THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Dear Kaiser Permanente Medi-Cal Member,

As a new member, you should have received (or will soon receive) a copy of the Kaiser Permanente Northern California Regional or Southern California Regional HIPAA Notice of Privacy Practices (the “Regional Notices”) with your new Kaiser Permanente identification card. The Regional Notices tell you about your rights and our duties concerning your health information. The Regional Notices also describe and give examples of when we are allowed by law to use and disclose certain protected health information without your written permission: for example, for treatment or for health care operations, such as quality improvement.

This Supplemental Notice is for members of Kaiser Permanente Medi-Cal plans. This Supplemental Notice tells you about differences in state law that, in some situations, require us to get your written permission as a Medi-Cal member to disclose health information but do not require us to get the written permission of someone who is not a Medi-Cal member.

Under state law applicable to Medi-Cal beneficiaries, Kaiser Permanente needs your permission to use or disclose your medical information in the following situations:

■ To give medical information to organ-procurement organizations, unless the medical information specifically relates to your treatment when you are a candidate for or a recipient of an organ transplant;

■ To comply with workplace safety laws or workers' compensation laws, except disclosures for treatment or to state or local officials;

■ To allow other companies to market their products or services to you;

■ To raise funds for our organization;

■ To respond to subpoenas or court orders, or orders from government agencies, unless they relate to administration of the Medi-Cal program or are otherwise authorized by law;

■ To report problems with certain medical products to the FDA or to other persons or organizations, such as the maker of the product.

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*Geographic Managed Care Sacramento, Geographic Managed Care San Diego, or Prepaid Health Plan.*
Except in these cases, Kaiser Permanente may use and disclose your protected health information as described in the Regional Notices.

Except as modified by this Supplemental Notice applicable to you as a Medi-Cal member, the Regional Notices still apply. For example, as noted in the Regional Notices, you have the right to request access to your records. Another example is that the section regarding changes to the Regional Notices also applies to this Supplemental Notice.

The Regional Notices also tell you how to contact us if you have any questions about the Regional Notices. If you have any questions about this Supplemental Notice or you want to lodge a complaint about our privacy practices, please call our Member Service Call Center at **1-800-464-4000.** You may also notify the Privacy Officer of the California Department of Health Services by phone or in writing using the contact information at the end of this Supplemental Notice.

We take our responsibility to protect the health information of all our members and patients seriously and will continue to take appropriate steps to protect that information. As always, thank you for entrusting your health care to Kaiser Permanente.

Sincerely,

Jerry Fleming
Senior Vice President
National Health Plan Manager

Contact information for the California Department of Health Services Privacy Officer:

**Privacy Officer**
c/o Office of Legal Services
California Department of Health Services
1501 Capitol Avenue
P.O. Box 997413, MS0010
Sacramento, CA 95899-7413
(916) 255-5259 or (877) 735-2929 (TTY)