

NOTICE OF INSPECTION OF CONFIDENTIAL RECORDS

The Department of Health Care Services (DHCS) hereby acknowledges the confidentiality of participant and personnel records maintained by any alcoholism or drug abuse recovery or treatment facility, or other program providing services as stipulated in 42 CFR (Code of Federal Regulations), Part 2 and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 CFR Part 160 & 164.

Inspection of participant and personnel records will be performed by the Department’s duly authorized representative to determine compliance with Alcohol and/or Other Drug Program Certification Standards and/or applicable licensing regulations. No record of resident identifying information will be made or retained by the authorized representative for the Department in connection with the inspection without the program/licensee being properly notified in accordance with the above referenced federal regulations.

Facility Name DHCS License/Certification Number

DHCS Representative Date Licensee/Designee Date
(I acknowledge receiving the original of this form.)



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