



T-HI0001

NAME

DOB

MRN

PCP



San Francisco Department of Public Health

SFDPH Summary Notice of HIPAA Privacy Practices and Acknowledgement of Receipt

Patient ID / Addressograph

Full Notice: You have been provided the Full Notice of HIPAA Privacy Practices. Please read it carefully. You can also find it at: https://www.sfdph.org/dph/comupg/oservices/medSvs/HIPAA/HIPAAsummaries.asp.

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 in the "Full Notice of Privacy Practices".)

- 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 that copies of your health record be sent to someone (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.

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 between treatment providers, including your 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 services received in substance abuse treatment agencies.

If you believe your privacy rights have NOT been maintained while receiving DPH services, you may file a complaint. If you have concerns about how your health information might be (or has been) shared, please speak with your provider or contact either of the following: (1) Secretary of 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. (2) DPH Office of Compliance and Privacy Affairs, 101 Grove St., Room 330, San Francisco, CA 94102, or call toll-free 1-855-729-6040. You will not be penalized in any way for filing a complaint.

I acknowledge receipt of the SF Department of Public Health "Full Notice of HIPAA Privacy Practices."

Form with fields: SIGNATURE OF PATIENT/RESIDENT/CLIENT OR THEIR REPRESENTATIVE, DATE, PRINT NAME, IF REPRESENTATIVE, SPECIFY RELATIONSHIP, INTERPRETER IF APPLICABLE

STAFF/WITNESS: If written acknowledgement is NOT obtained, please complete the following:

Form with fields: [] Unable to sign [] Declined to sign [] Other, Describe:; SIGNATURE OF STAFF WITNESS, DATE, PRINT NAME, DEPARTMENT/ORG