Signature of Patient / Resident / Client (or their Representative)

Date

Print Name

Relationship to Patient/ Resident/ Client

Name of Interpreter (If Applicable)

If written acknowledgement is not obtained, please check reason and sign by staff/ witness:

- DPH Notice Of Privacy Practices given / Unable to sign
- DPH Notice Of Privacy Practices given/ Declined to sign
- Other (Describe)

Signature of DPH Representative or Witness

Date

Print Name

Department

DPH NOTICE OF HIPAA PRIVACY RIGHTS

Effective Date: September 23, 2013

DPH NOTICE OF HIPAA PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED IN THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH (DPH) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE LOOK IT OVER CAREFULLY.

If you have any questions about this Notice, please phone the DPH Privacy Hotline at (415) 206-2354.

WHO WILL FOLLOW THIS NOTICE:

The San Francisco Department of Public Health (DPH) and the following people within it follow the rules presented in this Notice:

- ◆ Any health care professional authorized to enter information into your DPH health record.
- ◆ All departments and units of the DPH, DPH affiliates, and DPH contract providers/business associates that may read, use or give out patients' personal health information.
- ◆ Any member of volunteer groups who help you while you are receiving care from the DPH.
- ◆ DPH health workers and University of California at San Francisco employees who work with the DPH.
- ◆ Persons going to school to be a health care worker and their teachers who help give your health care in the DPH, for example medical residents, medical students, nursing students, fellows or graduate students.

All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this Notice.

DPH PLEDGE ABOUT HEALTH INFORMATION:

The health workers of the San Francisco Department of Public Health, DPH affiliates and DPH contract providers understand that health information about you and your health is personal. We are committed to protecting health information about you. A record of care and services you receive in the DPH is made and stored at DPH. This record is needed to give you quality care and to comply with certain legal requirements. This Notice applies to all records of your care kept by DPH, whether made by DPH health workers or your personal doctor

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caring for you at a DPH clinic or hospital. If you have a personal doctor who is not a DPH doctor, he or she may follow different rules about using and sharing your health information.

The DPH records and stores patient information in many places, both on paper and in computers, depending on the setting where care is given. Health care workers and doctors share this information with one another in order to care for your health.

The law requires DPH to:

- ◆ Keep a record of the care it provides you;
- ◆ Make sure that health information that could be used to identify you is kept private (with certain exceptions);
- ◆ Comply with the Genetic Information Nondiscrimination Act (GINA) to avoid the use or disclosure of genetic information for discrimination or underwriting purposes,
- ◆ Give you this Notice of DPH legal duties and privacy practices; and
- ◆ Follow the Notice that is in effect at this time.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

In general, you have the following rights regarding health information kept by the DPH about you:

- ◆ **Right to Ask to Inspect and Copy.** You have the right to ask to see, read, and obtain a paper or, if available, electronic copy of health information used to make decisions about your care. Usually, this includes medical and billing records. If you want to look at and obtain a copy of health information used to make decisions about your care, you must send, or take during regular business hours, your request in writing to the medical records office at the location your care was given (see the end of this Notice for a list of addresses). DPH may ask you to pay for copying, mailing or getting other supplies needed to respond to your request. Unless your provider says that it is okay, the right to look at and copy health information does not include mental health information. If DPH decides not to let you look at your mental health information, DPH may decide instead to give you a summary of your record. If your provider turns down your request, you may ask a member of DPH Risk Management to review why your request was turned down. The person who does the review will not be the person who turned down your request.
- ◆ **Right to Authorize Sharing of Health Information.** When you think it necessary and appropriate, you have the right to ask DPH to send copies of your health information to whomever you wish – other individuals, health care professionals or hospitals and clinics. Some health information that DPH collects and keeps about you is more sensitive than other health information. For example, if you are being treated for mental health problems, substance abuse problems, or HIV/AIDS, DPH takes special care not to share this information with

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people who do not need to use it for care purposes unless you specifically say that it is okay. In the case of mental health treatment, your provider may have to okay sending this information. You may ask DPH to stop the sharing of your health information at any time. To ask DPH to share your health information with people outside the DPH, you must ask in writing. Send or take your request to the medical records office at the site where your care was given (see the back of the Notice Summary for a list of addresses).

