



San Francisco Department of Public Health

Maternal Child and Adolescent Health (MCAH)/ SFDPH Summary Notice of HIPAA Privacy Practices and Acknowledgement of Receipt

NAME
DOB
MRN

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

Who will follow the rules in this notice: All SFDPH and contract provider employees, SFDPH affiliates, as well as staff assigned to SFDPH 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 programimprovement purposes).
• Specify where and how SFDPH 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 SFDPH 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) SFDPH 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" and the "MCAH Attachment to the Notice of 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



## City and County of San Francisco

Grant Colfax, Director of Health  
London N. Breed, Mayor

## Department of Public Health Maternal, Child & Adolescent Health

Maternal Child and Adolescent Health  
Attachment to San Francisco Department of Public Health (SFDPH)  
Notice of Privacy Practices  
(non-CMS programs)

*You have been given SFDPH's 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/HIPAAPolicies.asp>*

Maternal, Child and Adolescent Health (MCAH) is a section of the San Francisco Department of Public Health (SFDPH). This information applies to the following MCAH programs:

- Calworks Public Health Nurse
- Cavity-Free San Francisco
- Child Care Health Program
- Field Public Health Nursing
- Nurse-Family Partnership (NFP)
- Perinatal Stabilization Public Health Nurse

San Francisco MCAH programs use SFDPH's electronic health record (EHR) system to store and maintain information collected about you by MCAH. This EHR is also used by other parts of SFDPH, including San Francisco Health Network clinics and hospitals, such as Zuckerberg San Francisco General Hospital.

This information can be viewed by other groups who use SFDPH's EHR, but only if they are authorized under federal and California privacy and confidentiality laws, such as when they need the information to help you receive health care and related services. For a list of groups who have access to SFDPH's EHR, see [https://www.sfdph.org/dph/files/PoliciesProcedures/DPH\\_Privacy\\_Matrix\\_12192013.pdf#page=2](https://www.sfdph.org/dph/files/PoliciesProcedures/DPH_Privacy_Matrix_12192013.pdf#page=2)

**MCAH programs' records are different from medical records kept by other parts of SFDPH that use the EHR, such as San Francisco Health Network clinics and or Zuckerberg San Francisco General Hospital. SFDPH clinics and hospital cannot release your MCAH program's records to you or anyone else.**

If you would like a copy of your records from one of the MCAH programs above, you can get a form to request your records at:

Maternal, Child and Adolescent Health  
333 Valencia St  
San Francisco, CA 94102  
(800) 300-9950

IF YOU FEEL YOUR PRIVACY RIGHTS HAVE NOT BEEN MAINTAINED, you may file a complaint with SFDPH or the U.S. Secretary of the Department of Health and Human Services at the addresses listed on SFDPH's Notice of Privacy Practices. All complaints must be sent in writing. You will not be penalized in any way for filing a complaint.

You may also file a privacy complaint with the California Department of Public Health:

CDPH Privacy Officer  
1415 L Street, Suite 500  
Sacramento, CA 95814  
[privacy@cdph.ca.gov](mailto:privacy@cdph.ca.gov)  
<https://www.cdph.ca.gov/Pages/privacy-policy.aspx>

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED BY THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH (DPH) AND HOW YOU CAN GET YOUR INFORMATION. PLEASE LOOK IT OVER CAREFULLY.**

If you have any questions about this Notice, please call the toll-free Privacy Hotline at 1-855-729-6040.

**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 the 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 the DPH.
- ◆ DPH health workers and University of California at San Francisco employees who work with the DPH.
- ◆ Persons going to school to be a healthcare worker and their teachers who help give your health care in the DPH, for example medical residents, medical students, nursing students, fellows or graduate students.

**DPH PLEDGE ABOUT HEALTH INFORMATION:**

The health workers of the San Francisco Department of Public Health, DPH affiliates and DPH contract providers know that health information about you and your health is personal. We promise to protect your health information. A record of care and services you receive in the DPH is made and stored at DPH. This record is needed to give you care and to meet California and federal law. This Notice applies to all records of your care kept by DPH, whether made by DPH health workers or your personal doctor caring for you at a DPH clinic or hospital. If you have a personal doctor who is not a DPH doctor, he or she may follow different rules about using and sharing your health information.

