

Changes To Notice of Privacy Practices

The Family PACT Program must obey the rules of this notice. We have the right to make changes in our privacy practices and use it with all Family PACT records. If we do make any changes, we will change this notice and give it to the Family PACT clients.

No Retaliation

The Family PACT Program 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 listed on the back.

IMPORTANT

**THE FAMILY PACT PROGRAM
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, CLINIC, OR
HEALTH CARE PLAN.**

How Do You Use Your Rights?

If you believe your privacy rights have been violated, you may file a complaint by calling or writing:

Privacy Officer
CA Department of Public Health
P.O. Box 997377
MS 0506
Sacramento, CA 95899-7377
(916) 440-7671 or (877) 421-9634 TTY/TDD
E-mail: Privacy@cdph.ca.gov

or

Regional Manager
Department of Health and Human Services
Office for Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103

For additional information, call:
(800) 368-1019 or
U.S. Office for Civil Rights at
(866) OCR-PRIV (866-627-7748) or
(866) 788-4989 TTY

This privacy notice is from the Family PACT Program. You may get other privacy notices from your doctor and other health care programs.

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 number or address listed above.



Department of Public Health



FAMILY PACT (Planning, Access, Care, and Treatment) PROGRAM

NOTICE of PRIVACY PRACTICES

Effective October 2008

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

This notice tells you that health information about you is kept private, how you can get a copy of the information we have, and what your rights are. It also tells you how the Family PACT Program can use your health information and give it to others.

The law requires the Family PACT Program to tell you how we keep your personal and health information private and what your rights are. This information includes health information from health care providers or their representatives that send bills to us for approval and payment for your health care.

How We May Use And Share Information About You

Federal law requires us to use and share information we have about you only for operating the Family PACT Program. This information includes such things as your name, address, personal facts, medical care, and medical history.

We use this information and share it with others for the following reasons:

For Treatment: You may need reproductive health medical care, which the Family PACT Program must approve in advance. We will receive information from and share it with other people to make sure you get the care you need.

For Payment: The Family PACT Program 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.

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.

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.

Some Other Ways We May Share Your Information

The law also allows the Family PACT Program to use or give out information we have about

you for the following reasons: To agencies that oversee the health care system for audits or investigations.

In appeals of decisions about health care claims paid or denied by the Family PACT

Program. To the federal government when it is checking on how we are meeting privacy laws.

To gather information which can no longer be traced back to you.

When required by law such as in response to a court order.

We may give out health information about you to organizations that help us run our program. If we do, we will make sure that they protect the privacy of your information we share with them.

Some state laws limit sharing the information listed above. For example, there are special laws that protect information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse care. We will obey these laws.

The Family PACT Program must have your written permission to use or give out personal and health information about you for any reason that is not described in this notice. You may take back your written permission at any time, except if the Family PACT Program has already acted because of your permission.

What Are Your Privacy Rights Under the Law?

You have a right to:

Ask the Family PACT Program not to use or share your personal health care information in the ways listed. However, we may not be able to comply with your request.

Ask the Family PACT Program to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests if needed to protect your safety.

Look at and get a copy of information that the Family PACT Program has about you. You may have someone else see and get a copy of your information. We have information about your eligibility, 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.

To change the records if you believe some information we have about you is wrong or incomplete. We may deny your request if the information is not made or kept by the Family PACT Program or the information is already correct and complete. You may ask for a review of our denial or send in a letter disagreeing with our decision and your letter will be kept with your records.

Request a list of the times when we have shared your health information for reasons other than your care, payment, or the Family PACT Program operations. The list will have whom we shared the information with, when, for what reasons, and what information was shared.

- You have a right to get a paper copy of this Notice of Privacy Practices when you request it. You can also find this Notice on our website at: www.familypact.org.