- ◆ **Right to Make Corrections.** If you believe that health information stored by the DPH about you is not correct or not complete, you have the right to ask DPH to change the information. You have the right to request an amendment about your health information for as long as the information is kept. To ask for a change, send your request in writing to the medical records office of the site where your care was given (see the back of the Notice Summary for a list of addresses). In addition, you must explain why you want your health information changed. DPH may turn down your request if it is not in writing or does not explain why you want the information changed. In addition, DPH may turn down your request if you ask to change information that:
 - Was not created by DPH health workers;
 - Was recorded by a person who is no longer available to make the change;
 - Is not part of the health information kept by or for the DPH;
 - Is not part of the information that you would be allowed to look at and copy; or
 - Is found to be correct and complete

Even if the DPH denies your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

- ◆ **Right to an Accounting of Disclosures.** You have the right to be informed about who has read your record. This “accounting of disclosures” is a list of persons outside the DPH whom DPH has shared your health information with for purposes other than to provide you health care, pay for your health care or conduct other activities necessary for its operations. To ask for this list, you must send your request in writing to the medical records office at the site where your care was given (see the back of the Notice Summary for a list of addresses). When you ask for an “accounting of disclosures” you must tell us the DPH care providers for which you want the accounting. You may not ask DPH to provide you with information about who DPH shared information with more than six years before you submitted your request. Your request should tell how you want DPH to give you the list (for example, on paper or in a computer file). The first list you ask for within a 12-month period will be free. DPH may ask you to pay for additional lists. The costs will be explained to you, and you may choose to cancel or change your request at any time before you are charged anything.

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- ◆ **Right to Request Restrictions.** You have the right to ask DPH not to share your health information with certain individuals or for certain purposes. You also have the right to ask DPH not to share your health information with people, like a family member or friend, who may be involved in caring for you or paying for your care. For example, you could ask the DPH not to use or share information about a surgery you had. ***The DPH and/or its doctors do not have to agree to your request.*** If it does agree, the DPH will not share information about you unless the information is needed to give you emergency treatment. To ask for restrictions, you must send your request in writing to the medical record office at the site where your care was given (see the back of the Notice Summary for a list of addresses). In your request, you must explain (1) what information you want to limit; (2) whether you want to limit DPH use, sharing or both; and (3) to whom you want the limits to apply. For example, you may not want health information about you shared with your family. If you pay for a service or health care item out-of-pocket in full, you can ask the DPH to not share that information for the purpose of payment or our operations with your health insurer. Your request will be approved unless a law requires the DPH to share that information.
- ◆ **Right to Request Confidential Communications.** You have the right to specify where and how DPH employees may contact you. For example, you can ask DPH staff to contact you only at work or by mail. Let us know in writing, by sending your request to the DPH Privacy Office at 2789 25th St., San Francisco, CA 94110. You do not need to give a reason for your request. All reasonable requests will be approved. Your request must tell how and where you wish to be contacted.
- ◆ **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this Notice. You may ask for a copy of this Notice at any time. Even if you have agreed to receive this notice by e-mail or have read it on a web site, you still have the right to a paper copy of this Notice. To obtain a paper copy of this Notice, either visit any DPH health care provider or write to the DPH Privacy Officer at 2789 25th St., San Francisco, CA, 94110. You may get a copy of this notice at the DPH web site, <http://www.sfdph.org/dph/comupg/oservices/medSvs/HIPAA/HIPAAsummaries.asp>
- ◆ **Right to be Notified of a Breach:** You have the right to know if your Protected Health Information (PHI) has been breached. We will follow what the privacy laws require to let you know if your information has been shared in error.

HOW DPH MAY USE AND SHARE HEALTH INFORMATION ABOUT YOU.

