

Client name: _____

SASSNA personnel name: Dave Gaines, CEO



Sacramento Autistic
Spectrum & Special
Needs Alliance

Client Confidentiality Statements and Agreement

SASSNA retains original and client receives a copy.

Confidentiality - All information between SASSNA and client is held strictly confidential unless:

1. the client authorizes release of information with a signature;
2. SASSNA is ordered by a court to release information;
3. a client presents a physical danger to self or others;
4. child abuse/ neglect are suspected;
5. In these latter two cases, SASSNA is required by law to inform potential victims and legal authorities so that protective measures can be taken.

Confidentiality Agreement

What is discussed in services by SASSNA is confidential unless and until you (client) give consent to its release, with two exceptions. SASSNA will need, and is compelled by law, to report to an appropriate other person(s) if:

1. SASSNA believes that you are in danger of hurting yourself or someone else, and
2. If there is reasonable suspicion that a child has been abused or neglected.

I (client) have read the foregoing, understand its content and agree to the conditions stipulated herein.

Client signature: _____

SASSNA personnel signature: *[Signature]* , CEO

Date: _____

PO Box 254788
Sacramento, CA 95865-4788
916.877.5220 | 267.381.4889 fax
dgaines@sassna.org
www.sassna.org
www.facebook.com/sassna 



SASSNA

Sacramento Autistic Spectrum and Special Needs Alliance Notice of Privacy Practices

Effective Date: 10-11-2015

This notice describes how health/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.



*If you have any questions about this notice, please contact the Privacy Officer Dave Gaines.
Phone: (916) 877-5220*

Who Will Follow This Notice:

This notice describes the Sacramento Autistic Spectrum and Special Needs Alliance's (SASSNA) practices and that of:

- ◆ All professionals and paraprofessionals authorized to enter information into your client record.
- ◆ All departments and programs of the SASSNA.
- ◆ All employees, staff, interns, volunteers or members of volunteer groups working at the SASSNA.

Our Pledge Regarding Your Health/Mental Health Information:

We understand that your health/mental health information is personal and we are committed to protecting health/mental health information about you and/or your child. The SASSNA creates a record of the services you and/or your child receives here. The information contained in this record is necessary to provide you with quality service and to comply with certain legal requirements.

Individually identifiable information about your past, present, or future health or condition, the provision of health/mental health services to you, or payment for the health/mental health services is considered "Protected Health Information (PHI)." Whenever possible, the PHI contained in your record (or your child's record) remains private. In some circumstances, it is necessary for SASSNA to share some of the PHI contained in your record (or your child's record). In all but certain specified circumstances, the SASSNA will share only the **minimum necessary** PHI to accomplish the intended purpose of the use or disclosure.

This notice applies to all of the records of your services generated by the SASSNA and will tell you about the ways in which we may use and disclose health/mental health information about you and/or your child. We also describe your rights and certain obligations we have regarding the use and disclosure of health/mental health information.

We are required by law to:

- ◆ make sure health/mental health information that identifies you is kept private;
- ◆ give you this notice of our legal duties and privacy practices with respect to health/mental health information about you; and
- ◆ follow the terms of the notice that is currently in effect.

How We May Use and Disclose Health/Mental Health Information About You:

The following categories describe different ways that we use and disclose your health/mental health information. For each category, we explain what we mean, and offer an example. In some instances a written authorization signed by you is required in order for the SASSNA to use or disclose your information; in others it is not. We have tried to identify which instances do not require your signed authorization and which do.

Uses and Disclosures of Health/ Mental Health Information For Which No Signed Authorization is Required:

For Treatment: We may use/disclose health/mental health information about you (or your child) to provide you with mental health treatment or services. We may disclose health/mental health information about you (or your child) to any professionals or paraprofessionals who work for, or volunteer at, the SASSNA and are involved in your treatment or services. For example, your advocate may need to share information about you (or your child) with a case manager in order to assist you with obtaining needed resources, or your case manager may discuss issues that are important in your services with the instructor of the parenting class you are taking. Different departments or programs of SASSNA also may share information about you in order to coordinate your services. For example, our advocacy program may need to share information with the case management program if you are receiving services from both. Nevertheless, in all cases, only the minimum necessary information will be shared.



