
THIS NOTICE DESCRIBES, HOW HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION.

PLEASE REVIEW IT CAREFULLY.

You have a right to copy of this notice (In paper or electronic form) and to discuss it with Department of Public Health at toll-free Privacy Hotline at 1-855-729-6040 OR email compliance.privacy@sfdph.org if you have any questions.

WHO WILL FOLLOW THIS NOTICE:

The San Francisco Department of Public Health (DPH) Notice applies to the following:

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

DPH PLEDGE ABOUT HEALTH INFORMATION:

At the San Francisco Department of Public Health we know that health information about you and your health is personal. We promise to protect your health information. We create a record of care and services you receive at DPH. This record is needed to give you quality health care and to meet California and federal law. This Notice applies to all records of your care kept by DPH.

DPH records and stores patient information on paper and in computers. Health care workers, nurses 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;
- ◆ Follow the Notice that is in effect at this time; and
- ◆ We will let you know promptly if a privacy breach occurs that may have compromised the privacy or security of your information

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

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

- ◆ **Right to Ask to Inspect and Copy.** You have the right to ask to see, read, and obtain a copy of health information used to make decisions about your care. 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 deliver 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). If you ask for a copy of the information, DPH may ask you to pay for copying, mailing or getting other supplies needed to respond to your request.
- ◆ **Right to Authorize Sharing of Health Information.** You have the right to ask DPH to send copies of your health information to whomever you wish including your family, close friends, or others involved in your care; other individuals, health care providers. We cannot share your substance use disorder information for treatment or payment purposes without your written consent. You may ask DPH to stop your requested sharing of your health information at any time. To ask DPH to share your health information with people you designate, 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 end of this Notice for a list of addresses).
- ◆ **Right to Request Changes.** If you believe that health information stored by DPH about you is not correct or not complete, you have the right to ask DPH to change the information, or to write an addendum to be included in your health record. You have the right to ask DPH to change 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 end of this Notice for a list of addresses). In addition, you must explain why you want your health information changed.

DPH may say “no” to 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 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.

We must tell you why we are not making the change within 60 days of your request. You have the right to submit a written addendum (supplement) not to exceed 250 words regarding any item or statement in your record you believe is incomplete or incorrect. If you tell us in writing that you want the supplement to be added to your medical records, we will attach it to your records.

- ◆ **Right to an Accounting of Disclosures.** You have the right to be informed about the times that we have shared your health information. This “Accounting of Disclosures” is a list of persons outside DPH whom DPH has shared your health information with for purposes other than to provide your 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 end of this Notice for a list of addresses). From the submission day of your request, you can ask DPH to provide you with an accounting of who your information was shared

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with up to six years as permitted by Health Insurance Portability and Accountability Act (HIPAA). For any information about your substance use disorder, you can request up to three years prior to your request date, who we shared it with and why. 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.

- ◆ **Right to Request Restrictions.** You have the right to ask DPH not to share your health information for treatment, payment, or operations. As it pertains to care treatment, DPH and its affiliates, and/or their doctors do not have to agree to your request particularly if it would harm your care. 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 end of this Notice for a list of addresses). If you pay for a service or health care item out-of-pocket in full, you can ask DPH to not share that information for the purpose of payment or our operations with your health insurer. In this situation, your request will be approved unless a law requires 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 site where your care is given (see the end of this Notice for a list of addresses). 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 electronically, you still have the right to a paper copy of this Notice. To obtain a paper copy of this Notice, ask any DPH health care provider. You may get a copy of this notice at DPH web site, [DPH Privacy Policies | SF.gov](https://www.sf.gov/resource--2023--dph-privacy-policies) (<https://www.sf.gov/resource--2023--dph-privacy-policies>)
- ◆ **Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

HOW DPH MAY USE AND SHARE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways we use and share health information. DPH cannot describe every way it uses health information in this Notice. However, most of the ways fit into one of the descriptions provided below. In all cases, DPH health workers, nurses and doctors will use the minimum amount of information necessary to give you care. DPH regularly reviews the uses and sharing that DPH staff, its contract providers and UCSF staff make from DPH records to be sure they are appropriate. For the length of your stay and/or episode of care, you may provide a single consent for all future uses or disclosures for treatment, payment and health care operations purposes.

