



**SAN FRANCISCO
HEALTH PLAN™**

Here for you

Summary of Key Information For Providers

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This document highlights some of San Francisco Health Plan's (SFHP) programs and requirements. **This document is not intended as a comprehensive training tool.** It is only intended as a quick-reference guide or additional resource material. More details are available in the SFHP Network Operations Manual or on our web site www.sfhp.org/providers. SFHP also has specific policies and procedures for each subject in this document. If you have any questions regarding this document, please contact the SFHP Provider Relations Department at 415-547-7818 ext. 7084.

Welcome to the SFHP Provider Network!

San Francisco Health Plan (SFHP) is a licensed health plan providing affordable health care coverage to very low income San Franciscans. We are a local not-for-profit health plan, designed for and by the members we serve, many of whom would not be able to otherwise obtain health care for themselves or their families.

The SFHP network includes seven independent medical groups and their affiliated hospitals. Most of the Utilization Management, Credentialing and Claims processing functions are delegated to these contracted medical groups.

Providers must promptly notify their medical group of any changes in their practice location, hours of operation, or if they plan to terminate their relationship with their medical group or SFHP. It is especially important for a Primary Care Provider (PCP) to provide at least 45 days notice of termination to their medical group, as the medical group and SFHP are required by law to re-assign patients to another PCP and to provide 30-day advance notification to members of this transition.

Nurse Advice Line

San Francisco Health Plan's Nurse Advice line is available 24/7 to SFHP members. Members can call (877) 977-3397 to speak to a registered nurse and receive advice, next steps and potential triage. Kaiser members are to call Kaiser's 24/7 Call Center at (415) 833-2200 to speak to an advice nurse who can give advice and instruct members to go to the urgent care center if needed.

Our Plans

- **Medi-Cal** is health care coverage for very low-income families, or individuals who are elderly or disabled. Medi-Cal Managed Care through SFHP includes coverage for medical, pediatric vision (less than 21 years old) and pharmacy services. Coverage for mental health/chemical dependency and pediatric (less than 21 years old) dental and pediatric chiropractic/acupuncture services (less than 21 years old) is provided through the State of California.

- **Healthy Families Program** covers children and teens through 18 years of age from families whose income is too high to qualify for Medi-Cal, but falls below 250% of the Federal Poverty Level. The Healthy Families Program includes coverage for medical, mental health/chemical dependency, chiropractic, and pharmacy services. Coverage for vision and dental services is provided by the State of California.
- **Healthy Workers Program** provides coverage to In-Home Supportive Services (IHSS) Independent Providers in San Francisco and temporary employees for the City and County of San Francisco. This plan includes medical, vision, and pharmacy services. Dental coverage is provided to IHSS Independent Providers through the IHSS Public Authority.
- **Healthy Kids Program** provides health care coverage for children and teens through 18 years of age whose families income is too high to qualify for either Medi-Cal or the Healthy Families Program, but falls below 300% of the federal poverty level. In addition, Healthy Kids covers children and teens through 18 years of age, if they are ineligible for Med-Cal or the Healthy Families Program due to their immigration status. Healthy Kids is a comprehensive health care insurance program, offering medical, dental, vision, pharmacy and mental health/substance abuse services for the children of low-income families residing in San Francisco.

Eligibility

- **Determining Eligibility and PCP Assignment**

Although SFHP members are issued ID cards, member eligibility should always be verified prior to providing care. Eligibility can change from month to month. SFHP uses three ways to verify eligibility:

1. Web Site www.sfhp.org/providers, then log on to the secure provider area
2. Interactive Voice Response 415-547-7810
3. Member services 415-547-7800

Questions regarding member PCP assignment status can also be directed to Member Services at (415) 547-7800 or 1-800-288-5555 between the hours of 8:30 am and 5:30 pm, Monday through Friday.

- **Enrollment, Disenrollment & PCP changes**

SFHP members who wish to change their medical group and/or PCP within SFHP or who wish to disenroll completely from SFHP should be referred to Member Services at 415-547-7800. Members can ask to change PCPs at any time; PCP change effective date will be:

The first day of the current month if the member:

- Is staying within your clinic, or
- Has not received services during the current month.

