



San Mateo County Behavioral Health and Recovery Services

Response to Request for Special Restriction on Use or Disclosure of Protected Health Information

Date _____

Address _____

Dear _____:

On _____, you requested that San Mateo County Behavioral Health Services limit its use or disclosure of protected health information.

San Mateo County Behavioral Health does not agree to the restriction you requested. We need to be able to use or disclose your protected health information to provide you with quality treatment, to access possible payment sources, and for internal review and management.

Also, we are required to share the information in the following circumstances:

- During a medical emergency if the restricted information is needed to provide emergency treatment. However, if the information is disclosed during an emergency, Behavioral Health will tell the recipient not to use or disclose it for any other purposes.
- For certain public health activities.
- For reporting abuse, neglect, domestic violence or other crimes.
- For health agency oversight activities or law enforcement investigations.
- For judicial or administrative proceedings.
- For identifying decedents to coroner and medical examiners or determining a cause of death.

For more information about your privacy rights, see the “Notice of Privacy Practices” available on our website at www.co.sanmateo.ca.us, or at the clinic where you are receiving treatment OR by sending a written request to San Mateo County Behavioral Health at 225 37th Avenue, San Mateo, CA 94403.

If you believe your privacy rights have been violated, you may file a complaint with Behavioral Health Services or with the Secretary of the Department of Health and Human Services. To file a complaint with Behavioral Health, contact the Office of Consumer and Family Affairs (1-800-388-0101). All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Sincerely,

Behavioral Health Supervisor