



RON CHAPMAN, MD, MPH
Director & State Health Officer

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



EDMUND G. BROWN, JR.
Governor

CONSENT TO PARTICIPATE IN PROGRAM AND PRIVACY STATEMENT
Cancer Detection Programs: Every Woman Counts

The Department of Public Health pays for some tests to detect breast and/or cervical cancer for patients who cannot pay for these services. Most patients do **NOT** have cancer. For the few who do, finding the cancer early may save their lives. **Signing this form means that you want to take part in Cancer Detection Programs: Every Woman Counts.** Next year you will be contacted to be screened again by your primary care provider. Each year you must sign a consent to take part in the program. You can stop taking part in the program at any time.

To take part in the program, you **must** give your name, address, date of birth, income, and some health history. This information must be provided or you will not be permitted to participate. Other information, such as your social security number (if you have one) will be asked, but you do not have to give it to be screened. The program is authorized to collect and maintain the information obtained from you in applying for this program under the California Revenue and Taxation Code, Section 30461.6, 42 United States Code 1501, and 45 Code of Federal Regulations 160-164. All information will be protected as described in the Cancer Detection Section Notice of Privacy Practices which you are being given with this consent. Your primary care provider will give you your screening results. Your primary care provider will keep your medical record on file and will send medical data to the Cancer Detection Section for use in payment, health care operations, research, and in some cases for coordination of treatment. Information may be shared with other programs in the Department of Public Health and other government agencies. Your provider may also share your personal information with other health professionals to assist you in obtaining recommended services. Information may be disclosed when required by law, such as for workers' compensation purposes. You have the right to inspect or obtain a copy of records kept by the Cancer Detection Section regarding your health care, as described in the Notice of Privacy Practices.

Your name will not be used in any report that is public. Your name, date of birth, address, and social security number may be shared with other participating providers in the program for purposes of avoiding duplication of enrollment.

You will get a copy of this consent to keep. Please talk to your primary care provider if you have any questions.

I _____ (please print your name) have provided correct and complete information and agree to take part in the California Department of Public Health's breast and/or cervical cancer screening and detection program. I also agree to let my personal and medical facts be used as explained above. I understand that by signing this form, I agree to take part in the program for one year, and to take part in the program next year, I must sign a new consent to participate.

 Signature

 Date

I have received a copy of the Cancer Detection Section Notice of Privacy Practices.

 Signature

 Date

COMPLETE ONLY IF WITNESS IS NECESSARY: I have read the information on this form to the patient whose name is listed above. I conclude, to the best of my knowledge and belief, that the patient understands the information, is willing to take part in the program, and agrees to the terms of this consent.

 Signature

 Date



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MESSAGE FROM THE CANCER DETECTION SECTION

NOTICE OF PRIVACY PRACTICES

Effective March 1, 2010

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

You are receiving this Notice because one of the Cancer Detection Section programs is paying for a medical service for you. Receiving this Notice does not mean that you have been diagnosed with cancer.

PLEASE REVIEW IT CAREFULLY

The Cancer Detection Section – including Cancer Detection Programs: Every Woman Counts; the Prostate Cancer Treatment Program; the California Colon Cancer Control Program; and the WISEWOMAN program – is required by law to keep your health information private. We get information about you when you apply for services, and when doctors, clinics, and others bill us for your care. We also get medical information on your treatment when we approve your care. We must give you this Notice about the law and how we can use and share your health information and what your rights are.

HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

The Cancer Detection Section uses and shares information about you in operating the Cancer Detection Section programs. This information includes such things as your name, address, personal facts, medical history, and medical care given to you.

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

- **For treatment:** Your doctor tells us about the medical care given to you, the results of that medical care, and other medical care you may need. We will share information with doctors, hospitals and others in order to get you the care you need.
- **For payment:** The Cancer Detection Section and others that work with us review, approve, and pay for health care bills sent to us for your medical care. When we do this, we share information with the doctors, clinics, and others who bill us for your care.

- **For health care operations:** The Cancer Detection Section may use your health records to check the quality of health care you receive. We may also use this information in audits or fraud investigations, or for planning and managing the Cancer Detection Section.