For Payment: We may use/disclose your (or your child's) health/mental health information in order to bill and collect payment (from you, your insurance company, or another third party) for services you receive at the SASSNA. For example, we may need to participate in chart audits and/or provide information about you/your

child's diagnosis and the type of services you/your child are receiving to your private insurer in order to be reimbursed for services.

For Health Care Operations: We may use/disclose your (or your child's) health/mental health information in the course of operating the SASSNA. These uses and/or disclosures are necessary to ensure that SASSNA runs properly and that all of our clients receive high quality services. For example, your case may be discussed with our staff for review and learning purposes. Your information may be reviewed to evaluate the effectiveness of services, or to ensure agency compliance with funding requirements.

Appointment Reminders or Changes in Appointments: We may use/disclose your (or your child's) health/mental health information to contact you as a reminder that you have an appointment. We may also contact you to notify you of a change in your appointment. For example, if you (or your child) have an appointment with an advocate, our support staff may contact you the day before as a reminder. Additionally, if your advocate were ill, we may contact you to notify you that the appointment is cancelled. *If you do not wish for us to contact you for appointment reminders or changes in appointment times, or if you have a preferred method of contact, please provide the Privacy Officer with alternative instructions in writing.*

When Required by Law: We may use/disclose your (or your child's) health/mental health information when a law requires that we report information about suspected child, elder or dependent adult abuse or neglect; or in response to a court order. We must also disclose information to authorities that monitor compliance with these privacy requirements.

To Avert Threat to Health or Safety: In order to avoid a serious threat to your (or your child's) health or safety, or the health and safety of the public or another person, we may use/disclose health/mental health information to inform someone who can reasonably prevent or lessen the threat of harm. For example, if a client is threatening to harm him/herself, we might notify family members who might help keep them safe, or hospital personnel who might evaluate the client for potential psychiatric hospitalization.

Judicial and Administrative Proceedings: We may disclose your health/mental health information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials: We may disclose your (or your child's) health/mental health information to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or grand jury or administrative subpoena.

Specialized Government Functions: Under certain circumstances, including the Patriot Act, we may disclose your (or your child's) health/mental health information to units of

the government with special functions such as the U.S. military or the U.S. Department of Homeland Security.

For Research Purposes: In certain circumstances, we may use/disclose your (or your child's) health/mental health information to our research staff and their designees in order to assist psychiatric/psychological research. *If you would like this use/disclosure to be limited, please inform the Privacy Officer of this in writing.*

Fundraising Activities: We may use health/mental health information about you to contact you and inform you about the SASSNA fundraising activities. *If you do not wish to be contacted about fundraising activities, please inform the Privacy Officer of this in writing.*

For Health Oversight Activities: We may disclose health/mental health information to a health oversight agency for activities authorized by law. These activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the mental health care system, various government programs and compliance with civil rights laws.

As Required by Law: We may use and disclose your (or your child's) health/mental health information when required to do so by any other law not already referred to in the preceding categories.

Uses and Disclosures of Health/Mental Health Information For Which a Signed Authorization is Required: For uses and disclosures of health/mental health information beyond the areas noted above, we must obtain your written authorization. Authorizations can be revoked at any time to stop future uses/disclosures (except to the extent that we have already acted upon your authorization). Disclosures of Psychotherapy Notes and disclosures of PHI for the purposes of marketing and for sale cannot be made without your prior written authorization. Psychotherapy Notes are defined as notes recorded (in any medium) by a mental health professional analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session; they are maintained separately from the rest of the clinical record. Progress Notes, on the other hand, are maintained in the clinical record and describe your/your child's condition, the services being provided and/or planned, and your/your child's progress toward service goals.

Your Rights Regarding Your (or Your Child's) Health/Mental Health Information:

You have the following rights regarding health/mental health information we maintain about you (or your child):

Right to Inspect and Copy: You have the right to inspect and copy your (or your child's) health/mental health information upon your written request. However, some mental health information may not be accessed for service reasons and for other reasons pertaining to California state law and the Federal Privacy Rule. We will respond to your written request to inspect records within 5 working days of receiving your request.

