

INFORMATION PRACTICES ACT OF 1977 NOTICE

The Information Practices Act of 1977 (California Civil Code section 1798.17) requires the following notice:

- Health and Safety Code section 127436 gives the Department of Health Care Access and Information (HCAI) the authority to investigate hospital billing complaints related to a hospital's discount payment and/or charity care policies.
- HCAI's Hospital Fair Billing Program uses your personal information to investigate your hospital billing complaint.
- You may provide this information to HCAI voluntarily, though it is not required. However, if you do not provide requested information, HCAI may not be able to investigate your complaint.
- HCAI may share your personal information, as needed, with the hospital and providers to investigate your complaint.
- HCAI may also share your information with other government agencies as required or allowed by law.
- You have a right to see your personal information. Should you need further information or have questions about the privacy of personally identifiable data maintained by the HCAI, please contact the Privacy Officer at:

Department of Health Care Access and Information
Privacy Officer
2020 West El Camino, Suite 800
Sacramento, CA 95833
Privacy.Officer@HCAI.ca.gov
hcai.ca.gov/home/privacy-policy/

BEFORE YOU FILE

If you would like HCAI to investigate whether you were wrongfully denied by the hospital for help paying your medical bills, you must have already applied for financial assistance at the hospital where you received services. If you have not yet applied with the hospital, you should contact the hospital for more information on how to apply. If you would like assistance, you may call the Health Consumer Alliance at 888-804-3536, or go to healthconsumer.org for more information.

HOW TO FILE

1. File online at HospitalBillComplaintProgram.hcai.ca.gov (this is the fastest method to file). Follow the instructions online and sign the Complaint Form.
2. If you are using an Authorized Representative, complete the 'Authorized Representative Form.'
3. Attach a copy of your recent W-2 or six months of paystubs.
4. You may include other documents that support your request such as any of the following:
 - Written estimate from the hospital.
 - Any documentation showing payments made toward the billed services.
 - Any communications with your health plan or government insurance program about the billed services.
 - Proof medical debt was sold to collections or is at risk of being sent to collections.
 - A copy of your credit report if your credit score was affected.

Please note, only documentation that is related to the date(s) of service listed in your complaint will be considered.

5. If you are not submitting online, please mail your Complaint Form and any supporting documentation to:

Department of Health Care Access and Information
Hospital Bill Complaint Program
2020 West El Camino, Suite 1101
Sacramento, CA 95833