



**SAN FRANCISCO  
HEALTH PLAN™**

*Here for you*

201 Third Street, 7th Floor • San Francisco, CA 94103  
(415) 547-7800 • FAX (415) 547-7821 • [www.sfhp.org](http://www.sfhp.org)

## **San Francisco Health Plan**

### **Notice of Privacy Practices**

#### **What SFHP is required to do to protect your health information?**

**Effective: January 1, 2006 (Updated March 1, 2009)**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. THIS NOTICE ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

San Francisco Health Plan (SFHP) is required by law to make your health information private. We are also required to let you know of our privacy practices regarding your protected health information (PHI). PHI means “protected health information” and will be used in the rest of this notice.

We agree to follow the terms of this Notice of Privacy Practices. We have the right to change the terms of this notice. We also have the right to make the new notice effective for all PHI we hold. If we need to make any changes, we will give you a new copy. The copy will be mailed to your address in our records.

#### **How does SFHP use and share my PHI?**

SFHP stores health-related records about you, which includes your...

- claims history,
- health plan enrollment information,
- case management records, and
- prior authorizations for health services.

We use this information and share it with others for the following reasons:

- *Treatment.* SFHP uses your PHI to plan your health care. For example, we share your PHI with hospitals, clinics, physicians and other health care providers to help them provide care to you.
- *Payment.* SFHP uses and shares your PHI to pay for health care services you receive. For example, we tell providers that you are a member of SFHP, and we tell them about your benefits.
- *Health Care Operations.* SFHP uses and shares your PHI, when needed, to help us run our health plan. For example, we use our members' claims data for our internal accounting activities, and for quality purposes.
- *Contractors and Agents.* We share PHI with our contractors and agents who help us in the tasks listed above. Confidentiality agreements are obtained before we share information for payment or business purposes.

For example, companies that provide or maintain our computer services may have access to computerized PHI when providing services to us.

- *Contacting You.* We may contact you to provide appointment reminders or information about treatments open to you. We may also contact you about other health services.

### **Can others involved in my care get information about me?**

Yes, if we feel it is needed, we may release information to a friend or family member who is involved in your care, or is paying for your care. This includes answering phone calls about eligibility and claim status.

### **Can my PHI ever be given without my consent?**

Yes, we may share PHI without your consent. PHI can be shared with government agencies and others at times where we are required or authorized by law. The following is a list of when we can share your PHI without your consent:

- Disclosures that are required by state or federal law.
- Disclosures to agencies responsible for governing the health care system, for audits, inspections or investigations.
- Upon a receipt of a court order or
- To a court, or lawyer for cases about the operation of Medi-Cal. This may include fraud or actions to recover money from others when Medi-Cal has paid your medical claims.

### **Are there any times when my PHI is not released?**

Your PHI may be covered under laws that may limit or stop some uses or disclosures. For example, there are limits on the sharing of PHI relating to

- HIV/AIDS status,
- mental health treatment,
- developmental disabilities, and
- drug and alcohol abuse treatment.

We comply with these limits in our use of your PHI. We will not allow other sharing or uses of your PHI without your written consent.

## **Your Individual Rights**

### **What rights do I have as a San Francisco Health Plan member?**

As a SFHP member you have the following rights:

- You have the right to ask us to limit certain sharing and uses of your PHI. SFHP is not required to agree to any restrictions requested by its members.
- You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will accept requests when necessary to protect your privacy.
- You have the right to see and copy your health records that SFHP holds. We must receive your request in writing. We will answer your request within 30 days. If your records are stored in another location, please allow 60 days for us to respond. We may charge a fee to cover the cost of copying your records. SFHP may deny your request. Sometimes, if your request is denied, we will tell you the reason why in writing. You have the right to appeal the denial. You may need to contact your health care provider to obtain PHI that SFHP does not hold.
- If you believe the information in our records is wrong, you have the right to ask us to change it. We may deny your request. If your request is denied, you have the right to submit a statement to be placed in the record.
- You have the right to get a report of non-routine sharing of your PHI that we have made. Your request may be up to six years prior from the date of your request. There are some limitations. For example, we do not have records of
  - information shared with your consent;
  - information shared for the purposes of health care treatment, checking payment for health services, or conducting the health plan operations of SFHP;
  - information shared with you; and
  - certain other disclosures.

### **What can I do?**

You can exercise any of your rights by sending a written letter to our Privacy Official at the address listed below. To assist with your request, call us at the phone number listed below as well.

### **How do I file a complaint if my privacy rights are broken?**

You have the right to file a complaint with our Privacy Official. You must provide us with specific, written facts to support your complaint. You may also file a complaint with the Secretary of Health and Human Services.

SFHP will not hold anything against you in any way for filing a complaint. Filing a complaint will not affect the quality of health care services you receive as a SFHP member.

**Contact SFHP at:**

**San Francisco Health Plan, Privacy and Security Officer**

201 Third Street, 7<sup>th</sup> Floor  
San Francisco, CA 94103  
(415) 547-7818

**Contact the Secretary of Health and Human Services at:**

Secretary of Health and Human Services  
Office for Civil Rights  
Mailing address: 200 Independence Avenue SW, Room 509F, HHH Building,  
Washington, DC 20201

**Contact the California Department of Health Care Services, Privacy Officer at:**

Privacy Officer  
Office of Legal Services  
California Department of Health Care Services  
P.O. Box 997413, MS 0011  
Sacramento, CA 95899-7413  
(916) 440-7750 or (877) 735-2929 TTY/TDD  
Email: [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov)