



**COMMUNITY SERVICES AGENCY  
MULTIPURPOSE SENIOR SERVICES PROGRAM  
NOTICE OF CLIENT PRIVACY PRACTICES**

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The purpose of this notice is to identify the rights clients or their legal representatives have with respect to the use and disclosure of confidential protected health information gathered by MSSP staff, to describe the process for filing a complaint, and the CSA legal duties regarding protected health information. This notice applies primarily to those clients receiving services from the Multipurpose Senior Services Program (MSSP), in compliance with Health Insurance Portability and Accountability Act (HIPAA) of 1996.

**OUR PLEDGE REGARDING HEALTH INFORMATION**

Protecting your privacy is important to us at CSA. We are committed to protecting any information about you, particularly health information. We restrict access to such information to CSA staff such as IHSS and Adult Protective Services on a need-to-know basis. We will establish written privacy agreements with business associates such as home care agencies, home health care agencies, and with other providers of MSSP services. As a CSA client, you have the right to the following:

- a) to access your own information, consistent with certain limitations
- b) to receive an account of the disclosures made by CSA staff regarding your protected health information for up to six years prior to the date of your request. Information may not be available prior to the effective date of this policy (April 14, 2003). Some limitations may apply, as explained in this document.
- c) submit a complaint if you believe that information about you has been improperly used or disclosed, or if you have concerns about these privacy rules.

**HOW WE MAY USE PROTECTED HEALTH INFORMATION ABOUT YOU**

**A) FOR GOODS AND SERVICES.**

We may use protected health information about you to provide coordination of services related to prescription drugs, gathering of your medical history such as cardiac surgery, and so on, and to arrange the purchasing of equipment, such as a wheel chairs or incontinence supplies. We may also disclose protected health information to your doctor, your IHSS social worker, or to home health agency staff and others involved in providing medical care to you. Finally, we may also disclose protected health information about you to others involved in your care including members of your family, caregivers, and individual providers of IHSS.

**B) FOR PAYMENT AND BILLING**

We may use and disclose protected health information about you so that the services and equipment you receive from MSSP can be billed to Medi-Cal. We may also share information about you to allow others, such as home health agencies, to receive payment for their services.

**C) OTHER SITUATIONS.**

We may use and disclose PHI about you for other specific purposes such as:

- a) during disaster relief efforts so that family can be notified of your status and location
- b) for research purposes, with some limitations
- c) to avert a serious threat to your health and safety, or to the health and safety of others
- d) when required to do so by federal, state or local laws and regulations.

- e) other instances such as requests related to the Food and Drug Administration, lawsuits, Worker's Compensation, law enforcement, national security, and security clearances.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.**

**1) RIGHT TO AMEND INFORMATION.**

If you feel the information about you is incorrect or incomplete, you may request that an amendment prepared by you be included in the record. You must submit your request in writing to:

Community Services Agency  
John Turner, Privacy Officer  
P.O. Box 42, Modesto, CA 95353-0042.

**2) RIGHT TO INSPECT AND COPY.**

You have the right to inspect a copy of protected health information that is maintained at CSA. It may include billing and medical records. To inspect such records, you must submit a request in writing to the Privacy Officer as described above. We may deny your request in certain circumstances. If so, you can appeal to the Privacy Officer.

**3) RIGHT TO AN ACCOUNT OF DISCLOSURES.**

You have the right to request in writing an account of the disclosures regarding to whom and when MSSP staff may disclose your protected health information.

**4) OTHER REQUESTS**

Other requests include the right to request a restriction to our uses and disclosures of your protected health information, the right to request confidential communication with a preference to be contacted at work, home, by phone, or by mail, and a right to a copy of this notice.

**YOUR RIGHT TO FILE A COMPLAINT.**

If you have questions about this notice, please contact:

Community Services Agency  
John Turner, Privacy Officer  
P.O. Box 42, Modesto  
CA 95353-0042  
Phone: (209) 558-2931

Or:

Stanislaus County HIPAA Privacy Officer  
1010 Tenth Street, Suite 6800  
Modesto, CA 95354  
Phone: (209) 525-6532  
FAX: (209) 525-4056

If you believe your rights have been violated, you may file a complaint with:

U.S. Department of Health and Human Services, Office of Civil Rights  
Medical Privacy, Complaint Division  
200 Independence Ave. SW  
Washington, D.C. 20201

Toll free telephone: (877) 696-7748.

Name \_\_\_\_\_

MSSP # \_\_\_\_\_

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Signature

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Date