

## Privacy Notice

THIS NOTICE EXPLAINS HOW INFORMATION ABOUT YOU MAY BE USED AND GIVEN TO OTHERS. IT ALSO EXPLAINS HOW YOU CAN GET THIS INFORMATION. PLEASE READ THIS NOTICE CAREFULLY.

The Medi-Cal Care Coordination Program knows that information about your health is private. We must follow laws and rules to keep it private. "Health information" is information about you and your health.

How do we use and share your health information?

We use and share your health information to help get you the care you may need. Sometimes, we may need to talk with your doctor or others about your health. We keep a record of the information we receive from your doctors. Sometimes we may share your health information with someone you have chosen to act for you. You may allow this person to know about your health information. You may tell us it is okay to use your health information. You may also change your mind.

We also may need to use your health information:

1. When we want to refer you to someone for more help with your health.
2. When we have other people help us give services to you.
3. If we think there is a danger to you.
4. If we think there is a danger to others.
5. To show others, who pay for health care, the work that we do.
6. To help control disease.
7. When the law says we have to give your health information to other people.
8. To help people who oversee your health care.
9. In a legal case.

What does the Medi-Cal Care Coordination Program have to do?

1. Follow rules and laws to keep your health information private.
2. Give you this information.
3. Follow the rules in this document.

We may change this document; if we do, we will give you a copy.

**You have the right to:**

1. Get a copy of some parts of your health information.
2. Ask us to make a change in your health information if you think it is wrong. You must do this in writing. If we do not agree to make the change, you can let us know you do not agree with us.
3. Get a list of some of the times when we have used your health information. You must ask in writing and it may cost you a fee for us to send the information.
4. Ask us not to give your information to others in some cases. We may or may not agree with what you ask.
5. Ask that we talk with you or mail things to you in a certain way, to make sure your information is kept private.
6. Get a paper copy of this notice.

To use any of these rights or to ask about this notice, you may write to us or call us. The address and phone number are below.

Medi-Cal Care Coordination Program  
P.O. Box 668  
West Sacramento, CA 95605  
1-800-223-1150 Fax: 866-805-3825

If you have a complaint:

If you think we have not kept your information private, you may let us know. You may send a letter or call us at:

Medi-Cal Care Coordination Program  
P.O. Box 668  
West Sacramento, CA 95605  
1-800-223-1150 Fax: 866-805-3825

If you do not want to let us know, you may send a letter or call:

Department of Health Care Services  
Systems of Care Division, Care Coordination  
DHCS SCD, MS4517  
P.O. Box 997413  
Sacramento, CA 95899-7413  
1-800-970-8450