The first day of following month if the member:

- Has utilized services during the current month.

- **Newborn Coverage**

For the Medi-Cal program, newborns are covered for eligible services under their mother's membership during the month of birth and the month following. All other programs cover newborns for only 30 days following birth. Questions regarding member eligibility and PCP assignment status may be directed to Member Services at 415- 547-7800 between the hours of 8:30 am and 5:30 pm, Monday through Friday.

Access

- **After-Hours Access to Care**

All PCPs are required to have after-hours phone coverage 24 hours a day, 7 days a week. After-hours access must include triage for emergency care and direction to call 9-1-1 for an emergency medical condition. A physician or mid-level provider must be available for contact after-hours, either in person or via telephone. All after-hours member calls must be documented in the member's permanent medical records. If a provider who is not the member's PCP treats the member, the treating provider must forward documentation of services received to the member's PCP.

- **Emergency Services**

SFHP members may seek care at any hospital Emergency Department (ED) for an emergency medical condition. Emergency services means those services required for alleviation of severe pain, or immediate diagnosis and treatment of unforeseen medical conditions, which, if not immediately diagnosed and treated, would lead to disability or death. Any prudent layperson may determine if an ED visit is warranted. An emergency medical condition (including emergency labor and delivery) is defined as one that is manifested by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- Placing the member's health in serious jeopardy.
- Serious impairment to bodily function.
- Serious dysfunction of any bodily organ or part.

Emergency services also include an evaluation to determine if a psychiatric emergency exists.

Authorization is not required for emergency situations as defined by the examining physician. The examining physician determines required treatment to stabilize the patient. In routine and non-urgent situations, treatment authorization by the PCP is required after completing the medical screening exam and stabilizing the condition. If the PCP does not respond, the Emergency Room/Department will proceed with treatment. Documentation and proof of the Emergency Department's attempt to reach the PCP and

medical group, and failure of response within 30 minutes of the first contact attempt, will be accepted as authorization to diagnose and treat.

Title 22 Section 51056 Emergency Services
 Title 28 Section 1300.71.4.(b)(2)

Referrals and Prior Authorization

• **Direct Access to OB/GYNs**

Female members of SFHP may seek eligible obstetrical and gynecological services from OB/GYNs participating within the member’s Medical Group without a referral from their PCP.

• **Referrals**

In most cases, PCPs must refer SFHP members to Specialists within their medical group network. In some instances, a specific specialty may not be available within your medical group’s network. When this occurs, contact your medical group to find an appropriate Specialist. Your Medical Group should provide you with a list of contracted specialists and referral forms (if required, by your Medical Group).

• **Prior Authorization**

All requests for Prior Authorization must be sent to your participating medical group. Contact your medical group for a current list of services requiring Prior Authorization.

Medical Group	Address	Authorization Phone/Fax Numbers	SFHP Programs
Brown & Toland Physicians (BTP)	<i>Administrative:</i> P.O. Box 640469 San Francisco, CA 94164	Phone: (415) 972-6002 Fax: (415) 972-6011	Medi-Cal, Healthy Families, Healthy Kids
Community Health Network of San Francisco (CHN)	<i>Administrative:</i> 201 Third Street, Seventh Floor San Francisco, CA 94103	Phone: (415) 547-7818 x400 Fax: (415) 357-1292 Email: authorizations@sfhp.org <i>General phone number:</i> (415) 547-7800 (SFHP)	Medi-Cal, Healthy Families, Healthy Kids, Healthy Workers
North East Medical Services (NEMS)	<i>Administrative:</i> 1520 Stockton Street San Francisco, CA 94133	Phone: (415) 352-5045 Fax: (415) 398-1742 <i>General phone number:</i> (415) 391-9686	Medi-Cal, Healthy Families, Healthy Kids

