

**Every Woman Counts  
RECIPIENT ELIGIBILITY FORM (continued)**

**PRIVACY STATEMENT**

The information requested on this form, is required by the Department of Health Care Services (DHCS), Every Woman Counts (EWC) for purposes of client identification and data collection. This information may be transferred to federal, state, and local agencies for purposes of verifying eligibility and other purposes related to administering EWC. Furnishing the information requested on this form is mandatory. Failure to provide the required information may result in the denial of eligibility.

The Information Practices Act of 1977 and the Federal Privacy Act require DHCS to provide the following information: that privacy and confidentiality of all personal, confidential, and sensitive information, in whatever medium (oral, paper or electronic) must be protected. DHCS considers all information about individuals private, unless such information is determined to be a public record. DHCS and EWC policy is to protect privacy and prevent the loss of information through accidental misuse, sabotage, criminal activity, or natural disaster.

Legal references authorizing maintenance of this information: Government Code Section 6250-6265, Government Code Section 11019.9, Health and Safety Code Section 131085. All information will be protected as described in the Department's Cancer Detection & Treatment Branch CDTB Notice of Privacy Practices. You have the right to inspect or obtain a copy of records kept by the CDS regarding your health care, as described in the CDTB Notice of Privacy Practices. Contact the California Department of Health Care Services, Every Woman Counts 1616 Capitol Avenue, Suite 74-421 P.O. Box 997377, Sacramento, CA 95899-7377, or call (916) 449-5300.