If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you would like copies of your health/mental health information, we will provide the copies within 15 days of receiving your request. A charge for copying, mailing and related expenses will apply. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.

Right to Request Restrictions: You have the right to ask that we limit how we use or disclose your health/mental health information. We will consider your request, but are not legally required to agree to the request. If we do agree to your request, we will put it into writing and comply with it except in emergency situations. We cannot agree to limit uses and/or disclosures that are required by law. You have the right to request that we restrict certain disclosures of PHI to a health plan when you pay out of pocket in full for the service.

To request restrictions, you must make your request in writing to Privacy Officer, Sacramento Autistic Spectrum and Special Needs Alliance, PO Box 254788, Sacramento, CA 95865 . In your request, you must tell us (1) what information you wish to limit; (2) whether you wish to limit our use disclosure or both; and (3) to whom you want the limits to apply.

Right to Amend: If you believe that there is a mistake or missing information in our record of your health/mental health information, you may request, in writing, that we correct or add to the record. We will respond to your request within 60 days of receiving it. To request to amend the record, submit the request in writing to Privacy Officer, Sacramento Autistic Spectrum and Special Needs Alliance, PO Box 254788, Sacramento, CA 95865 .

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to amend information that:

- ◆ Was not created by us;
- ◆ Is not part of the information kept by our agency;
- ◆ Is not part of the information which you would be permitted to inspect/copy;
- ◆ Is accurate and complete.

Right to an Accounting of Disclosures or Access: You have the right to get a list of when, to whom, for what purpose, and what content of your (your child's) health/mental health information has been disclosed. Your request must state a time period (which may not be longer than six (6) years and may not include dates before April 14, 2003). You have the right to request a list of individuals and entities who have accessed your (your child's) electronic PHI over the previous three (3) year period, for dates after 1/01/13. To request an accounting of disclosures or access, please submit your request, in writing, to Privacy Officer, Sacramento Autistic Spectrum and Special Needs Alliance, PO Box 254788, Sacramento, CA 95865. We will respond to your request within sixty (60) days of receiving it. The first list you request within a 12 month period will be free. There may be a charge for more frequent lists. In such a case, we will notify you of the cost involved and you may choose to change or withdraw your request before any costs are incurred.

Right to Be Notified of a Breach: You have the right to be notified if your or your child's unsecured PHI has been compromised, including a description of the types of unsecured PHI involved, within 60 days of discovery of the breach. In the event that notification would impede a criminal investigation or cause damage to national security, the breach notification may be delayed for up to 30 days.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health/mental health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Privacy Officer, Sacramento Autistic Spectrum & Special Needs Alliance, PO Box 254788, Sacramento, CA 95865. Please specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may obtain a paper copy of this notice by asking your service provider, or by asking our support staff for a copy. You may also obtain a copy of this notice at our website, www.sassna.org.

Changes to this Notice:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health/mental health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the lobby/reception area at each SASSNA site. The notice will contain the Effective Date on the first page in the top, right-hand corner. In addition, each time a case is opened for you, or your child, at SASSNA, we will offer you a copy of the current notice in effect.

Complaints:

If you think that your privacy rights have been violated, you may file a complaint with the Privacy Officer, Sacramento Autistic Spectrum & Special Needs Alliance, PO Box 254788, Sacramento, CA 95865. All complaints must be submitted in writing. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint.



Sacramento Autistic
Spectrum & Special
Needs Alliance

Notice of Privacy Practices

Client Acknowledgment

My signature below indicates my receipt and understanding of this Notice. I also verify that I have been provided with an opportunity to ask questions about the Notice.

Client Signature and Date

Client Name

PO Box 254788
Sacramento, CA 95865-4788
916.877.5220 | 267.381.4889 fax
dgaines@sassna.org
www.sassna.org
www.facebook.com/sassna 



FEDERAL TRADE COMMISSION
CONSUMER INFORMATION

Medical Identity Theft

A thief may use your name or health insurance numbers to see a doctor, get prescription drugs, file claims with your insurance provider, or get other care. If the thief's health information is mixed with yours, your treatment, insurance and payment records, and credit report may be affected.