Medical Group	Address	Authorization Phone/Fax Numbers	SFHP Programs
Hill Physicians (HILL)	<i>Administrative:</i> P.O. Box 5080 San Ramon, CA 94583-0980	Phone: (800) 445-5747 UM/Authorization Fax: (925) 820-4311 Inpatient Face Sheets Fax: (925) 362-6577	Medi-Cal, Healthy Families, Healthy Kids
Chinese Community Health Care Association (CCHCA)	<i>Administrative:</i> 445 Grant Avenue, Ste 700 San Francisco, CA 94108	Phone: (415) 955-8800 x 3286 or x3238 (outpatient services) (415) 955-8800 x3239 (inpatient admissions) Fax: (415) 398-3669 <i>General phone number:</i> (415) 955-8800	Medi-Cal, Healthy Families, Healthy Kids
University of CA San Francisco Medical Group (UCSF)	<i>Administrative:</i> 201 Third Street, Seventh Floor San Francisco, CA 94103	Phone: (415) 547-7818 x400 Fax: (415) 357-1292 Email: authorizations@sfhp.org <i>General phone number:</i> (415) 547-7800 (SFHP)	Medi-Cal, Healthy Families, Healthy Kids
Kaiser Medical Group (KSR)	<i>Administrative:</i> 2238 Geary Boulevard San Francisco, CA 94115	Phone: (415) 833-4792 Fax: (415) 833-2657 <i>General phone number:</i> (415) 202-2000	Medi-Cal

- **Prior Authorization Exceptions**

The following services do not require prior authorization:

- Sensitive services (see paragraph below regarding Sensitive Services)
- Abortion services are available to all SFHP members without referral or authorization, unless general anesthesia is necessary. However, SFHP members must use abortion services provided within their medical group network.
- Obstetrical and gynecological services, including basic prenatal care and support services available through the member's medical group. The member will deliver in the hospital affiliated with her medical group. The member's obstetrical provider will request authorization for required testing.
- Emergency care (in or out of area)

- Preventive care (in network)
- Mastectomy (in network)
- Standing referrals to specialty care

Sensitive Services

Sensitive Services are those services designated by Medi-Cal as available to members without a referral or authorization in order to protect patient confidentiality and promote easy access. Sensitive Services include family planning, screening and treatment for sexually transmitted diseases, HIV testing, and abortion. Medi-Cal members may go outside of their medical group network for these services, except for prenatal care. No authorization is needed, but prenatal care must stay within medical group. For Healthy Families, Healthy Kids and Healthy Workers, the member is encouraged to use family planning, HIV testing, and sexually transmitted disease services provided by their medical group, and referral or authorization may be required.

- **Sterilization Services**

California law requires that men or women who request sterilization (surgery that will end their ability to have children) complete a form (PM-330) attesting that they are giving informed consent for this procedure. These forms must be completed and signed prior to the surgery and filed in the medical record. Medi-Cal members may not waive the 30-day waiting period. A copy of the form must be attached to the claim when submitted for payment. Please consult your Medical Group or call SFHP for any clarification.

- **Abortion**

Abortion services are available to all SFHP members without referral or authorization, unless general anesthesia is necessary. However, members are encouraged to use abortion services provided by their medical group network before seeing an out of network provider.

- **Minor Consent Services**

Members 12 years and older have the right to access some services without parental consent. Medical records and/or information regarding medical treatment specific to these services will not be released to parents and guardians, without the minor's consent.

These services include:

- Sexual assault, including rape
- Drug and alcohol abuse
- Pregnancy, including abortions
- Family planning services
- Sexually transmitted diseases

Benefits

- **Pharmacy Benefits**

SFHP Pharmacy benefits are administered through InformedRx. Eligible prescription drugs are covered when dispensed at a participating pharmacy (please consult a SFHP Provider Directory to verify if a particular pharmacy is participating with SFHP). Providers should consult the SFHP Formulary when prescribing medication to SFHP members. The formulary includes the list of covered drugs and can be found at www.epocrates.com. Prior authorization requests must be forwarded directly to InformedRx via their confidential fax at 1-866-511-2202. Urgent prior authorization requests should be faxed to 1-877-636-9001. The SFHP Short Formulary is also available on our web site at www.sfhp.org/providers.