DPH wants you to know of the different ways it uses and shares health information. DPH cannot describe every way it uses or shares health information in this Notice. However, most of the ways fit into one of the descriptions provided below. It is important for you to know that in California there are special protected kinds of healthcare information that have to be kept and handled in special ways. Included in these protected kinds of information are mental health treatment, developmental disabilities treatment, drug/alcohol abuse treatment and HIV/AIDS treatment information. Information about treatment of minors over age 12 consenting for services for reproductive health, mental health, substance abuse, pregnancy, reportable diseases, rape or sexual assault is also protected. In all cases, DPH health workers

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and doctors will use the minimum amount of information necessary to give your care, obtain payment for your care, or operate DPH health care facilities. DPH regularly reviews the uses and disclosures that DPH staff, its contract providers and UCSF staff make from DPH records to be sure they are appropriate.

Disclosure at Your Request. The DPH may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

For Treatment. To improve the quality of care you receive, health information may be shared by providers with DPH and between DPH and its contract providers – including health information regarding mental health, substance abuse, HIV/AIDS, sexually transmitted diseases (STD) and developmental disabilities. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes to arrange for special meals. Different departments of the DPH may share information about you to provide things you need, such as medications, lab tests or x-rays. If your care requires that you be referred to a doctor or facility outside the DPH, health information about you may be shared with them to plan your continuing care.

If health care providers or other persons outside the DPH and its contract providers need health information about you, you will be asked to give the okay for DPH to give out information unless the information is needed for your care in emergencies.

For Payment. Health information about you may be used and shared so that the treatment and services you get at a DPH care site may be billed to and payment collected from you, an insurance company or a third party claim recovery service. Information may be shared with an eligibility service so that it may look for programs to help patients pay for their care. It may also be necessary to tell your health plan about a treatment you need in order to get prior approval or to determine whether your plan will cover the treatment. In all cases, DPH will get your okay to share information to payers before releasing it.

For Health Care Operations. Health information about you may be used and shared for DPH operations. DPH may need to use and share this information to run its facilities and make sure that all DPH patients receive quality care. For example, DPH may use your health information to review treatment and services and to check on the care you receive from DPH health workers. Health information about many DPH patients may be combined to decide what additional services the DPH should offer, what services are needed and whether certain new processes are effective. Collections of information about many DPH patients may be compared with information from other non-DPH health care settings to see whether care and service at DPH can be improved. Information that identifies you may be removed from health information to study health care and health care delivery. Information may be shared with DPH doctors, nurses, technicians, and other DPH staff for review and learning purposes.

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Appointment Reminders. DPH may use information it has about you to remind you about an upcoming appointment. Remember, however, that you always have the right to ask DPH to contact you in other ways if you don't want to receive the appointment reminder in the mail.

Directory. Certain limited information about you may be included in patient directories at DPH hospitals where you are being treated. Mental health and substance abuse inpatient sites do not use public directories, however. This information may include your name, location in the hospital/clinic, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be shared with people who ask for you by name. Your religious affiliation may be given to a priest, rabbi or minister, even if they don't ask for you by name. This is so your family, friends and clergy can visit you and generally know how you are doing if you stay overnight in a DPH hospital. If you do not want the DPH to share your name, location in the hospital, general condition or religious affiliation, you must inform the office of admissions in the facility where you are receiving care.

Fundraising. We may contact you to provide information about DPH sponsored activities, including fundraising programs and events. You have the right to request to 'opt-out' of receiving fundraising information. If you receive a fundraising communication, it will tell you how to opt out.

Marketing or Sale of Health Information. Disclosure of your Health Information for marketing or any sale of your Health Information would require your written authorization.

Individuals Involved in Your Care or Payment for Your Care. Health information about you may be shared with a friend or family member who you have said is involved in and/or responsible for your medical care and who needs to know the information to help you. Information may also be given to someone who you have said will help pay for your care. Mental health clients will be asked to formally approve these types of sharing. In addition, health information about you may be shared with an organization helping in a disaster relieve effort so that your family can be told about your condition, status and location.

