

NAME

SUMMARY DPH NOTICE OF HIPAA PRIVACY PRACTICES

The attached Notice describes how health information about you may be used and disclosed in the San Francisco Department of Public Health and your rights regarding the use of that information. Please review **this summary and the full Notice carefully.**

DOB

MRN

DPH Pledge: Employees of the San Francisco Department of Public Health (DPH), its affiliates and contract providers understand that information about you and your health is personal. They are committed to protecting your health information.

Who will follow the rules in this notice: All DPH and contract provider employees, DPH affiliates, as well as staff assigned to DPH by the University of California at San Francisco, must follow these rules.

You have the right to: (please see possible restrictions starting on page 2 in the full Notice)

- Ask to see, read and/or obtain a copy of your health record (charges may be necessary).
- Ask to correct information that you believe is wrong in your health record.
- Ask that your health information not be shared with certain individuals.
- Ask that your health information not be used for certain purposes; for example, research.
- Ask DPH to send copies of your health record to whomever you wish (charges may be necessary).
- Be informed about who has read your record (for reasons other than treatment, payment, and program improvement purposes).
- Specify where and how DPH employees may contact you.
- Receive a paper copy of the full DPH Notice of Privacy Practices.

DPH may use and disclose your health information to improve your treatment.

- To improve the quality of care you receive, your health information may be shared between treatment providers – including health information regarding mental health, substance abuse, HIV/AIDS, sexually transmitted diseases (STD), and developmental disabilities.
- There are circumstances when health information about you will not be shared unless you first give your permission for it to be shared; such as when you receive services in a substance abuse treatment agency.
- See Page 4 in the “Notice of Privacy Practices” for more information. If you have concerns about how your health information might be (or has been) shared, please speak with your provider or call the DPH Privacy Officer directly at (415) 206-2354.

If you believe your privacy rights have NOT been maintained while receiving DPH services, you may file a complaint with the DPH Privacy Officer at (415) 206-2354. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services’ Office of Civil Rights, Attn: Regional Manager, 50 United Nations Plaza, Rm. 322, SF, CA 94103. You will not be penalized in any way for filing a complaint.

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

Signature: _____ Date: _____

Printed Name: _____ Relation (if other than patient): _____

Patient/Client declined to sign receipt (staff signature): _____

Patient/Client unable to sign (witness signature): _____

Reason unable: _____ Interpreter: _____