- **Behavioral Health Services (including substance abuse treatment)**

Behavioral health services for Medi-Cal, Healthy Families, Healthy Workers, and Healthy Kids members are obtained through San Francisco Community Behavioral Health Services (SFCBHS). Members can self-refer to SFCBHS by calling the Access Help Line at 1-888-246-3333 or by walking into any mental health center that is part of the SFCBHS network. A PCP may also refer a member to SFCBHS. If you refer a SFHP member to SFCBHS, the referral(s) for the above services must be documented in the member's medical records. Notes reflecting on-going follow-up communication between the provider and any of these services should also be included. San Francisco Community Behavioral Health Services Mobile Crisis Unit at 415-355-8300 is also available when you have a member age 18 or over who is having a crisis and needs transportation to a mental health center. For crisis services for members under age 18, please call Comprehensive Child Crisis Services at 415-970-3800.

- **Chiropractic and Acupuncture**

For Medi-Cal members less than 21 years old, chiropractic and acupuncture benefits are provided through fee-for-service Medi-Cal. These members call to make their own appointments and utilize their blue and white Medi-Cal card for services.

For Healthy Families, SFHP is responsible for chiropractic and acupuncture benefits. American Specialty Health Plans (ASHP) administers these benefits for SFHP. All services must be obtained from participating ASHP chiropractors or acupuncturists and must be pre-approved by ASHP, with the exception of the initial examination which does not require referral or prior authorization. You may search for participating ASHP providers by visiting the ASHP web site, www.americanspecialtyhp.com. You may contact ASHP Member Services for any benefit or authorization questions by calling 1-800-678-9133.

Healthy Workers and Healthy Kids members do not have coverage for acupuncture or chiropractic care.

- **Vision Benefits**

Vision Service Plan (VSP) administers vision benefits for SFHP Medi-Cal, Healthy Workers, and Healthy Kids members. Medi-Cal members under age 21 are eligible for full vision benefits which include eye exams from an optometrist every twenty-four months, and frames, lenses, and contact lenses; however, Medi-Cal members age 21 and over are *only* covered for eye exams from an optometrist every twenty-four months. Frames, lenses and contact lenses are excluded for adults over the age of 21. Members who have a diagnosis of diabetes may have eye exams every twenty-four months with an ophthalmologist alternating with their eye exams from an optometrist. Members may self-refer to VSP providers or a PCP can refer a member to a participating VSP Provider. For questions regarding vision benefits or to find a VSP provider, please contact VSP at 1-800-877-7195 or visit www.vsp.com.

VSP also administers vision services for Healthy Families members. However, the Healthy Families contract is through Managed Risk Medical Insurance Board (MRMIB) and not SFHP. Healthy Families members requiring assistance with their vision services may contact VSP directly at 1-800-327-0887.

Ophthalmology services are a medical benefit through SFHP and there is no age restriction for these services for any line of business.

- **Dental Services**

For Medi-Cal members under age 21, dental services are provided by Denti-Cal. A pediatric Medi-Cal member can self-refer for dental services and should call 1-800-322-6384 for questions. A dental screening (by the PCP) is part of the Initial Health Assessment and CHDP check-ups.

Healthy Families members have dental coverage through the dental plan they select at the time of enrollment. Refer members to MRMIB (Managed Risk Medical Insurance Board) if they have questions regarding their dental coverage. MRMIB's phone number is 1-800-880-5305.

Healthy Workers members who are IHSS Independent Providers have dental coverage through Liberty Dental via IHSS/Public Authority. Refer IHSS Independent Providers to the IHSS/Public Authority if they have questions regarding their dental coverage or need to enroll in the dental plan. Healthy Workers currently enrolled with Liberty Dental can call 1-888-703-6999 to find a participating dental provider.

Healthy Kids members have dental coverage through Delta Dental. Specific dental benefits may be obtained by calling Delta Dental at 1-800-838-4337.

