



## **Your right to request restriction of use and disclosure of your information:**

- ❖ You have a right to request restrictions on the uses and disclosures of your information.
- ❖ KCMH must respond to your request within 60 days, but may extend its response for 30 days if they inform you of the reasons for the delay.
- ❖ Your request and the answer will be kept in your record.
- ❖ KCMH may end its agreement to your restriction if you ask to end the restriction. Your request and KCMH action will be in writing and placed in your record.
- ❖ Information in our record that was created or received while the restriction was in place will remain subject to the restriction.
- ❖ KCMH is generally not required to agree to a request for restrictions on uses or disclosures for treatment, payment or health operations unless you are restricting protected health information to a health plan for purposes of health care operations AND you have paid for the health care service “out of pocket in full”. However, KCMH must accommodate reasonable requests to receive communications of protected health information by alternative means or at alternative locations.

## **You have a right to file a privacy complaint:**

- ❖ Individuals can file privacy complaints with either KCMH or with the U.S. Department of Health and Human Services, Office for Civil Rights.
- ❖ Privacy complaints may be directed to any of the following:

Verbally or written to:

**CONFIDENTIAL**  
**Privacy Officer**  
Kern County Mental Health  
P.O. Box 1000  
Bakersfield, CA 93302  
Phone: 888-875-5559

In writing within 180 days of the violation to:

**U.S. Department of Health and Human Services, Office for Civil Rights**  
Medical Privacy, Complaint Division  
200 Independence Avenue, SW  
HHH Building, Room 509H  
Washington, D.C. 20201