Research. Health information about you may be used and disclosed for research purposes in two ways. First, it may be used by researchers in studies you have been asked to participate in, where you agree to actually take a drug or have a treatment that is being studied for its effectiveness. In these kinds of studies, you will always be asked to consent to your involvement in the study. Second, health information about you may be used and disclosed without reference to the fact that it was about you personally. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition, with no names or other personal references being included. All research projects performed in the DPH, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, to ensure that the research poses no more than minimal risk to your privacy. Before health information is used or disclosed for research, the project will have been approved through this research approval process, and the researcher will have signed an oath of confidentiality.

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As Required By Law. Health information about you may be shared when required by federal, state or local law.

To Avert a Serious Threat to Health or Safety. Health information about you may be used and shared with law enforcement officials, mobile crisis team, or with an intended victim when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS: Information may be shared without your okay in the following situations if they apply to you:

- ◆ **Organ and Tissue Donation.** If you want to donate an organ, health information may be given to organizations that handle organ donation or organ, eye or tissue transplantation or to an organ donation bank, as needed to help with organ or tissue donation and transplantation.
- ◆ **Military and Veterans.** If you are a member of the armed forces, health information about you may be shared as required by military command authorities.
- ◆ **Workers' Compensation.** Health information about you may be given for workers' compensation claims processing or similar programs. These programs provide benefits for work-related injuries or illnesses.
- ◆ **Public Health Risks.** State and Federal law may require that DPH share your health information for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report regarding the abuse or neglect of children, elders and dependent adults;
 - To report reactions to medications or problems with health care products;
 - To notify people about recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To notify the appropriate government authority if we suspect a patient has been the victim of abuse, neglect or domestic violence as required by law.
 - To notify emergency response employees regarding possible exposure to HIV/AIDS, or to the extent necessary to comply with state and federal laws.

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- ◆ **Health Oversight Activities.** The law may require DPH to share your health information with an agency that reviews DPH health care activities. Review activities include, for example, audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, programs paid for by tax payers and DPH adherence to civil rights laws.
- ◆ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, health information about you may be shared in response to a court or administrative order. Health information about you may also be shared in response to a subpoena, discovery request or other process by others involved in a dispute, but only if their attorneys have tried to tell you about the order so that you have an opportunity to object within the timelines established by law. We may disclose mental health information to courts, attorneys and court employees in the course of conservatorship, and certain other judicial or administrative proceedings.
- ◆ **Law Enforcement.** Health information may be shared with a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, certain escapees and certain missing persons;
 - About a death believed to have been the result of criminal conduct;
 - About criminal conduct at a DPH facility;
 - When requested by an officer who lodges a warrant with the facility, and
 - When requested at the time of a patient's involuntary hospitalization.
- ◆ **Coroners and Medical Examiners.** The law may require DPH to share your health information with a coroner or medical examiner. This may be necessary, for example, to identify a dead person or determine the cause of death;
- ◆ **Court-appointed Conservators & Guardians.** Without asking you, DPH may share your health information with individuals appointed by a court of law to look after your physical and/or mental health and financial well being.
- ◆ **National Security and Intelligence Activities.** Without asking you, DPH may share your health information with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- ◆ **Protective Services for the President and Others.** DPH may share health information about you with authorized federal officials so they may provide protection to the President, elective constitutional officers and their families, or foreign heads of state. DPH may share health information with other authorized persons to conduct special investigations.

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- ◆ **Inmates.** If you are an inmate of a jail or prison or under the custody of a law enforcement official, DPH may share your health information with the jail/prison staff or its correctional officers. DPH would have to share this information (1) for the jail/prison to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the jail/prison staff, or (4) as necessary to the administration of justice.
- ◆ **Court-Appointed Treatment.** In cases in which a person has been ordered to obtain treatment from the DPH by a criminal court proceeding, the individual will be asked to okay the sharing of information with that court. If the person later retracts the okay, the court must be informed of the individual's subsequent refusal.
- ◆ **Department of Justice.** The DPH may disclose limited information to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon.
- ◆ **Multidisciplinary Personnel Teams.** The DPH may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child, the child's parents, or an abused elder or dependent adult.

OTHER USES OF HEALTH INFORMATION.

