



Date: _____

Client Name: _____

Patient ID: _____ Clinic Name: _____

RE: REQUEST FOR RESTRICTIONS ON THE MANNER/METHOD OF CONFIDENTIAL COMMUNICATIONS.

You have the right to request that confidential communication of protected health information made to the County of San Bernardino, Department of Behavioral Health (DBH) be communicated to you by alternative means or at an alternative location. For example, you may not want appointment notices or information regarding any bills to go to your home where a family member might see it.

DBH may not ask you to disclose the reason why you are making a request and DBH will accommodate all reasonable requests made.

I request that DBH use alternative means, method, and/or an alternative location when communicating with me about my protected health information (please provide the alternative phone number, e-mail address, physical address, etc). The protected health information to be communicated includes (do you want billing information, written appointment letters, appointment reminders by phone, other matters related to DBH, or all DBH correspondence to be communicated by the alternative means):

Signature of Client or Representative

Date

If Representative, state relationship to client _____

COMPLAINTS

If you believe your privacy rights have been violated, you may submit a complaint DBH or with the Federal Government.

Filing a complaint will not affect your right to further treatment or future treatment.

<p>To file a complaint with the Department of Behavioral Health, contact:</p> <p>Chief Compliance Officer 303 East Vanderbilt Way San Bernardino, CA 92415</p> <p>Phone # (909) 388-0882 Fax # (909) 890-0435 E-mail: eochoa@dbh.sbcounty.gov</p>	<p>To file a complaint with the County of San Bernardino, contact:</p> <p>County of San Bernardino Office of Compliance and Ethics 157 W. 5th Street, 1st Floor San Bernardino, CA 92415</p> <p>Phone # (909) 387-4500 Fax # (909) 387-8950 E-mail: HIPAAComplaints@cao.sbcounty.gov</p>
<p>To File a complaint with the State, contact: Privacy Officer Department of Health Care Services P.O. Box 997413, MS0010 Sacramento, CA 95899-7413 (916) 445-4646; (877) 735-2929 TTY/TDD FAX: (916) 440-7680</p>	<p>To file a complaint with the Federal Government, contact: Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, Attention: Regional Manager, 90 7th Street, Suite 4-100 San Francisco, CA 94103 (800) 368-1019; (800) 537-7697 TTY/TDD FAX: (202) 619-3818</p>

For additional information call (800) 368-1019, (800) 537-7697 (TDD) or (415) 437-8310, (415) 437-8311 (TDD), or fax the U.S. Office of Civil Rights at (202) 619-3818.

For more information about your privacy rights, please refer to "DBH, Notice of Privacy Practices" at https://wp.sbcounty.gov/dbh/wp-content/uploads/2018/02/COM004_E.pdf, or https://wp.sbcounty.gov/dbh/wp-content/uploads/2016/07/COM004_S.pdf for Spanish.