

Date: Dec. 13, 2011

Item No. 7

File No. 11081

## SUNSHINE ORDINANCE TASK FORCE

Compliance and Amendments Committee

AGENDA PACKET CONTENTS LIST\*



Jason Grant Garza v Department of Public Health



Completed by: Chris Rustom

Date: Dec. 9, 2011

**\*This list reflects the explanatory documents provided**

~ Late Agenda Items (documents received too late for distribution to the Task Force Members)

\*\* The document this form replaces exceeds 25 pages and will therefore not be copied for the packet. The original document is in the file kept by the Administrator, and may be viewed in its entirety by the Task Force, or any member of the public upon request at City Hall, Room 244.

**SUNSHINE ORDINANCE  
TASK FORCE**



**City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. (415) 554-7724  
Fax No. 415) 554-7854  
TDD/TTY No. (415) 554-5227**

**ORDER OF DETERMINATION  
December 5, 2011**

**DATE THE DECISION ISSUED**  
November 29, 2011

*JASON GRANT GARZA v DEPARTMENT OF PUBLIC HEALTH (CASE NO.11081)*

**FACTS OF THE CASE**

Jason Grant Garza ("Complainant") alleges that the San Francisco Department of Public Health ("DPH") violated the Sunshine Ordinance by failing to provide documents responsive to his Immediate Disclosure Request dated October 4, 2011.

**COMPLAINT FILED**

On October 6, 2011, Mr. Garza filed his complaint against DPH.

**HEARING ON THE COMPLAINT**

On November 29, 2011, Complainant presented his case to the Task Force. Eileen Shields, DPH Public Information Officer, and Chona Peralta, DPH Compliance Manager, represented DPH.

Mr. Garza told the Task Force his case is about a request for documents, emails, correspondence, logs, and notes regarding denial of services at the Tom Waddell Health Center clinic on two occasions.

He said he made an Immediate Disclosure Request for the following from DPH:

- (1) A copy of his medical records from his visits to the clinic in June 2010 and August 2011;
- (2) A copy of his signed Health Insurance Portability and Accountability Act ("HIPPA") form releasing his clinic health care information from San Francisco General to the Haight Ashbury Free Clinic;
- (3) Documentation provided to state and federal regulatory agencies noticing an investigation and finding of a HIPPA violation against San Francisco General;
- (4) Information on how to file a complaint against clinic security staff, and
- (5) All notes and reports relating to the denials that the clinic sent to Chona Peralta to "create a false misleading representation."

Mr. Garza said he did not receive the requested information. He said he believes he is not

required to sign a HIPPA release form to receive copies of his own medical records because the HIPPA law was meant to allow an individual to control review of his own records by third parties rather than restrict an individual's access to his or her own records. In addition, he said, the Task Force concluded in previous cases that he was not required to sign the HIPPA release to receive his own records.

Eileen Shields, DPH Public Information Officer, told the Task Force the first three of five parts of the request are the same as those in a case that was previously heard where no Sunshine Ordinance violation was found. She said DPH requires the signature of the client to release medical records pursuant to HIPPA requirements. She said Mr. Garza refuses to sign the release.

Chona Peralta, DPH Compliance Manager, said DPH would release the medical records requested in part one when Mr. Garza signed a release pursuant to HIPPA requirements. She said she received emails from Mr. Garza regarding the denial of services at the clinic and then explained the situation to the medical director of the clinic. The medical director, she said, conducted an investigation and found that Mr. Garza was offered services. During the first clinic visit, she said, he was referred to a social worker to discuss applying for benefits. Ms. Peralta said when the social worker arrived, Mr. Garza had left. On the second occasion, Mr. Garza and his companion were escorted out of the clinic by security personnel for not complying with staff's request to stop videotaping in the clinic. Mr. Garza, she said, was offered a chance to speak to a social worker but he failed to attend the appointment.

On questioning, Ms. Shields said Mr. Garza was sent the signed HIPPA release form requested in part two on September 30. Mr. Garza said he had received a release form signed in 2006 but no release forms signed in 2010 and 2011. Ms. Shields admitted DPH has only the form from 2006.

Ms. Shields said the documents regarding the HIPPA notice of investigation and violation requested in part three were previously provided to Mr. Garza after the hearing in August. She said DPH did not respond to part four of the request asking for information on filing a complaint against clinic security personnel. She told the Task Force security was provided by the Sheriff's Department, and Mr. Garza would need to contact that department to file a complaint against a deputy. She said there were no documents responsive to part five of the request.

### **FINDINGS OF FACT AND CONCLUSIONS OF LAW**

Based on the statements of complainant and respondent and the email exchanges provided as supporting documentation, the Task Force concluded additional research was required regarding the interpretation of HIPPA release requirements to an individual's own medical records based on state and local open government laws. The Task Force was concerned about the medical provider's right to adequately document release of protected public information.

The Task Force further concluded that parts two and five of the request had been satisfied. Both parties agreed DPH released the 2006 HIPPA release form requested in part two, and

DPH admitted that form was the only one in its possession. Respondents stated no documents were responsive to part five of the request.

Based on respondents' own admissions, the Task Force found that DPH failed to provide the records and information requested in parts three and four. Although respondents claimed DPH previously provided Mr. Garza with the same documents requested in part three, the Task Force concluded DPH was required to provide the documents as requested under this new and separate request. In addition, DPH failed to direct Mr. Garza to the Sheriff's Department for information on filing a complaint against a deputy as requested in part five.

### DECISION AND ORDER OF DETERMINATION

The Task Force finds that DPH violated Sunshine Ordinance Sections 67.25(a) for failure to respond to an Immediate Disclosure request in a timely manner and 67.27 for not providing justification for withholding the information by not responding to parts three and four of Complainant's public information request. The Task Force further finds that DPH violated Sunshine Ordinance Section 67.21(c) for failing to assist the requestor by not directing Complainant to the Sheriff's department for further assistance.

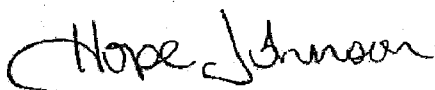
DPH shall release the records and information requested within 5 business days of the issuance of this Order and appear before the Compliance and Amendments Committee on Tuesday, December 13, at 4:00 p.m. in Room 406 at City Hall. The Committee will review compliance with this Order. In addition, the Committee will conduct research on HIPPA requirements to resolve ongoing issues related to part one of the request for medical records. An expert presentation may be conducted at the December 13, 2011 meeting or at a future meeting as agreed upon by the Committee.

This Order of Determination was adopted by the Sunshine Ordinance Task Force on July 26, 2011, by the following vote: (Johnson/Washburn)

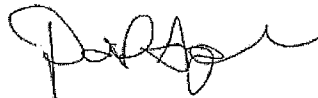
Ayes: Snyder, Knee, Washburn, Wolfe, West, Johnson

Excused: Costa

Absent: Cauthen, Manneh, Chan



Hope Johnson, Chair  
Sunshine Ordinance Task Force



David Snyder, Esq., Member, Seat #1\*  
Sunshine Ordinance Task Force

cc: Jason Grant Garza, Complainant  
Eileen Shields, Respondent  
Chona Peralta, Respondent  
Jerry Threet, Deputy City Attorney

\*Sunshine Ordinance Task Force Seat #1 is a voting seat held by an attorney specializing in sunshine law.



Re: Order of Determination: #11081\_Jason Grant Garza v Public Health 

Eileen Shields to: jasongrantgarza

12/09/2011 09:47 AM

Cc: Barbara.Garcia, Chona Peralta, Jerry Threet, Joseph Pace, SOTF

---

Based on respondents' own admissions, the Task Force found that DPH failed to provide

the records and information requested in parts three and four. [Following  inserted by DPH from Mr. Garza's request:

(3) Per the MOU between the DPH and Health Clinics (Patient Information and Privacy Agreement) and HIPPA requirements ... please send me the documentation provided to the regulatory agencies on the state and federal level over NOTIFICATION of the HIPPA VIOLATION as required by the HIPPA law and all internal machinations (processes) required under the MOU such as notification to the Dph Data Governance Committee, etc as outlined in the MOU;

(4) Information on Complaint Process for Security (Williams) as priorly requested] Although respondents claimed DPH previously provided Mr. Garza with the same documents requested in part three, the Task Force concluded DPH was required to provide the documents as requested under this new and separate request. In addition, DPH failed to direct Mr. Garza to the Sheriff's Department for information on filing a complaint against a deputy as requested in part five.

Dear Mr. Garza:

As stated above, by this e-mail the Department of Public Health is complying with the SOTF's determination of findings that directs us to provide you with records and information requested in parts three and four of your request of October 4, 2011.

(3) Per the MOU between the DPH and Health Clinics (Patient Information and Privacy Agreement) and HIPPA requirements ... please send me the documentation provided to the regulatory agencies on the state and federal level over NOTIFICATION of the HIPPA VIOLATION as required by the HIPPA law and all internal machinations (processes) required under the MOU such as notification to the Dph Data Governance

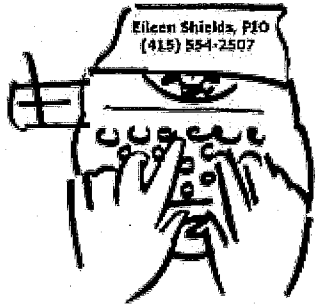


Committee, etc as outlined in the MOU; HIPAA Investigation Garza, Jason.pdf

There are no additional documents responsive to this request. The state investigator arrived unannounced. The required response on behalf of the Department of Public Health is part of the attachment.

(4) Information on Complaint Process for Security (Williams) as priorly requested Also, inasmuch as have no documents responsive to this request, we direct you to the Sheriff's

Department for information on filing a complaint against one of their staff.



SOTF/SOTF/SFGOV

SOTF/SOTF/SFGOV

12/05/2011 04:54 PM

To jasongrantgarza@yahoo.com, Barbara.Garcia@sfdph.org,  
Joseph.Pace@sfdph.org, Eileen  
Shields/DPH/SFGOV@SFGOV, Chona  
Peralta/DPH/SFGOV@SFGOV  
cc Jerry Threet/CTYATT@CTYATT

Subject Order of Determination: #11081\_Jason Grant Garza v Public  
Health

Attached is the Order of Determination from the Sunshine Ordinance Task Force, regarding the  
above titled complaint.



11081\_Jason Grant Garza v Department of Public Health\_HJ\_DS.pdf

Chris Rustom  
Sunshine Ordinance Task Force  
1 Dr. Carlton B. Goodlett Place  
City Hall, Room 244  
San Francisco, CA 94102-4689  
OFC: (415) 554-7724  
FAX: (415) 554-7854  
SOTF@sfgov.org

City and County of San Francisco

Department of Public Health



Edwin M. Lee  
Mayor

San Francisco General Hospital  
and Trauma Center

*Susan A. Currin*  
Executive Administrator

May 5, 2011

Diana Marana, RN  
District Administrator  
California Department of Public Health  
Licensing and Certification  
Daly City District Office  
350 90<sup>th</sup> Street, 2<sup>nd</sup> Floor  
Daly City, CA 94015

CA DEPT OF PUBLIC HEALTH

MAY - 5 2011

L&G DIVISION  
DALY CITY

**Re: Complaint CA00265297**

Dear Ms. Marana:

This letter is to provide written confirmation of our receipt of the CMS 2567 Statement of Deficiencies and Plan of Correction issued on April 15, 2011 and received April 20, 2011 regarding deficiencies found during a complaint investigation visit conducted by Delia Nunez RN, Health Facilities Evaluator Nurse on March 21, 2011 at San Francisco General Hospital and Trauma Center.

Enclosed is the signed CMS 2567 Statement of Deficiencies and Plan of Correction response to the deficiency report.

We hope that this Plan of Correction provides you with sufficient information.

If you have further inquiries, please contact Jay Kloo MSN, CNL, RN, Director of Regulatory Affairs at (415) 206 - 6449.

Sincerely,

A handwritten signature in cursive script that reads "Susan A. Currin".

Susan A. Currin RN, MSN  
Executive Administrator  
San Francisco General Hospital and Trauma Center

Hospital Administration  
San Francisco General Hospital and Trauma Center  
1001 Potrero Avenue • Suite 2A5 • San Francisco, CA 94110  
Telephone (415) 206-3517 • Fax (415) 206-3434

cc: Iman Nazeeri-Simmons, MPH, Chief Quality Officer  
Jay Kloo, MSN, RN, CNL, Director of Regulatory Affairs  
Roland Pickens, MHA, Senior Associate Hospital Administrator  
Kathy Murphy JD, Deputy City Attorney  
Philip Katzenberger MBA, RHIA, Director, Health Information Services and Privacy  
Officer  
Todd May, MD, Chief of Medical Staff  
Hal Yee, MD, Chief Medical Officer  
William Huen, MD, Assistant Chief Medical Officer  
file

Hospital Administration  
San Francisco General Hospital Medical Center  
1001 Potrero Avenue • Suite 2A5 • San Francisco, CA 94110  
Telephone (415) 206-3517 • Fax (415) 206-3434





State of California-Health and Human Services Agency  
California Department of Public Health



Howard Backer, MD, MPH  
Interim Director

EDMUND G. BROWN JR.  
Governor

April 15, 2011



Susan Currin, Administrator  
San Francisco General Hospital  
1001 Potrero Avenue  
San Francisco, CA 94110

Dear Ms. Currin:

**FACILITY: SAN FRANCISCO GENERAL HOSPITAL**  
**COMPLAINT NUMBER: CA00265297**

Enclosed is CMS 2567 Statement of Deficiencies and Plan of Correction Form, which resulted from a recent visit to your facility. Please prepare a plan of correction, sign and date the document, return the original to this department within fifteen (15) calendar days, and retain a copy for your file.

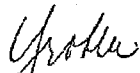
The Plan of Correction for each deficiency must contain the following:

- a) What corrective action(s) will be accomplished for the patient(s) identified to have been affected by the deficient practice.
- b) How other patients having the potential to be affected by the same deficient practice be identified, and what corrective action will be taken.
- c) What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.
- d) A description of the monitoring process and positions of persons responsible for monitoring (i.e., Administrator, Director of Nursing, or other responsible supervisory personnel). How the facility plans to monitor its performance to ensure corrections are achieved and sustained. The plan of correction must be implemented, corrective action evaluated for its effectiveness, and it must be integrated into the quality assurance system.
- e) Dates when corrective action will be completed. The corrective action completion date must be acceptable to the Department. The deficient practice should be corrected immediately. This date shall be no more than 30 calendar days from the date the facility was notified of the non-compliance.

If your Plan of Correction is unacceptable to the Department you will be notified in writing. You are ultimately accountable for compliance, and responsibility is not alleviated where notification of the acceptability of the plan of correction is not timely. Your plan of correction will serve as the facility's allegation of compliance. If an acceptable plan of correction is not received within fifteen (15) calendar days, the Department will recommend to the regional office and/or the State Medicaid Agency that remedies be imposed as soon as the notice requirements are met.

If you have any questions, please contact Lydia Robles at (650) 301-9971.

Sincerely,

  
fr: Diana Marana, R.N.  
District Manager  
Licensing and Certification

Enclosure (CMS 2567)

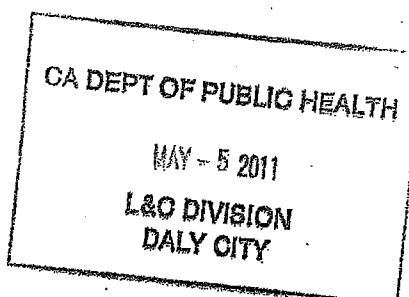
DM:cr

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA220000019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/08/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  SAN FRANCISCO GENERAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 POTRERO AVENUE SAN FRANCISCO, CA 94110
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

E 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during investigation of Complaint CA00265297.</p> <p>The inspection was limited to the specific entity reported incident investigated and did not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health:</p> <p>Delia Nunez, Health Facilities Evaluator Nurse</p> <p>The Department substantiated a violation of Title 22 70707(b)(8) Patients' Rights, for failure to ensure that patient's medical information was not accessed without patient authorization.</p>	E 000		
E1953	<p>T22 DIV5 CH1 ART7-70707(b)(8) Patients' Rights</p> <p>(b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:</p> <p>(8) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, Facility 2</p>	E1953	<p><u>E1953 T22 DIV5 CH1 ART7-70707 (b) (8) Patients' Rights</u></p> <p><b>Action:</b> Please note that Facility 1 (TWC) and 3 (HAC) are two community-based clinics neither of which are on the San Francisco General Hospital (SFGH) facility license.</p> <p>Facility 1 (TWC) is a clinic operated by the San Francisco Department of Public Health; it is not on the San Francisco General Hospital facility license and has a separate administrative and reporting structure.</p> <p>Facility 3 (HAC) is a San Francisco Community Consortium Clinic. It is not owned and operated by the City and County of San Francisco.</p>	

Licensing and Certification Division

*Susan A. Curran*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

CEO

(X6) DATE

5/5/2011

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA220000019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/08/2011	
NAME OF PROVIDER OR SUPPLIER  SAN FRANCISCO GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 POTRERO AVENUE SAN FRANCISCO, CA 94110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E1953	<p>Continued From page 1</p> <p>failed to ensure confidentiality of medical information when Patient A's medical information was obtained electronically by Facility 1 without authorization or consent from the patient.</p> <p>Findings:</p> <p>During an interview at Facility 1 on 2/03/11 at 12:10 p.m., the Director of Health Center Operation stated, " We were able to access all the medical information of the patient from Facility 2 electronically, even without the patient's consent or authorization. We did this in November 2010." The Director of Health Center Operation further stated that they could do this anytime, if they needed the patient's medical information.</p> <p>In an interview on 2/25/11 at 11:20 a.m., the Director of Regulatory Affairs (DRA) of Facility 2 stated, " We have 12 outpatient clinics and they do have access electronically of our patients medical records."</p> <p>Review of Patient Information Privacy Agreement between Facility 1 (clinic) and Facility 2 (owned by the City and County, DPH) on 2/25/11 which was dated 7/23/03 indicated, " Whereas, DPH (Department of Public Health) and clinic believe that the quality of patient care can be improved, if providers at all sites where an individual patient receives services have access to information regarding the patient's healthcare history and other services that the patient has received; and Whereas, the HIPPA Privacy Rule permits a covered entity, such as DPH and clinic, to use and disclose PHI ( protected health information) for its own treatment purposes and for the treatment activities of another health care provider, and Whereas, DPH maintains PHI on a</p>	E1953	<p>Subsequent to the surveyor's departure, a copy of the <i>San Francisco Department of Public Health (DPH) Notice of Privacy Practices (NPP)</i> signed by the complainant was found (see Attachment 1).</p> <p>The complainant clearly read and understood the <i>San Francisco DPH Notice of Privacy Practices (NPP)</i> as evidenced by the notations he wrote on the document. We would like to point out that this document is a HIPAA-compliant notice; it is not a contract that is negotiated with each patient.</p> <p>We also confirmed with our privacy attorney that neither the state nor the federal laws require the signed authorization of patients for Protected Health Information to be shared between treating providers.</p> <p>The MOU and the NPP signed by the patient confirms that SFGH did due diligence to maintain confidentiality of patient information.</p> <p>The Director of Health Information Services (HIS) / SFGH Privacy Officer conducted a review of the facilities policies and procedures related to confidentiality of patient protected health information and verified that they are in alignment.</p> <p><b>Monitoring:</b> The Director of HIS or designee will conduct quarterly audits of twenty randomly selected medical records for two quarters to verify that signed NPPs are present. Results will be reported to the appropriate manager.</p> <p><b>Responsible Person(s):</b> Director, HIS/SFGH Privacy Officer</p>	<p>April 21, 2011</p> <p>Initiated May 4, 2011 and anticipate completion by November 2011</p>

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA220000019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/08/2011
NAME OF PROVIDER OR SUPPLIER  SAN FRANCISCO GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 POTRERO AVENUE SAN FRANCISCO, CA 94110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E1953	<p>Continued From page 2</p> <p>clinical computerized information system; and Whereas, DPH has agreed to this interface if Clinic complies with DPH privacy and security standards."</p> <p>Number 15 of the agreement indicated "Providers will only access PHI (Personal Health Information) for patients who they are treating and who have signed the Acknowledgement of Receipt of HIPPA Notice of Privacy Practices.</p> <p>An Interview on 3/21/11 at 10:45 a.m., the Director of Regulatory Affairs of Facility 2 stated, " Maybe we need to consider to include in the mutual agreement to 12 outpatient clinics about authorization / consent of the patient to release the medical information."</p> <p>In an interview on 3/21/11 at 11:00 a.m., the Regulatory Affairs Nurse of Facility 2 stated, " Maybe we need to review the agreement and consider adding to the agreement about the patient's authorization / consent of releasing health information to our 12 outpatient clinics."</p> <p>Review of Patient A's File at Facility 2 on 3/21/11, indicated that the patient requested and signed the release of his medical information to Facility 3 dated 10/24/07, to SSA ( social security administration ) dated 3/19/03, to psychiatric, alcohol or drug abuse dated 1/22/02.</p> <p>There was no documented evidence at Facility 2 to show that Patient A signed the release of his medical information to Facility 1 (clinic) or a signed Acknowledgement Receipt of "Notice of Privacy Practices" at the clinic.</p>	E1953		

ATTACHMENT 1

NAME *Jason*

SUMMARY DPH NOTICE OF HIPAA PRIVACY PRACTICES

The attached Notice describes how health information about you may be used and disclosed in the San Francisco Department of Public Health and your rights regarding the use of that information. Please review this summary and the full Notice carefully.

DOB  
MRN *00744909*

**DPH Pledge:** Employees of the San Francisco Department of Public Health (DPH), its affiliates and contract providers understand that information about you and your health is personal. They are committed to protecting your health information.

**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 starting on page 2 in the full Notice)

- 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 DPH to send copies of your health record to whomever you wish (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.
- Receive a paper copy of the full DPH Notice of Privacy Practices.

**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 by providers within DPH and between DPH and its contract providers. This may include health information regarding mental health, substance abuse, and the U.S. (Federal) government agencies (SUD) and other similar agencies.
- 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 when you receive services in a substance abuse treatment agency or at the City Clinic (Mental and SUD Clinic).
- See Page 4 in the "Notice of Privacy Practices" for more information. If you have concerns about how your health information might be (or has been) shared, please speak with your provider or call the DPH Privacy Officer directly at (415) 206-2354.

If you believe your privacy rights have NOT been maintained while receiving DPH services, you may file a complaint with the DPH or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the DPH, send the complaint to the DPH Privacy Officer at 2789 25th St., San Francisco, CA 94110, or call (415) 206-2354. To file a complaint with the Secretary, the address is 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. You will not be penalized in any way for filing a complaint.

I acknowledge receipt of the San Francisco Department of Public Health "Notice of Privacy Practices." I understand that my signature does not authorize disclosure, but only acknowledges that I have received a copy of the full Notice.

Signature: *Jason* Date: *7/1/06*

Printed Name: \_\_\_\_\_ Relation (if other than patient): \_\_\_\_\_

Patient/Client declined to sign receipt (staff signature): \_\_\_\_\_

Patient/Client unable to sign (witness signature): \_\_\_\_\_

Reason unable: \_\_\_\_\_ Interpreter: \_\_\_\_\_

*no, never*  
*False*  
*not done!*  
*Person provided following*

GARZA, JASON  
 DOB 11/07/1950 45M MRN 00744907  
 RCP AS OF 02/02/06  
 PCC SITE 01CMHC  
 834 SL SCALE SOC CMC  
 DN 74490702656

City and County of San Francisco  
 Department of Public Health  
 Community Public Health Services (CPHS)

**CONSENT: GENERAL HEALTH CARE**

**GENERAL MEDICAL/DENTAL CARE CONSENT:** I, as the client/patient, agree to be under the care and supervision of a health care provider. I give consent to examinations, immunizations, Medical/Dental treatment, laboratory procedures, or other services under the general and/or special instructions of my health care team. **Special procedures including, but not limited to IUD Insertions, Surgical Procedures, Alcohol/Substance Abuse Treatment, and HIV Testing will require separate consent(s).**

**TEACHING PROGRAM:** I understand that this Health Center is associated with teaching institutions and trainees/students may be part of my health care team unless I notify the Health Center in writing of my objection.

**INSURANCE AND ASSIGNMENT:** The undersigned agrees to pay for services rendered by the Department of Public Health. This includes all accounts, accounts not billable to insurance, and any accounts not covered by insurance. The undersigned is responsible to pay the balance of my bill not covered by third party payers or insurance.

*No Waiver*

(If applicant is unable to sign, his or her mark must be witnessed by two persons)

Signed: *JM Gomez* Signed *2/2/06*  
(Client/Patient Signature)

Signed: *Under Director and Extreme* Date: *2/2/06*  
(Parent/Guardian's Signature if a minor and non-emancipated & receiving non-sensitive service)

Name of Client/Patient: \_\_\_\_\_  
(Print clearly starting with first name)

Witnessed by: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Signature of Witness Signature of Witness

Name of Witness: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Print clearly including Civil Service Classification) (Print clearly including Civil Service Classification)

NAME \_\_\_\_\_

**SUMMARY DPH NOTICE OF HIPAA PRIVACY PRACTICES**

The attached Notice describes how health information about you may be used and disclosed in the San Francisco Department of Public Health and your rights regarding the use of that information. **Please review this summary and the full Notice carefully.**

DOB \_\_\_\_\_

MRN \_\_\_\_\_

**DPH Pledge:** Employees of the San Francisco Department of Public Health (DPH), its affiliates and contract providers understand that information about you and your health is personal. They are committed to protecting your health information.

**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 starting on page 2 in the full Notice)

- 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 DPH to send copies of your health record to whomever you wish (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.
- Receive a paper copy of the full DPH Notice of Privacy Practices.

**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 by providers within DPH and between DPH and its contract providers – including 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 when you receive services in a substance abuse treatment agency or at the City Clinic (Municipal STD Clinic).
- See Page 4 in the "Notice of Privacy Practices" for more information. If you have concerns about how your health information might be (or has been) shared, please speak with your provider or call the DPH Privacy Officer directly at (415) 206-2354.

**If you believe your privacy rights have NOT been maintained** while receiving DPH services, you may file a complaint with the DPH or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the DPH, send the complaint to the DPH Privacy Officer at 2789 25<sup>th</sup> St., San Francisco, CA 94110, or call (415) 206-2354. To file a complaint with the Secretary, the address is 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. You will not be penalized in any way for filing a complaint.

**I acknowledge receipt** of the San Francisco Department of Public Health "Notice of Privacy Practices." I understand that my signature does not authorize disclosure, but only acknowledges that I have received a copy of the full Notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relation (if other than patient): \_\_\_\_\_

Patient/Client declined to sign receipt (staff signature): \_\_\_\_\_

Patient/Client unable to sign (witness signature): \_\_\_\_\_

Reason unable: \_\_\_\_\_ Interpreter: \_\_\_\_\_



## DPH NOTICE OF HIPAA PRIVACY PRACTICES

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

If you have any questions about this Notice, please phone the DPH Privacy Officer at (415) 206-2354.

### WHO WILL FOLLOW THIS NOTICE.

The San Francisco Department of Public Health (DPH) and the following people within it follow the rules presented in this Notice:

- ◆ Anyone who can enter information into your DPH health record.
- ◆ All departments and units of the DPH, DPH affiliates, and DPH contract providers that can 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 health 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. They 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 the laws of the state of California. 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.