Health Assessments

- **Initial Health Assessment (IHA)**

PCP's must provide new members with an initial health assessment (IHA) as soon as possible after becoming a SFHP member. *DHCS and MRMIB mandate that all new Medi-Cal and Healthy Families members must have an IHA within 120 days from the member's effective date. Pregnant women must have their IHA as soon as an appointment can be scheduled.* The IHA should follow appropriate preventive health guidelines and should include a physical examination with referrals for lab work and tests as indicated, immunizations, anticipatory guidance, and a nutritional assessment. To assist you with the ability to see these new patients within the above-mentioned timelines, SFHP will send you a monthly report (New Member Summary Report) listing any new member who has not had an IHA within 60 days of enrollment.

- **Staying Healthy Assessment (SHA)/Individual Health Education Behavioral Assessment (IHEBA)**

In addition to an IHA, Medi-Cal and Healthy Families members must also complete the Staying Healthy Assessment (SHA) and review it with their PCP. The SHA is used to assess a member's smoking habits, drug and alcohol use, and history of family violence. SHA is an age specific risk assessment tool that is repeated at specific age intervals.

The SHA/IHEBA forms can be found at www.sfhp.org/providers. For information on how to deem a provider's existing IHA forms, please contact Provider Relations at (415) 547-7818 ext. 7084 or email provider.relations@sfhp.org.

- **Child Health and Disability Program (CHDP) (PM-160) Reporting**

Each participating provider must report all well child visits using the CHDP Confidential Screening/Billing Report (PM -160) Claim form (see Section J-22 for sample). Data submitted on PM-160 forms is used to develop an administrative data set for HEDIS (Health Plan Employer Data and Information Set) and other forms of data collection. San Francisco Health Plan reviews each PM-160 form to ensure that the form meets all DHCS standards, is accurate, timely and is credited to SFHP. The form is then forwarded to the State CHDP office and local CHDP Program on a monthly basis.

Providers and Medical Groups should submit the PM-160 form monthly for the reporting of health assessment services provided to eligible children and youth to San Francisco Health Plan at:

San Francisco Health Plan Claims Department
201 Third Street, 7th Floor
San Francisco, CA 94103

Note: if data is incomplete and/or missing, the form is returned for correction and resubmission.

Coordination of Care for Medi-Cal Members

- **Golden Gate Regional Center (GGRC) and the Early Start Program**

Golden Gate Regional Center (GGRC) is a private, non-profit agency established to assist mentally disabled persons, individuals who are substantially handicapped by cerebral palsy, epilepsy or autism, and their families in locating services in their communities.

To be eligible, a member must meet the following criteria:

- Disability is due to mental retardation, cerebral palsy, epilepsy, autism or a condition similar to mental retardation
- Disability began prior to the age of 18
- Disability is likely to continue indefinitely
- Disability is substantially handicapping for the individual

GGRC provides services a member needs in order to function independently. Main areas of assistance include:

- Helping to find and secure efficient housing
- School or adult day programs
- Transportation
- Providing respite services
- Durable medical equipment
- Speech or P.T./O.T. services
- Social activities

San Francisco Health Plan is not financially responsible for the GGRC services provided to SFHP members. A SFHP member who is eligible for GGRC services remains enrolled with SFHP, and the medical group and PCP maintain responsibility for coordination of services and for continued medical care.

Refer to GGRC by contacting:

Golden Gate Regional Center
875 Stevenson Street, 6th Floor
San Francisco, CA 94103
415-546-9222 or visit www.ggrc.org

- **Early Start**

Infants and children three years or under, who have developmental delays in cognitive, physical (motor, vision, and hearing), communication; social/emotional and adaptive functions, are eligible for Early Start services. Early Start provides a wide range of services including speech and hearing evaluations and treatment.

SFHP is not financially responsible for the Early Start services provided to its members. The medical group is responsible for covering the initial evaluation and treatment. A SFHP member who is eligible for Early Start services remains enrolled with SFHP, and

the medical group and the primary care provider remain responsible for coordination of services and for continued medical care.