If you see signs of medical identity theft, order copies of your records and check for mistakes. You have the right to see your records and have mistakes corrected.

- → Detecting Medical Identity Theft
- → Correcting Mistakes in Your Medical Records
- → Protecting Your Medical Information
- → Checking For Other Identity Theft Problems

Detecting Medical Identity Theft

Read your medical and insurance statements regularly and completely. They can show warning signs of identity theft. Read the Explanation of Benefits (EOB) statement or Medicare Summary Notice that your health plan sends after treatment. Check the name of the provider, the date of service, and the service provided. Do the claims paid match the care you received? If you see a mistake, contact your health plan and report the problem.

Other signs of medical identity theft include:

- a bill for medical services you didn't receive
- a call from a debt collector about a medical debt you don't owe
- medical collection notices on your credit report that you don't recognize
- a notice from your health plan saying you reached your benefit limit
- a denial of insurance because your medical records show a condition you don't have.

Learn more about [repairing other damage caused by identity theft](#).

Correcting Mistakes in Your Medical Records

Get Copies of Your Medical Records.

If you know a thief used your medical information, get copies of your records. Federal law gives you the right to know what's in your medical files. Check them for errors. Contact each doctor, clinic, hospital, pharmacy, laboratory, health plan, and location where a thief may have used your information. For example, if a thief got a prescription in your name, ask for records from the

health care provider who wrote the prescription and the pharmacy that filled it.

You may need to pay for copies of your records. If you know when the thief used your information, ask for records from just that time. Keep copies of your postal and email correspondence, and a record of your phone calls, conversations and activities with your health plan and medical providers.

A provider might refuse to give you copies of your medical or billing records because it thinks that would violate the identity thief's privacy rights. The fact is, you have the right to know what's in your file. If a provider denies your request for your records, you have a right to appeal. Contact the person the provider lists in its Notice of Privacy Practices, the patient representative, or the ombudsman. Explain the situation and ask for your file. If the provider refuses to provide your records within 30 days of your written request, you may complain to the [U.S. Department of Health and Human Services' Office for Civil Rights](#).

Get an Accounting of Disclosures

Ask each of your health plans and medical providers for a copy of the "accounting of disclosures" for your medical records. The accounting is a record of who got copies of your records from the provider. The law allows you to order one free copy of the accounting from each of your medical providers every 12 months.

The accounting includes details about:

- what medical information the provider sent
- when it sent the information
- who got the information
- why the information was sent

The accounting shows who has copies of your mistaken records and whom you need to contact. It may not have details about some routine disclosure of your information, like those from your doctor's office to another doctor's office, or disclosure of payment information to an insurer.

Ask for Corrections

Write to your health plan and medical providers and explain which information is not accurate. Send copies of the documents that support your position. You can include a copy of your medical record and circle the disputed items. Ask the provider to correct or delete each error. Keep the original documents.

Send your letter by certified mail, and ask for a "return receipt," so you have a record of what the plan or provider received. Keep copies of the letters and documents you sent.

The health plan or medical provider that made the mistakes in your files must change the information. It should also inform labs, other health care providers, and anyone else that might have gotten wrong information. If a health plan or medical provider won't make the changes you request, ask it to include a statement of your dispute in your record.

How to Correct Errors in Your Medical Records

Contact each health care provider and ask for copies of your medical records.

Check your state's health privacy laws. Some state laws make it easier to get copies of your medical records.

Complete the request form and pay any fees required to get copies of your records.

If your provider refuses to give you copies of your records because it thinks that would violate the identity thief's privacy rights, you can appeal. Contact the person the provider lists in its Notice of Privacy Practices, the patient representative, or the ombudsman. Explain the situation and ask for your file.

If the provider refuses to provide your records within 30 days of your written request, you may complain to the U.S. Department of Health and Human Services Office for Civil Rights.

Review your medical records and report any errors to your health care provider.

Write to your health care provider to report mistakes in your medical records.

Include a copy of the medical record showing the mistake.

Explain why this is a mistake and how to correct it.