## DPH NOTICE OF HIPAA PRIVACY PRACTICES

This Notice tells you about the ways that the DPH may use and share health information about you. It also tells you about your rights and certain rules the DPH has about how information is used and shared.

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;
- ◆ give you this Notice of DPH legal duties and privacy practices; and
- ◆ follow the Notice that is in effect at this time.

### 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 take or send your request in writing to the medical records office at the location your care was given (see the back of the Notice Summary 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. Some health information that DPH collects and keeps about you is more sensitive than other health information. For example, if you are being treated for mental health problems, substance abuse problems, or HIV/AIDS, DPH takes special care not to share this information with people who do not need to use it for care purposes unless you specifically say that it is okay. In the case of mental health treatment, your provider may have to okay sending of the information. 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 outside the DPH, 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 back of the Notice Summary for a list of addresses).

## DPH NOTICE OF HIPAA PRIVACY PRACTICES

- ◆ **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. 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 back of the Notice Summary 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.** You have the right to be informed about who has read your record after April 14, 2003. This "accounting of disclosures" is a list of persons outside of 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 back of the Notice Summary 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 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. You also have the right to ask DPH not to share your health information with people, like a family member or friend, who may be involved in caring for you or paying for your care. For example, you could ask the DPH not to use or share information about a surgery you had. **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 records office at the site where your care was given (see the back of the Notice Summary 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.

## DPH NOTICE OF HIPAA PRIVACY PRACTICES

- ◆ **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 DPH Privacy Officer at 2789 25<sup>th</sup> St., San Francisco, CA 94110. You do not need to give a reason for your request. All reasonable requests will be approved. Your request must tell how or 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 DPH Privacy Officer at 2789 25<sup>th</sup> St., San Francisco, CA, 94110. You may get a copy of this notice at the DPH web site, <http://www.dph.sf.ca.us/insideDPH>

### **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. It is important for you to know that in California there are special protected kinds of healthcare information that have to be kept and handled in special ways. Included in these protected kinds of information are mental health treatment, developmental disabilities treatment, drug/alcohol abuse treatment and HIV/AIDS treatment information. The DPH keeps information about treatment at City Clinic (Municipal STD Clinic) for sex-related infectious diseases protected as well. Information about treatment of minors over age 12 consenting for services for reproductive health, mental health, substance abuse, pregnancy, reportable diseases, rape or sexual assault is also protected. In all cases, DPH health workers and doctors will use the minimum amount of information necessary to give your 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 within DPH and between DPH 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 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 you be referred to a doctor or facility outside the DPH, health information about you may be shared with them to plan your continuing care. DPH health workers are committed, however, to only using and disclosing the minimum amount of information needed for your care. Information about treatment at City Clinic (Municipal STD Clinic) will be disclosed only upon your specific authorization when not used for infectious disease control purposes.

If health care providers or other persons outside the DPH and its contract providers need health information about you, you will be asked to give the okay for DPH to give out information unless the information is needed for your care in emergencies.

## DPH NOTICE OF HIPAA PRIVACY PRACTICES

**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. In all cases, DPH will get your okay to share information to payers before releasing it.

**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 facilities 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 services at DPH can be improved. Information that identifies you may be removed from health information to study health care and health care delivery. Information may be shared to 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.

**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 to an organization helping in a disaster relief effort so that your family can be told about your condition, status and location.

## DPH NOTICE OF HIPAA PRIVACY PRACTICES

**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. 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 risks 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 to law enforcement officials, mobile crisis team, or to 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 illness.
- ◆ **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;

## DPH NOTICE OF HIPAA PRIVACY PRACTICES

- ◆ 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 tax payers 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 also be shared in response to a subpoena, discovery request or other lawful process by others involved in the 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 & 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.

## DPH NOTICE OF HIPAA PRIVACY PRACTICES

- ◆ **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 the court. If the person later retracts the okay, the court must be informed of the individual's subsequent refusal.

### 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, 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 "Summary DPH Notice of HIPAA Privacy Practices" for current addresses and phone numbers for the DPH Privacy Officer 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 first page, in the top right-hand corner.