SOME OTHER WAYS WE MAY SHARE YOUR INFORMATION

The law also allows the Cancer Detection Section to use or give out information we have about you for the following purposes:

- To call or write you about your benefits under the Cancer Detection Section programs.
- For public health reasons, such as reporting when diseases occur.
- For legal and administrative cases, such as in response to a court order.
- For research studies that meet all privacy law rules, such as research about disease prevention.
- For purposes required by law, such as workers' compensation.
- To agencies that oversee the health care system, for audits or investigations.
- In appeals of decisions about health care claims paid or denied by the Cancer Detection Section.
- To the federal government when it is checking on how we are meeting privacy laws.
- To gather information that can no longer be traced back to you.
- To other government agencies that give public benefits, such as Medi-Cal.

We may give out health information about you to organizations that help us run our program, such as by paying bills. If we do, we will make sure that they protect the privacy of your information we share with them.

Some state laws limit the sharing of information listed above. For example, there are special laws that protect information about HIV/AIDS status, mental health care, developmental disabilities, and drug and alcohol abuse care. We will obey these laws.

WHEN WRITTEN PERMISSION IS NEEDED

Before the Cancer Detection Section will use your personal information for any reason not listed above, we will get written permission from you. You may take back your written permission at any time, except if the Cancer Detection Section has already acted because of your permission.

WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?

You have the right to:

- Request limits on how we use or disclose your personal health care information in the ways described above. We may not be able to agree with your request.
- Ask us to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests when necessary to protect your safety.

- See and get a copy of the information the Cancer Detection Section has about you. You may have someone else see and get a copy of the information the Cancer Detection Section has about you. The Cancer Detection Section has information about your eligibility, your health care bills, and some medical information that we use to approve services for you or manage your health care. You may need to pay a fee for the costs of copying and mailing records. We may keep you from seeing all or parts of your records when the law allows. If we do, we will give you information on how to appeal our decision.
- Change the records if you believe some information we have about you is wrong. We may deny your request if the information is not made or kept by the Cancer Detection Section or the information is already correct and complete. You have a right to disagree with our denial in writing and your letter will be kept with your records.

******IMPORTANT******

THE CANCER DETECTION SECTION DOES NOT HAVE COMPLETE COPIES
OF YOUR MEDICAL RECORDS.
IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE
YOUR MEDICAL RECORDS,
PLEASE CONTACT YOUR DOCTOR, CLINIC, OR HEALTH CARE PLAN.

- Request a list of the times when we have shared your health information after April 14, 2003. The list will tell you what information we shared, with whom, when, and for what reasons. The list will not include information about when we gave you your records or when we gave your information to others with your permission, or shared it for treatment, payment, or health care operations.
- You have the right to get a paper copy of this Notice of Privacy Practices when you request it. You can also find this Notice on our website at:
<http://www.cdph.ca.gov/programs/cancerdetection>.

HOW DO YOU CONTACT US TO USE YOUR RIGHTS

If you want to use any of your privacy rights explained in this Notice, please write or call us at the address or phone number in the box below. We will send you the form you need.

Cancer Detection Section
CA Department of Public Health
P.O. Box 997377, MS 7203
Sacramento, CA 95899-7377
(916) 449-5300

TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint by calling or writing to:

<p style="text-align: center;">Privacy Officer CA Department of Public Health P.O. Box 997377, MS 0506 Sacramento, CA 95899-7377 (916) 440-7671 or (877) 421-9634 TTY/TDD</p>
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Or

<p style="text-align: center;">Secretary of the U.S. Department of Health and Human Services Office for Civil Rights Attention: Regional Manager 90 7th Street, Suite 4-100 San Francisco, CA 94103</p> <p style="text-align: center;">(415) 437-8310 or (415) 437-8311 TDD (415) 437-8329 FAX</p>
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YOUR BENEFITS ARE SAFE

The Cancer Detection Section cannot take away your health care benefits or retaliate in any way if you file a complaint or use any of the privacy rights in this Notice.

DO YOU HAVE ANY QUESTIONS?

If you have any questions about this Notice, how we protect your personal health information, or want more information, please contact the Cancer Detection Section, listed in this notice.

CHANGES TO THIS NOTICE

The Cancer Detection Section must comply with the rules of this Notice starting on March 1, 2010. We have the right to change our privacy rules. If we make any changes, we will change this Notice and give it to you right away.

To get a copy of this notice in other languages, Braille, large print, audiocassette or computer disk, please call or write the Cancer Detection Section at the number or address listed in this Notice.