Refer patients to Early Start by contacting:

Golden Gate Regional Center
875 Stevenson Street, 6th Floor
San Francisco, CA 94103
415-546-9222 or visit www.ggrc.org

- **Women, Infants, Children Program (WIC)**

WIC is a nutrition/food program that helps pregnant, breastfeeding or postpartum women, and children less than 5 years of age to eat well and stay healthy. WIC eligibility is determined by federal income guidelines. Medi-Cal, Healthy Families, and many Healthy Kids members are eligible. Services include free food vouchers, nutrition education, and breast-feeding support. To assist your patients in applying for the WIC program, you can fill out the WIC form (Referral for Children or Referral for Pregnant Women), and advise your patient to make an appointment with WIC by calling 415-575-5788 or visit www.sfdph.org.

- **California Children's Services (CCS)**

California Children's Services (CCS) provides special medical care for children less than 21 years of age who have physical disabilities and complex medical conditions. Services provided under the CCS program are reimbursed through the CCS program. SFHP is not financially responsible for the CCS services provided to its members. A SFHP member who is eligible for CCS services remains enrolled with SFHP, and the PCP coordinates and continues to provide care for all needs unrelated to the CCS condition.

Physicians and medical group staff are responsible for identification, referral, and case management of members with CCS eligible conditions. Until eligibility is established with the CCS program, the PCP and medical group continue to provide medically necessary covered services related to the CCS eligible condition. The member's PCP is responsible for all primary care and other services unrelated to the CCS-eligible condition and for coordinating care with CCS program staff and specialists.

Some eligible conditions include physical disabilities and complex medical conditions such as sickle cell anemia, cancer, diabetes, HIV, and major complications of prematurity.

Send the member's clinical information and the CCS referral form to:

California Children's Services
30 Van Ness Avenue, Suite 200
San Francisco, CA 94102
Telephone: 415-575-5700
Fax: 415-575-5790
www.dhcs.ca.gov

- **Interpreter Services**

Professional interpreter services for medical encounters must be offered to SFHP members with limited English proficiency. If you would like more information on how to obtain interpreter services, please contact the Coordinator of Health Education and Cultural and Linguistic Services at 415-615-4420 or email qi_sfhp@sfhp.org.

Members Complaints/Grievances

Members are encouraged to bring their concerns to the attention of their PCP first. If the member wants to file a complaint or grievance, provider offices should provide the member with SFHP Grievance Forms or direct the member to contact SFHP Member Services at 415-547-7800. Grievance Forms are printed in English, Chinese, Spanish, Vietnamese, and Russian. Copies of these Grievance Forms are provided to you with your training materials by your medical group representative. Additional copies of the forms are available from SFHP and your Medical Group. You may also obtain electronic copies by visiting our website at www.sfhp.org. Please notify SFHP as soon as possible if a member files a complaint or grievance in your office, as we have stringent regulatory time guidelines for resolution.

Medi-Cal Member Rights and Interpreter Services

Medi-Cal members have the right to:

- Be treated with respect, giving due consideration to the Member's right to privacy and the need to maintain confidentiality of the Member's medical information
- Be provided with information about the organization and its services
- Be able to choose a primary care provider within the Kaiser/SFHP network
- Participate in decision making regarding their own health care, including the right to refuse treatment
- Voice grievances (member or provider) either verbally or in writing, about the organization or the care received
- Formulate advance directives
- Have access to family planning services, Federally Qualified Health Centers, Indian Health Services Facilities, sexually transmitted disease services, and Emergency Services outside of the Kaiser network pursuant to the federal law.
- Request a State Medi-Cal fair hearing including information on the circumstances under which an expedited fair hearing is possible.
- Have access to, and where legally appropriate, receive copies of, amend or correct their Medical Record
- Receive written Member informing materials in alternative formats, including Braille, large size print, and audio format upon request.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- Freedom to exercise their rights without adversely affecting how they are treated by the Kaiser, SFHP or the state
- Have their medical information guarded against disclosure of confidential information to unauthorized persons inside and outside the network
- Have Member's sign a consent prior to release of confidential information, unless such consent is not required pursuant to Title 22, CCR, Section 51009

Member's Rights to Interpreters - Interpreter Services

Members have the right to receive oral interpreter services, including sign language interpreters, at no cost to the member, in their language. Professional interpreter services for medical encounters must be offered to SFHP members with limited English proficiency. Kaiser maintains their own interpreter services contacts.