- ◆ **For Treatment.** We use health information about you and share it with other health care professionals who are taking care of you. 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 DPH may share information about you to provide things you need, such as medications, lab tests or x-rays. If you need care with another doctor or facility outside DPH, health information about you may be shared with them to plan your continuing care.

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- ◆ **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.
- ◆ **For Operating DPH Health Care Facilities.** Health information about you may be used and shared for DPH operations. DPH may need to use and share this information to run its programs 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. 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 may be shared with DPH doctors, nurses, technicians, and other DPH staff for review and learning purposes.
- ◆ **Substance Use Disorder (SUD).** The confidentiality of substance use disorder information is more protected by regulations and can only be shared for treatment and payment purposes with your written consent. You may revoke (change your mind about) allowing sharing of your SUD information but it must be in writing. Your revocation (changing of your mind) will be effective when we actually receive it. Any SUD information that has already been shared cannot be taken back. Your SUD information, or testimony based on this information, cannot be used against you in any legal proceedings without your explicit written consent or a court order. If a court order has been received, it must be accompanied by a subpoena or similar legal mandate, you must be notified and given a chance to contest it.
- ◆ **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, text, or email.
- ◆ **Directory.** Certain limited information about you may be included in patient directories at DPH hospitals where you are being treated. 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 know how you are doing if you stay in a DPH hospital. If you do not want DPH to share your name and other information, you must inform the office of admissions in the hospital where you are receiving care.
- ◆ **Individuals Involved in Your Care or Payment for Your Care.** Health information about you may be shared with a friend or family member who 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 will help pay for your care. In addition, health information about you may be shared with an organization helping in a disaster relief 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 identifying you. 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 information being included. All research projects performed in 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 and/or personally identifiable 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.

- ◆ **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 when necessary to prevent a serious threat to your health and safety or the health and safety of the public. 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.
- ◆ **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 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 be catching or spreading a disease or condition; and
 - To notify an authority if it is believed a patient has been the victim of abuse, neglect or domestic violence as required by law.
- ◆ **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 taxpayers 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

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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.

- ◆ **Law Enforcement.** Health information may be shared with a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - About a death believed to have been the result of criminal conduct;
 - About criminal conduct at a DPH facility; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of a person who committed a crime.
- ◆ **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 and Public 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 or foreign heads of state. DPH may share health information with other authorized persons to conduct special investigations.
- ◆ **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; or (3) for the safety and security of the jail/prison staff.
- ◆ **Court-Appointed Treatment.** In cases in which a person has been ordered to obtain treatment from 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.
- ◆ **Comply with State Laws.** There are certain state laws that protect some types of health information such as certain behavioral health services and HIV test results. We will obey these laws when they are stricter than this notice.

IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE NOT BEEN MAINTAINED while receiving DPH services, you may file a complaint with 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 end of this Notice for a list of addresses and phone numbers for the DPH Privacy Office and the Secretary. You will not be penalized or retaliated against in any way for filing a complaint.

CHANGES TO THIS NOTICE

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

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future. A copy of the current Notice will be posted in DPH care facilities. The notice will have the effective date on the top of every page.

AUTHORIZATION FORMS TO REQUEST MEDICAL RECORDS (Health Information Services) CAN BE OBTAINED AT THE FOLLOWING DPH LOCATIONS:

San Francisco General Hospital and Trauma Center

Health Information Services,
Main Bldg. 5 Rm. 2B1
1001 Potrero Ave.,
San Francisco, CA 94110
(628) 206-4432

OR LOCATION WHERE YOU ARE RECEIVING SERVICES

All other privacy concerns and complaints:

DPH Office of Compliance & Privacy Affairs
101 Grove Street, Rm 400
San Francisco, CA 94102
(855) 729-6040 (toll-free)

Where to file a privacy complaint with the federal government

See how to file a health information privacy or security complaint: https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html?language=es	<u>For a faster response, use the online portal.</u> Link to file online a health information privacy or security complaint: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Address to mail a complaint: Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201	