

SUMMARY DPH NOTICE OF HIPAA PRIVACY PRACTICES NAME

The attached Notice describes how health information about you maybe used and disclosed in the San Francisco Department of Public Health and your rights regarding the use of that information. DOB
MRN

Please review this summary and the full notice carefully.

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. The are committed to protecting you health information.

Who will follow the rules in the 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 of the full Notice)

- Ask to see, read and/or obtain a copy of your health records (charges may be necessary)
- Ask to correct information that you believe is wrong in your health record
- Ask that you health information not be shared with certain individuals
- Ask DPH to send copies of your health records to whomever you wish (charge may be necessary)
- Be informed about who has reach 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, health information may be shared by providers within DPH and between DPH and it contract 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 or at the City clinic (Municipal STD Clinic).
- See Page 4 in the "Notice of Privacy Practices" for more information. If you have concerns about how you health information might be (or has been) shared, please speak with your provider or all 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 or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with DPH, send the complaint to the DPH Privacy Officer at 2789 25th Street, San Francisco, CA 94110 or call 415-206-2354. To file a complaint with the Secretary, the address is U.S. Dept. of Health and Human Services, Office of Civil Rights, Attn: Regional Manager, 50 United Nations Plaza, Rm. 322, San Francisco, CA 94103. You will not penalized in any way for filing a complaint.

I acknowledge receipt of the San Francisco Department of Public Health "Notice of Privacy Practices." I understand that my signature does not authorize disclosure, but only acknowledges that I have received a copy of the full notice.

Signature: _____ **Date:** _____

Printed Name _____ **Relation (if not patient)** _____

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

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

Reason unable: _____ **Interpreter:** _____