Other uses and disclosures of health information not covered by this Notice or the laws that apply will be made only with your written permission. If you provide permission for the DPH to use or share health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the DPH will no longer use or share health information about you for the reasons stated in your written authorization. You must also understand that the DPH is unable to take back any sharing it has already done with your permission, and that the laws of California require the DPH to retain records of the care that it has provided to you.

IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE NOT BEEN MAINTAINED while receiving DPH services, you may file a complaint with the DPH or with the U.S. Secretary of the Department of Health and Human Services. All complaints must be sent in writing. Please see the "Summary DPH Notice of HIPAA Privacy Practices" for current addresses and phone numbers for the DPH Privacy Officer and the Secretary. You will not be penalized in any way for filing a complaint.

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CHANGES TO THIS NOTICE

The DPH reserves the right to change this Notice and to make the revised or changed Notice effective for health information already recorded about you as well as any information recorded in the future. A copy of the current Notice will be posted in DPH care facilities. The notice will have the effective date on the first page, in the top right-hand corner.

ACTING ON YOUR HIPAA PRIVACY RIGHTS: To take action on your HIPAA privacy rights, please go to the DPH site where your care was given and ask for the medical record technician or other clerical staff assigned to the maintenance of the site's medical records. Addresses can be found below for most major DPH sites.

San Francisco General Hospital Medical Center
Health Information Services, Main Bldg. Rm. 2B1
1001 Potrero Avenue
San Francisco, CA 94110
(415) 206-4432

Laguna Honda Hospital & Rehab Center
Health Information Services, Rm. B300
375 Laguna Honda Blvd.
San Francisco, CA 94116
(415) 759-3355

Neighborhood Health Centers

Balboa Teen Health Center
1000 Cayuga Avenue
San Francisco, CA 94112
(415) 469-4512

Castro-Mission Health Center
3850 17th St.
San Francisco, CA 94114
(415) 934-7700

Chinatown Public Health Center
1490 Mason St.
San Francisco, CA 94133
(415) 364-7600

Larkin Street Youth Clinic
1138 Sutter St.
San Francisco, CA 94109
(415) 673-0911 (ext. 259)

Maxine Hall Health Center
1301 Pierce St.
San Francisco, CA 94115
(415) 292-1300

Curry Senior Services
333 Turk St.
San Francisco, CA 94102
(415) 885-2274

Ocean Park Health Center
1351 - 24th Avenue
San Francisco, CA 94122
(415) 682-1900

Potrero Hill Health Center
1050 Wisconsin St.
San Francisco, CA 94107
(415) 648-3022

Silver Avenue Family Health Center
1525 Silver Avenue
San Francisco, CA 94134
(415) 657-1700

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Southeast Health Center
2401 Keith St.
San Francisco, CA 94124
(415) 671-7000

Tom Waddell Urban Health Clinic
230 Golden Gate Avenue
San Francisco, CA 94102
(415) 355-7400

Cole Street Youth Clinic
555 Cole St.
San Francisco, CA 94117
(415) 751-8181

Health at Home
45 Onandaga St.
San Francisco, CA 94112
(415) 452-2100

Community Behavioral Health Services
Contact Your Program Provider
or Health Information Management
1380 Howard St., 4th Floor
San Francisco, CA 94103

City Clinic (STD Clinic)
356 - 7th St.
San Francisco, CA 94103
(415) 487-5500

Maternal, Child & Adolescent Health Jail Health Services

30 Van Ness Avenue
San Francisco, CA 94103
(800) 399-9950

Health Information Services
650 - 5th St., Suite 309
San Francisco, CA 94103
(415) 995-1700

DPH Privacy Officer
1001 Potrero Avenue
San Francisco, CA 94110
(415) 206-2354

**DPH Administration, Epidemiology
Public Health Lab, Housing &
Urban Health, etc.** or privacy in-
quiries for 101 Grove St., please
Contact the DPH Privacy Officer

**Secretary, U.S. Dept. of Health
and Human Services**
Office of Civil Rights
Attn: Regional Manager
90 - 7th Street, Suite 4-100
San Francisco, CA 94103