

Date: July 26, 2011

Item No. 8

File No. 10071

## SUNSHINE ORDINANCE TASK FORCE

### AGENDA PACKET CONTENTS LIST\*

- Jason Grant Garza against the Haight Ashbury Free Clinics**
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Completed by: Chris Rustom

Date: July 21, 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.



DENNIS J. HERRERA  
City Attorney

JERRY THREET  
Deputy City Attorney

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**MEMORANDUM  
PRIVILEGED AND CONFIDENTIAL**

TO: Sunshine Ordinance Task Force  
FROM: Jerry Threet  
Deputy City Attorney  
DATE: January 17, 2010  
RE: Jason Grant Garza v. Haight-Ashbury Free Clinic (10071)

**COMPLAINT**

**THE COMPLAINANT ALLEGES THE FOLLOWING:**

Complainant Jason Grant Garza ("Complainant") alleges that the Haight-Ashbury Free Clinic ("HAFC") has failed to adequately respond to his December 1, 2010 Immediate Disclosure Request ("IDR") for documents regarding denial of his October 28 and November 1, 2010 medical care requests.

**COMPLAINANT FILES COMPLAINT:**

On December 17, 2010, Mr. Garza filed a complaint against HAFC alleging that HAFC failed to respond to his December 1, 2010 IDR.

**JURISDICTION:**

HAFC is a non-profit receiving over \$3 Million in funds from the City and County of San Francisco. Section 12L of the Administrative Code provides that a non-profit that receives \$250,000.00 or more in grants from the City, is governed by that section. It would therefore appear that the Task Force has jurisdiction to hear a complaint against HAFC.

**APPLICABLE STATUTORY SECTION(S):**

**Section 12L of the San Francisco Administrative Code:**

- Section 12L.1 addresses intent of this section.
- Section 12L.3(e) deals with definitions.
- Section 12L .5(a) deals with public access to records.

**Section 67.1 et seq. of the San Francisco Administrative Code**

- Sections 67.20(a); 67.24(i); 67.25; 67.26; 67.27

**California Government Code § 6254**

**U.S. Code of Federal Regulations: 45 C.F.R. §164.524 and § 164.508**

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**APPLICABLE CASE LAW:**

None.

**ISSUES TO BE DETERMINED:****FACTUAL ISSUES:**

A. **Uncontested Facts:** Complainant alleges that HAFC failed to adequately respond to his December 1, 2010 IDR for all documents related to their alleged denial of his request for medical services.

B. **Contested facts/ Facts in dispute:** Although there was a response to the complaint from HAFC on January 4, 2011, it does not appear to contest the facts alleged by complainant. The response appears to be documents concerning Mr. Garza. It is unclear where these documents are from, as there is no explanation accompanying the documents. However, these documents also appear to be missing page 1 from the 12 faxed pages.

**QUESTIONS THAT MIGHT ASSIST IN DETERMINING FACTS:**

- What type of documents responsive to the IDR are in the custody of HAFC?
- Are the documents provided by HAFC in response to the complaint those sought by the complainant? Are there additional responsive documents that have not been provided?
- Are any documents requested but not provided covered by the HIPAA privacy rule?

**LEGAL ISSUES/LEGAL DETERMINATIONS:**

- Is HAFC subject to the requirements of the Sunshine Ordinance or the Public Records Act (PRA)?
- If so, do the documents sought fit within any exemption from disclosure provided for by the Sunshine Ordinance and or the PRA?
- Does state or federal law require the signing of an Authorization to Disclose Health Information before releasing records sought by the IDR?
- Does the Sunshine Ordinance preempt any state or federal law that requires Authorization to Disclose Health Information before DPH may release records?
- If HAFC is not subject to the Ordinance of the PRA, is it subject to 12L?
- If so, are the documents sought by complainant required to be disclosed under 12L?

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**CONCLUSION**

THE TASK FORCE FINDS THE FOLLOWING FACTS TO BE TRUE:

THE TASK FORCE FINDS THE ALLEGED VIOLATIONS TO BE **TRUE OR NOT TRUE.**

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**Section 12L.1 of the Administrative Code (The San Francisco Non-Profit Public Access Ordinance)** provides:

**INTENT**

a.) The intent of this Chapter is to establish a policy wherein the City ensures that non-profit organizations with which the City chooses to do business operate with the greatest possible openness and maintain the closest possible ties to communities they intend to serve. Section 12L.3(e) of the Administrative Code provides:

**DEFINITIONS**

e.) "Non-profit Organization" shall mean any corporation formed pursuant to California Corporations Code sections 500 et seq. for any public or charitable purpose, and/or any organization described with 26 USC section 501(c), which receives a cumulative total per year of at least \$250,000 in City-provided or City-administered funds.

Section 12L.5(a) of the Administrative Code (The San Francisco Non-Profit Public Access Ordinance) provides:

**PUBLIC ACCESS TO RECORDS**

a) Disclosure of Financial Information. Subject to Section 12L.5(c) each nonprofit organization shall maintain and make available for public inspection and copying a packet of financial information concerning the nonprofit organization. The packet shall include, at a minimum, (1) the nonprofit organization's most recent budget as already provided to the City in connection with the nonprofit organization's application for , in or in connection with the review and/or renewal of, the nonprofit organization's contract, 2.) it most recently filed state and federal tax returns except to the extent those returns are privileged and 3.) any financial audits of such organization performed by or for the City and any performance evaluations of such organization by or for the City pursuant to a contract between the City and the nonprofit organization to the extent that such financial audits and performance evaluation i.) are in the nonprofit organization's possession, ii.) may be publicly disclosed under the terms of the contract between the City and the nonprofit organization, and iii.) relate the nonprofit corporation's performance under its contract with the City within the last two years. ....

**CHAPTER 67 OF THE SAN FRANCISCO ADMINISTRATIVE CODE**

**SEC. 67.27. JUSTIFICATION OF WITHHOLDING.**

Any withholding of information shall be justified, in writing, as follows:

(a) A withholding under a specific permissive exemption in the California Public Records Act, or elsewhere, which permissive exemption is not forbidden to be asserted by this ordinance, shall cite that authority.

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(b) A withholding on the basis that disclosure is prohibited by law shall cite the specific statutory authority in the Public Records Act or elsewhere.

(c) A withholding on the basis that disclosure would incur civil or criminal liability shall cite any specific statutory or case law, or any other public agency's litigation experience, supporting that position.

(d) When a record being requested contains information, most of which is exempt from disclosure under the California Public Records Act and this Article, the custodian shall inform the requester of the nature and extent of the nonexempt information and suggest alternative sources for the information requested, if available.

**Cal Gov Code § 6254: Records exempt from disclosure requirements**

Except as provided in Sections 6254.7 and 6254.13, nothing in this chapter shall be construed to require disclosure of records that are any of the following:

(c) Personnel, medical, or similar files, the disclosure of which would constitute an unwarranted invasion of personal privacy.

**U.S. CODE OF FEDERAL REGULATIONS**

**45 C.F.R. § 164.524**

§ 164.524 Access of individuals to protected health information.

(a) Standard: Access to protected health information. (1) Right of access. Except as otherwise provided in paragraph (a)(2) or (a)(3) of this section, an individual has a right of access to inspect and obtain a copy of protected health information about the individual in a designated record set, for as long as the protected health information is maintained in the designated record set, except for:

(i) Psychotherapy notes;

(ii) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and

(iii) Protected health information maintained by a covered entity that is:

(A) Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provision of access to the individual would be prohibited by law; or

(B) Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 C.F.R. 493.3(a)(2).

(2) Unreviewable grounds for denial. A covered entity may deny an individual access without providing the individual an opportunity for review, in the following circumstances.

(i) The protected health information is excepted from the right of access by paragraph (a)(1) of this section.

(ii) A covered entity that is a correctional institution or a covered health care provider acting under the direction of the correctional institution may deny, in whole or in part, an inmate's request to obtain a copy of protected health information, if obtaining such copy would jeopardize the health, safety, security, custody, or rehabilitation of the individual or of other

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inmates, or the safety of any officer, employee, or other person at the correctional institution or responsible for the transporting of the inmate.

(iii) An individual's access to protected health information created or obtained by a covered health care provider in the course of research that includes treatment may be temporarily suspended for as long as the research is in progress, provided that the individual has agreed to the denial of access when consenting to participate in the research that includes treatment, and the covered health care provider has informed the individual that the right of access will be reinstated upon completion of the research.

(iv) An individual's access to protected health information that is contained in records that are subject to the Privacy Act, 5 U.S.C. 552a, may be denied, if the denial of access under the Privacy Act would meet the requirements of that law.

(v) An individual's access may be denied if the protected health information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

(3) Reviewable grounds for denial. A covered entity may deny an individual access, provided that the individual is given a right to have such denials reviewed, as required by paragraph (a)(4) of this section, in the following circumstances:

(i) A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;

(ii) The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or

(iii) The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

(4) Review of a denial of access. If access is denied on a ground permitted under paragraph (a)(3) of this section, the individual has the right to have the denial reviewed by a licensed health care professional who is designated by the covered entity to act as a reviewing official and who did not participate in the original decision to deny. The covered entity must provide or deny access in accordance with the determination of the reviewing official under paragraph (d)(4) of this section.

(b) Implementation specifications: requests for access and timely action. (1) Individual's request for access. The covered entity must permit an individual to request access to inspect or to obtain a copy of the protected health information about the individual that is maintained in a designated record set. The covered entity may require individuals to make requests for access in writing, provided that it informs individuals of such a requirement.

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(2) Timely action by the covered entity. (i) Except as provided in paragraph (b)(2)(ii) of this section, the covered entity must act on a request for access no later than 30 days after receipt of the request as follows.

(A) If the covered entity grants the request, in whole or in part, it must inform the individual of the acceptance of the request and provide the access requested, in accordance with paragraph (c) of this section.

(B) If the covered entity denies the request, in whole or in part, it must provide the individual with a written denial, in accordance with paragraph (d) of this section.

(ii) If the request for access is for protected health information that is not maintained or accessible to the covered entity on-site, the covered entity must take an action required by paragraph (b)(2)(i) of this section by no later than 60 days from the receipt of such a request.

(iii) If the covered entity is unable to take an action required by paragraph (b)(2)(i)(A) or (B) of this section within the time required by paragraph (b)(2)(i) or (ii) of this section, as applicable, the covered entity may extend the time for such actions by no more than 30 days, provided that:

(A) The covered entity, within the time limit set by paragraph (b)(2)(i) or (ii) of this section, as applicable, provides the individual with a written statement of the reasons for the delay and the date by which the covered entity will complete its action on the request; and

(B) The covered entity may have only one such extension of time for action on a request for access.

(c) Implementation specifications: Provision of access. If the covered entity provides an individual with access, in whole or in part, to protected health information, the covered entity must comply with the following requirements.

(1) Providing the access requested. The covered entity must provide the access requested by individuals, including inspection or obtaining a copy, or both, of the protected health information about them in designated record sets. If the same protected health information that is the subject of a request for access is maintained in more than one designated record set or at more than one location, the covered entity need only produce the protected health information once in response to a request for access.

(2) Form of access requested. (i) The covered entity must provide the individual with access to the protected health information in the form or format requested by the individual, if it is readily producible in such form or format; or, if not, in a readable hard copy form or such other form or format as agreed to by the covered entity and the individual.

(ii) The covered entity may provide the individual with a summary of the protected health information requested, in lieu of providing access to the protected health information or may provide an explanation of the protected health information to which access has been provided, if:

(A) The individual agrees in advance to such a summary or explanation; and



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(B) The individual agrees in advance to the fees imposed, if any, by the covered entity for such summary or explanation.

(3) Time and manner of access. The covered entity must provide the access as requested by the individual in a timely manner as required by paragraph (b)(2) of this section, including arranging with the individual for a convenient time and place to inspect or obtain a copy of the protected health information, or mailing the copy of the protected health information at the individual's request. The covered entity may discuss the scope, format, and other aspects of the request for access with the individual as necessary to facilitate the timely provision of access.

(4) Fees. If the individual requests a copy of the protected health information or agrees to a summary or explanation of such information, the covered entity may impose a reasonable, cost-based fee, provided that the fee includes only the cost of:

(i) Copying, including the cost of supplies for and labor of copying, the protected health information requested by the individual;

(ii) Postage, when the individual has requested the copy, or the summary or explanation, be mailed; and

(iii) Preparing an explanation or summary of the protected health information, if agreed to by the individual as required by paragraph (c)(2)(ii) of this section.

(d) Implementation specifications: Denial of access. If the covered entity denies access, in whole or in part, to protected health information, the covered entity must comply with the following requirements.

(1) Making other information accessible. The covered entity must, to the extent possible, give the individual access to any other protected health information requested, after excluding the protected health information as to which the covered entity has a ground to deny access.

(2) Denial. The covered entity must provide a timely, written denial to the individual, in accordance with paragraph (b)(2) of this section. The denial must be in plain language and contain:

(i) The basis for the denial;

(ii) If applicable, a statement of the individual's review rights under paragraph (a)(4) of this section, including a description of how the individual may exercise such review rights; and

(iii) A description of how the individual may complain to the covered entity pursuant to the complaint procedures in § 164.530(d) or to the Secretary pursuant to the procedures in § 160.306. The description must include the name, or title, and telephone number of the contact person or office designated in § 164.530(a)(1)(ii).

(3) Other responsibility. If the covered entity does not maintain the protected health information that is the subject of the individual's request for access, and the covered entity knows where the requested information is maintained, the covered entity must inform the individual where to direct the request for access.

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(4) Review of denial requested. If the individual has requested a review of a denial under paragraph (a)(4) of this section, the covered entity must designate a licensed health care professional, who was not directly involved in the denial to review the decision to deny access. The covered entity must promptly refer a request for review to such designated reviewing official. The designated reviewing official must determine, within a reasonable period of time, whether or not to deny the access requested based on the standards in paragraph (a)(3) of this section. The covered entity must promptly provide written notice to the individual of the determination of the designated reviewing official and take other action as required by this section to carry out the designated reviewing official's determination.

(e) Implementation specification: Documentation. A covered entity must document the following and retain the documentation as required by § 164.530(j):

- (1) The designated record sets that are subject to access by individuals; and
- (2) The titles of the persons or offices responsible for receiving and processing requests for access by individuals.

**45 C.F.R. § 164.508: USES AND DISCLOSURES FOR WHICH AN AUTHORIZATION IS REQUIRED.**

(a) Standard: authorizations for uses and disclosures. -- (1) Authorization required: general rule. Except as otherwise permitted or required by this subchapter, a covered entity may not use or disclose protected health information without an authorization that is valid under this section. When a covered entity obtains or receives a valid authorization for its use or disclosure of protected health information, such use or disclosure must be consistent with such authorization.

(2) Authorization required: psychotherapy notes. Notwithstanding any provision of this subpart, other than the transition provisions in § 164.532, a covered entity must obtain an authorization for any use or disclosure of psychotherapy notes, except:

- (i) To carry out the following treatment, payment, or health care operations:
  - (A) Use by the originator of the psychotherapy notes for treatment;
  - (B) Use or disclosure by the covered entity for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or
  - (C) Use or disclosure by the covered entity to defend itself in a legal action or other proceeding brought by the individual; and
- (ii) A use or disclosure that is required by § 164.502(a)(2)(ii) or permitted by § 164.512(a); § 164.512(d) with respect to the oversight of the originator of the psychotherapy notes; § 164.512(g)(1); or § 164.512(j)(1)(i).

(3) Authorization required: Marketing. (i) Notwithstanding any provision of this subpart, other than the transition provisions in § 164.532, a covered entity must obtain an authorization for any use or disclosure of protected health information for marketing, except if the communication is in the form of:

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- (A) A face-to-face communication made by a covered entity to an individual; or
- (B) A promotional gift of nominal value provided by the covered entity.
- (ii) If the marketing involves direct or indirect remuneration to the covered entity from a third party, the authorization must state that such remuneration is involved.
- (b) Implementation specifications: general requirements. -- (1) Valid authorizations. (i) A valid authorization is a document that meets the requirements in paragraphs (a)(3)(ii), (c)(1), and (c)(2) of this section, as applicable.
- (ii) A valid authorization may contain elements or information in addition to the elements required by this section, provided that such additional elements or information are not inconsistent with the elements required by this section.
- (2) Defective authorizations. An authorization is not valid, if the document submitted has any of the following defects:
- (i) The expiration date has passed or the expiration event is known by the covered entity to have occurred;
- (ii) The authorization has not been filled out completely, with respect to an element described by paragraph (c) of this section, if applicable;
- (iii) The authorization is known by the covered entity to have been revoked;
- (iv) The authorization violates paragraph (b)(3) or (4) of this section, if applicable;
- (v) Any material information in the authorization is known by the covered entity to be false.
- (3) Compound authorizations. An authorization for use or disclosure of protected health information may not be combined with any other document to create a compound authorization, except as follows:
- (i) An authorization for the use or disclosure of protected health information for a research study may be combined with any other type of written permission for the same research study, including another authorization for the use or disclosure of protected health information for such research or a consent to participate in such research;
- (ii) An authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for a use or disclosure of psychotherapy notes;
- (iii) An authorization under this section, other than an authorization for a use or disclosure of psychotherapy notes, may be combined with any other such authorization under this section, except when a covered entity has conditioned the provision of treatment, payment, enrollment in the health plan, or eligibility for benefits under paragraph (b)(4) of this section on the provision of one of the authorizations.
- (4) Prohibition on conditioning of authorizations. A covered entity may not condition the provision to an individual of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of an authorization, except:

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(i) A covered health care provider may condition the provision of research-related treatment on provision of an authorization for the use or disclosure of protected health information for such research under this section;

(ii) A health plan may condition enrollment in the health plan or eligibility for benefits on provision of an authorization requested by the health plan prior to an individual's enrollment in the health plan, if:

(A) The authorization sought is for the health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations; and

(B) The authorization is not for a use or disclosure of psychotherapy notes under paragraph (a)(2) of this section; and

(iii) A covered entity may condition the provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party on provision of an authorization for the disclosure of the protected health information to such third party.

(5) Revocation of authorizations. An individual may revoke an authorization provided under this section at any time, provided that the revocation is in writing, except to the extent that:

(i) The covered entity has taken action in reliance thereon; or

(ii) If the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

(6) Documentation. A covered entity must document and retain any signed authorization under this section as required by § 164.530(j).

(c) Implementation specifications: Core elements and requirements. -- (1) Core elements. A valid authorization under this section must contain at least the following elements:

(i) A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.

(ii) The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.

(iii) The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.

(iv) A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.

(v) An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.

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(vi) Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.

(2) Required statements. In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of all of the following:

(i) The individual's right to revoke the authorization in writing, and either:

(A) The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or

(B) To the extent that the information in paragraph (c)(2)(i)(A) of this section is included in the notice required by § 164.520, a reference to the covered entity's notice.

(ii) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:

(A) The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in paragraph (b)(4) of this section applies; or

(B) The consequences to the individual of a refusal to sign the authorization when, in accordance with paragraph (b)(4) of this section, the covered entity can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization.

(iii) The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer be protected by this subpart.

(3) Plain language requirement. The authorization must be written in plain language.

(4) Copy to the individual. If a covered entity seeks an authorization from an individual for a use or disclosure of protected health information, the covered entity must provide the individual with a copy of the signed authorization.



<complaints@sfgov.org>  
12/17/2010 04:07 PM

To <soft@sfgov.org>  
cc  
bcc  
Subject Sunshine Complaint

To:soft@sfgov.orgEmail:complaints@sfgov.orgDEPARTMENT:Haight Ashbury Free Clinics  
CONTACTED:John Eckstrom, Nazneen Abdullah

PUBLIC\_RECORDS\_VIOLATION:Yes

PUBLIC\_MEETING\_VIOLATION:No

MEETING\_DATE:

SECTIONS\_VIOLATED:

DESCRIPTION:All documents inclusive of medical records generated, emails, correspondence, logs, notes of conversation, notes of phone calls concerning the denials (my seeking MEDICAL CARE AT HAIGHT ASHBURY FREE CLINIC on two visits - October 28, 2010 and the followup November 1, 2010) the medical denial, lack of proper referral (given the correct nature of the facts listed in my medical file and the conversation held with the professional) and no correct response to questions asked . Please note that upon PROPER REQUEST I was asked to leave and provided NO MEDICAL CARE, NOR PROPER (see file inclusive of my disability ramifications - ADA) REFERRAL for a duty that MUST BE FILLED UNDER LAW that I was denied by the HAIGHT ASHBURY FREE MEDICAL CLINIC. This request includes all paperwork sent, received, emailed or any other form of transmittal to all involved. This request includes all paperwork sent, received, emailed or any other form of transmittal from all involved. This request also includes all internal documentation generated by this matter also. (From inception to present date) ... for example any documentation, notes, logs, tapes, emails, etc from any individual to any other individual regarding any matter concerning this matter, its handling, deposition, etc.

HEARING:Yes

PRE-HEARING:No

DATE:12/17/2010

NAME:Jason Grant Garza

ADDRESS:1369 B> Hayes St.

CITY:San Francisco

ZIP:CA 94117

PHONE:922-7781

CONTACT\_EMAIL:jaygarza@pacbell.net

ANONYMOUS:

CONFIDENTIALITY\_REQUESTED:No



Richard Knee  
<rak0408@earthlink.net>  
07/03/2011 11:21 AM

To Jason Grant Garza <jasongrantgarza@yahoo.com>  
cc sotf@sfgov.org  
bcc  
Subject Re: 7/3/2011 - Information regarding PROCESS for new  
CHAIR to pickup and continue matters brought to prior Chair.

Dear Mr. Garza,

There is one complaint to come before the Task Force, #10071, in which you are the Complainant. I am "blind" CC'ing this note to Chair Johnson and Vice-Chair Wolfe, thereby reminding them that unless you instruct otherwise, this matter should go on the agenda for the Task Force's next regular meeting, July 26. Again, I deeply regret that this matter was omitted from the agenda for our last regular meeting, June 28.

To the best of my knowledge and recollection, Case #10071 is the only matter in which you are a party-in-interest that the Task Force has not heard. If you wish reconsideration of a matter already heard, you must provide evidence on the substance thereof that has surfaced since the Task Force made its determination thereon.

I trust that the foregoing is helpful.

Sincerely,  
Richard Knee  
Task Force Member (Seat #2)

7/3/2011