Include a copy of your police report or Identity Theft Report.

Send the letter by certified mail and ask for a return receipt.

Your health care provider should respond to your letter within 30 days. It must fix the mistake and notify other health care providers who may have the same mistake in their records.

Notify your health insurer and all 3 credit reporting companies.

Send copies of your police report or Identity Theft Report to your health insurer's fraud department and the 3 nationwide credit reporting companies.

Order copies of your credit reports if you haven't already.

Consider placing a fraud alert or security freeze on your credit files.

Update your files.

Record the dates you made calls or sent letters.

Keep copies of letters in your files.

Protecting Your Medical Information

Your medical and insurance information are valuable to identity thieves.

Be wary if someone offers you “free” health services or products, but requires you to provide your health plan ID number. Medical identity thieves may pretend to work for an insurance company, doctors’ offices, clinic, or pharmacy to try to trick you into revealing sensitive information.

Don’t share medical or insurance information by phone or email unless you initiated the contact and know who you’re dealing with.

Keep paper and electronic copies of your medical and health insurance records in a safe place. Shred outdated health insurance forms, prescription and physician statements, and the labels from prescription bottles before you throw them out.

Before you provide sensitive personal information to a website that asks for your Social Security number, insurance account numbers, or details about your health, find out why it’s needed, how it will be kept safe, whether it will be shared, and with whom. Read the Privacy Policy on the website.

If you decide to share your information online, look for a lock icon on the browser’s status bar or a URL that begins “https:” the “s” is for secure.

Checking for Other Identity Theft Problems

A thief that uses your name or health insurance information for medical care, may use it in other situations. Learn how to handle other problems caused by identity theft.

Contact Information for the 3 Credit Reporting Companies

<u>Equifax</u>	<u>Experian</u>	<u>TransUnion</u>
<u>1-800-525-6285</u>	<u>1-888-397-3742</u>	<u>1-800-680-7289</u>

Ask each company for the email or postal address for sending dispute or blocking requests.

August 2012



LA COMISIÓN FEDERAL DE COMERCIO INFORMACIÓN PARA CONSUMIDORES

Robo de identidad médica

Un ladrón puede usar su nombre o el número de su seguro de salud para ir al médico, conseguir medicinas recetadas, presentarle reclamaciones de reintegros a su proveedor de seguro, o para recibir otro tipo de atención. Si la información de salud del ladrón se mezcla con la suya, su tratamiento, sus registros de seguro y de pago, y su informe de crédito pueden verse afectados.

Si usted observa algún signo de robo de identidad médica, solicite copias de sus registros y revíselos para ver si encuentra algún error. Usted tiene derecho a solicitar y ver sus registros, y pedir que los corrijan.

- → Cómo detectar el robo de identidad médica
- → Cómo corregir inexactitudes en sus registros médicos
- → Cómo proteger su información médica
- → Verifique si hay otros problemas de robo de identidad

Cómo detectar el robo de identidad médica

Lea en detalle y con regularidad sus resúmenes de atención médica y los de su seguro. En estos resúmenes puede detectar las señales de advertencia de un robo de identidad. Lea la Explicación de los Beneficios (EOB) o el Aviso de Resumen de Atención de Medicare que le envía su plan de salud después de cada tratamiento. Revise el nombre del prestador del servicio, la fecha y el tipo de servicio prestado. ¿Las reclamaciones pagadas por el plan de salud se corresponden con la atención que recibió? Si encuentra un error, comuníquese con el plan de salud para reportar el problema.

Otros signos de robo de identidad médica:

- Le llega una factura por servicios médicos que no recibió.
- Un cobrador de deudas se comunica con usted para reclamarle una deuda por gastos médicos que usted no adeuda.
- En su informe de crédito ve avisos de cobranza de deudas que usted no reconoce.
- Recibe un aviso de su plan de salud para informarle que ha llegado al límite del monto de sus beneficios.
- Le niegan un seguro porque sus registros médicos indican que usted padece una enfermedad que en realidad no tiene.

Aprenda más sobre [cómo reparar otros daños causados por el robo de identidad](#).

Cómo corregir inexactitudes en sus registros médicos

Consiga copias de sus registros médicos.