The DPH records and stores patient information in many places, both on paper and in computers, depending on the setting where care is given. Health care workers 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;
- ◆ 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 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 the 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. Usually, 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. Unless your provider says that it is okay, the right to look at and copy health information does not include mental health information. If DPH decides not to let you look at your mental health information, DPH may decide instead to give you a summary of your record. If your provider turns down your request, you may ask a member of DPH Risk Management to review why your request was turned down. The person who does the review will not be the person who turned down your request.
- ◆ **Right to Authorize Sharing of Health Information.** When you think it necessary and appropriate, you have the right to ask DPH to send copies of your health information to whomever you wish – other individuals, health care professionals or hospitals and clinics. You may ask DPH to stop the sharing of your health information at any time. To ask DPH to share your health information with people who do not need to use it for care purposes, 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 Make Corrections.** If you believe that health information stored by the 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 turn down 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 the 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.
- ◆ **Right to an Accounting of Disclosures.** As of April 14, 2003, you have the right to be informed about who has read your record. This “accounting of disclosures” is a list of persons outside the DPH whom DPH has shared your health information with for purposes other than to provide you 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). When you ask for an “accounting of disclosures” you must tell us the DPH care providers for which you want the accounting. You may not ask DPH to provide you with information about who DPH shared information with more than six

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years before you submitted your request. Your request should tell how you want DPH to give you the list (for example, on paper or in a computer file). 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 with certain individuals or for certain purposes. *The DPH and/or its doctors do not have to agree to your request.* If it does agree, the DPH will not share information about you unless the information is needed to give you emergency treatment. 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). In your request, you must explain (1) what information you want to limit; (2) whether you want to limit DPH use, sharing or both; and (3) to whom you want the limits to apply. For example, you may not want health information about you shared with your family. If you pay for a service or health care item out-of-pocket in full, you can ask the DPH to not share that information for the purpose of payment or our operations with your health insurer. Your request will be approved unless a law requires the DPH to share that information. You may also request to ‘opt-out’ of receiving marketing and fund-raising 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 by e-mail or have read it on a web site, you still have the right to a paper copy of this Notice. To obtain a paper copy of this Notice, either visit any DPH health care provider or write to the Office of Compliance and Privacy Affairs, 101 Grove Street, Room 400, San Francisco, CA 94102. You may get a copy of this notice at the DPH web site, <http://www.sfdph.org/dph/comupg/oservices/medSvs/HIPAA/HIPAAsummaries.asp>

**HOW DPH MAY USE AND SHARE HEALTH INFORMATION ABOUT YOU.**

DPH wants you to know of the different ways it uses and shares health information. DPH cannot describe every way it uses or shares health information in this Notice. However, most of the ways fit into one of the descriptions provided below. In all cases, DPH health workers and doctors will use the minimum amount of information necessary to give you care, obtain payment for your care, or operate DPH health care facilities. DPH regularly reviews the uses and disclosures that DPH staff, its contract providers and UCSF staff make from DPH records to be sure they are appropriate.

- ◆ **For Treatment.** To improve the quality of care you receive, health information may be shared by providers with DPH and between DPH, its affiliates and its contract providers – including health information regarding mental health, substance abuse, HIV/AIDS, sexually transmitted diseases (STD) and developmental disabilities. 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

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departments of the DPH may share information about you to provide things you need, such as medications, lab tests or x-rays. If your care requires that it be coordinated with another doctor or facility outside the DPH, health information about you may be shared with them to plan your continuing care.

- ◆ **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. Health information about many DPH patients may be combined to decide what additional services the DPH should offer, what services are needed and whether certain new processes are effective. 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.
- ◆ **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. Mental health and substance abuse inpatient sites do not use public directories, however. 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 generally know how you are doing if you stay overnight in a DPH hospital. If you do not want the DPH to share your name, location in the hospital, general condition or religious affiliation, you must inform the office of admissions in the facility 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 you have said 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 you have said will help pay for your care. Mental health clients will be asked to formally approve these types of sharing. 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.