Si usted sabe que un ladrón de identidad usó su información médica, consiga las copias de sus registros de salud. Conforme a la ley federal, usted tiene derecho a acceder a los datos de sus registros médicos. Revíselos para ver si encuentra algún error o inexactitud. Establezca contacto con cada uno de los médicos, clínicas, hospitales, farmacias, laboratorios, planes de salud, y cualquier otro lugar donde el ladrón pudiera haberse atendido bajo su nombre. Por ejemplo, si el ladrón obtuvo una medicina recetada bajo su nombre, pídale el registro a la farmacia que preparó la receta y al profesional médico que la prescribió.

Tal vez tenga que pagar un cargo para que le entreguen las copias de sus registros. Si usted conoce la fecha en la cual el ladrón usó su información, pida los registros correspondientes a esa fecha. Guarde copias de su correspondencia postal y electrónica, y anote todas las llamadas telefónicas, conversaciones y gestiones con su plan de salud y proveedores de atención médica.

Un proveedor médico podría negarse a entregarle copias de sus registros médicos o de facturación porque piensa que podría estar violando los derechos de privacidad del ladrón de identidad. Pero la verdad es que usted es quien tiene derecho a acceder a los datos que figuran en su registro. Si un proveedor se niega a entregarle la información que usted le solicita, usted tiene derecho a apelar. Establezca contacto con la persona cuyo nombre figura en el Aviso de Prácticas de Privacidad, con el representante de los pacientes, o con el defensor del pueblo. Explique su situación y solicite su registro. Si 30 días después de la fecha de su solicitud escrita el proveedor se niega a entregarle sus registros, usted puede presentar un reclamo ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE.UU.

Consiga un documento detallado de la divulgación de sus datos

Pídale a su plan de salud y a sus proveedores de atención médica una copia de un documento en donde se detalle la divulgación de sus registros médicos (*accounting of disclosures*, en inglés). En este documento los proveedores médicos deben listar los nombres de los destinatarios de las copias de sus registros. La ley le permite solicitar una copia gratuita de este documento a cada uno de sus proveedores médicos cada 12 meses.

Este documento es un registro que contiene lo siguiente:

- La información médica enviada por el proveedor.
- La fecha en la cual envió la información.
- El nombre del destinatario de la información.
- El motivo del envío de la información.

En este documento podrá ver los nombres de las personas o entidades que poseen copias de sus registros inexactos y con quiénes tiene que establecer contacto. Es posible que este documento no contenga detalles sobre ciertas divulgaciones de información de rutina, por

ejemplo cuando desde el consultorio de su médico se envía información sobre su tratamiento al consultorio de otro médico, o cuando se le envía información de pago a un asegurador.

Solicite que se corrijan los errores

Escríbele una carta a su plan o a sus proveedores de atención médica y explíqueles cuál es la información incorrecta. Envíe copias de los documentos que respalden su posición. Puede incluir una copia de su registro médico con los ítems erróneos marcados con un círculo.

Pídale al proveedor que corrija o elimine todos los errores. Guarde los documentos originales.

Envíe su carta por correo certificado y pida un “acuse de recibo” para poder documentar que su plan o el proveedor médico recibió su carta. Guarde copias de su carta y de todos los documentos adjuntados.

El plan de salud o el proveedor médico que cometió el error debe corregir la información de sus registros. Además, debe notificar el hecho a los laboratorios, otros proveedores de atención médica y a todos aquellos que pudieran haber recibido información incorrecta. Si un plan de salud o proveedor médico no efectúa los cambios que usted le pide, solicite que en su registro incluyan una declaración de su disputa.

Cómo corregir los errores de sus registros médicos

- Establezca contacto con cada proveedor o profesional de la salud y pídale copias de sus registros médicos.**
 - Averigüe qué es lo que establecen las leyes estatales aplicables a la privacidad de los datos de salud. Algunas leyes estatales le permiten obtener copias de sus registros médicos con mayor facilidad.
 - Complete el formulario de solicitud y pague el cargo por las copias de sus registros. Si su proveedor o profesional médico se niega a entregarle copias de sus registros médicos porque piensa que podría estar violando los derechos de privacidad del ladrón de identidad, usted puede apelar. Establezca contacto con la persona cuyo nombre figura en el Aviso de Prácticas de Privacidad, con el representante de los pacientes o con el defensor del pueblo. Explique su situación y solicite su registro.

Si 30 días después de la fecha de su solicitud escrita el proveedor se niega a entregarle sus registros, usted puede presentar un reclamo ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE.UU.
- Revise sus registros médicos y si encuentra algún error repórtelo a su proveedor de atención médica.**

- Escribale una carta al proveedor de atención médica para reportar los errores que encuentre en sus registros médicos.
- Incluya una copia del registro médico donde figura el error.
- Explique en su carta el origen del error y cómo corregirlo.
- Incluya una copia de su denuncia policial o de su Reporte de Robo de Identidad.
- Envíe la carta por correo certificado y pida un acuse de recibo.

Su proveedor de atención médica debe responder su carta dentro de un plazo de 30 días. Debe enmendar el error y notificar a los demás proveedores de atención médica que pudieran registrar el mismo error en sus respectivos archivos.

- Notifique a su compañía de seguro de salud y a las 3 compañías de informes crediticios.**
 - Envíe copias de su denuncia policial o de su Reporte de Robo de Identidad al departamento de fraude de su seguro de salud y a las 3 compañías de informes crediticios del país.

- Si no lo ha hecho todavía, solicite copias de sus informes de crédito.**

- Considere la posibilidad de colocar una alerta de fraude o un congelamiento o bloqueo en sus registros de crédito.**

- Actualice sus archivos.**
 - Registre en qué fechas llamó o envió sus cartas.
 - Guarde copias de las cartas en sus archivos.

Cómo proteger su información médica

Su información médica y la de su seguro de salud son datos valiosos para los ladrones de identidad.

Tenga cuidado si alguien le ofrece servicios o productos “gratis” para la salud, pero le pide el número de identificación de su plan de salud. Los ladrones de identidad médica pueden hacerse

pasar por representantes de una compañía de seguro, de un consultorio médico, una clínica o de una farmacia para engañarlo y lograr que usted les dé información delicada.

No dé información médica ni de seguro por teléfono ni por email a menos que usted haya iniciado el contacto y sepa con quién está tratando.

Guarde las copias impresas y electrónicas de sus registros médicos y de su seguro de salud en un lugar seguro. Triture los formularios de salud, prescripciones de medicinas y resúmenes de los médicos que ya no necesite, y antes de tirar a la basura los envases de sus medicinas recetadas, destruya las etiquetas.

Antes de suministrar información personal delicada en un sitio web donde le pidan su número de Seguro Social, el número de su cuenta de seguro, o detalles sobre su estado de salud, averigüe para qué necesitan estos datos, cómo los protegerán, y en caso que le digan que los compartirán con terceros pregunte a quién se los suministrarán. Lea la política de privacidad del sitio web.

Si se decide a suministrar su información en internet, fíjese bien si en la barra del navegador aparece un ícono con la imagen de un candado o si el URL del sitio comienza con "https": la "s" corresponde a seguro.

Verifique si hay otros problemas de robo de identidad

Un ladrón que usa su nombre o la información de su seguro de salud para recibir atención médica, también puede usarlo en otras situaciones. Aprenda a lidiar con [otros problemas causados por el robo de identidad](#).

Información de contacto de las 3 compañías de informes crediticios

<u>Equifax</u>	<u>Experian</u>	<u>TransUnion</u>
<u>1-800-525-6285</u>	<u>1-888-397-3742</u>	<u>1-800-680-7289</u>

Pídale a cada compañía su domicilio postal o de email para enviar las solicitudes de disputa o bloqueo.

agosto 2012



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All you have to do is go to the following website:

www.eWaste4good.com

Fill in your information and enter our organization as the beneficiary. Within a few days a dispatcher will call you to schedule an at home or office pickup date. Then, your electronics will be picked up, recycled and the proceeds will be sent to our organization. You can also call eWaste4good at 800-317-3112

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Helping Us!!



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