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Second, health information about you may be used and disclosed without reference to the fact that it was about you personally. 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 references being included. All research projects performed in the 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 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, mobile crisis team, or with an intended victim when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. 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, as needed to help with organ or tissue donation and transplantation
- ◆ **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 the 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 Special Laws.** There are special laws that protect some types of health information such as certain behavioral health services, treatment for substance use disorders, and HIV test results. We will obey these laws when they are stricter than this notice.

## **OTHER USES OF HEALTH INFORMATION.**

Other uses and disclosures of health information not covered by this Notice or the laws that apply will be made only with your written permission. If you provide permission for the DPH to use or share health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the DPH will no longer use or share health information about you for the reasons stated in your written authorization. You must also understand that the DPH is unable to take back any sharing it has already made with your permission, and that the laws of California require the DPH to retain records of the care that it has provided to you.

**IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE NOT BEEN MAINTAINED** while receiving DPH services,



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you may file a complaint with the 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 in any way for filing a complaint.

## **CHANGES TO THIS NOTICE**

The 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 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 CAN BE OBTAINED AT THE FOLLOWING DPH LOCATIONS:**

<b>San Francisco General Hospital and Trauma Center</b> Health Information Services, Main Bldg. Rm. 2B1 1001 Potrero Ave., SF, CA 94110 (628) 206-4432		<b>Laguna Honda Hospital and Rehab Center</b> Health Information Services, Rm. B300 375 Laguna Honda Blvd., SF, CA 94116 (415) 759-3355
<b>Balboa Teen Health Center</b> 1000 Cayuga Avenue SF, CA 94112 (415) 469-4512	<b>Castro-Mission Health Center</b> 3850 - 17th Street SF, CA 94114 (415) 934-7700	<b>Chinatown Public Health Center</b> 1490 Mason Street SF, CA 94133 (415) 364-7600
<b>Larkin Street Youth Clinic</b> 1138 Sutter Street SF, CA 94109 (415) 673-0911 (ext. 259)	<b>Maxine Hall Health Center</b> 1301 Pierce Street SF, CA 94115 (415) 292-1300	<b>Curry Senior Services</b> 333 Turk Street SF, CA 94102 (415) 885-2274
<b>Ocean Park Health Center</b> 1351 - 24th Avenue SF, CA 94122 (415) 682-1900	<b>Potrero Hill Health Center</b> 1050 Wisconsin Street SF, CA 94107 (415) 648-3022	<b>Silver Avenue Family Health Center</b> 1525 Silver Avenue SF, CA 94134 (415) 657-1700
<b>Southeast Health Center</b> 2401 Keith Street SF, CA 94124 (415) 671-7000	<b>Tom Waddell Urban Health Center</b> 230 Golden Gate Avenue SF, CA 94102 (415) 355-7400	<b>Cole Street Youth Clinic</b> 555 Cole Street SF, CA 94117 (415) 751-8181
<b>Health at Home</b> 375 Laguna Honda Blvd. SF, CA 94116 (415) 759-4700	<b>Maternal Child and Adolescent Health</b> 333 Valencia St SF, CA 94103 (800) 300-9950	<b>City Clinic (STD Clinic)</b> 356 - 7th Street SF, CA 94103 (415) 487-5500
<b>Behavioral Health Services</b> Your Program Site or Health Information Services 1380 Howard Street SF, CA 94103 (415) 255-3487	<b>Jail Health Services</b> Health Information Services 850 Bryant Street SF, CA 94103 (415) 553-1582	<b>All other privacy concerns and complaints:</b> DPH Compliance & Privacy Affairs 101 Grove Street, Rm 400, SF, CA 94102 (855) 729-6040 (toll-free)

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**Where to file a privacy complaint with the federal government:**

Secretary, **U.S. Dept. of Health and Human Services**  
**Office of Civil Rights**  
Attn: Regional Manager  
90 7th Street, Suite 4-100  
San Francisco, CA 94103