

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH CARE FINANCE**

(Revised: June 14, 2013)

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003  
(Internal Form 36)**

If you do not speak and/or read English, please call (202) 442-5988 between 8:15 a.m. and 4:45 p.m. A representative will assist you.

Si usted no habla y/o lee Inglés, por favor llame al 202 442-5988 entre 8:15 a.m. y 4:45 p.m. Un representante le asistirá. **-SPANISH**

如果您不會說或看不懂英文，請在早上八點到下午六點之間，來電協助熱線 202-442-5988，服務代表會協助您。 **-CHINESE**

ይህንን፡ ደብዳቤ ፡ማንበብ፡ ካልቻሉ፡ የደንበኛ አገልግሎቶች፡ መስጫ፡ ጋር፡ በ (202) 442-5988 ስልክ፡ ቁጥር፡ ከ 8:15 አስከ 4:45 ይደውሉ፡ የቢሮ፡ ባልደረባ ፡ የረዳችዎል። **-AMHARIC**

Nếu bạn không nói/đọc được tiếng Anh, xin gọi Đường Dây Trợ Giúp tại số 202-442-5988 từ 8 giờ sáng đến 6 giờ tối, sẽ có một đại diện giúp cho bạn. **-VIETNAMESE**

만약 귀하께서 이 편지를 읽지 못하면, 회원 서비스 부서로 (전화 번호: 202-442-5988 연락하십시오. (한국어) - **KOREAN**

---

If you have a hard time understanding this document, please call us at 202-442-5988

---

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT  
YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW THIS NOTICE CAREFULLY.**

---

The Dept. of Health Care Finance or DHCF keeps your protected health information (PHI) confidential. The Economic Security Administration (ESA) approved you for Medicaid. ESA then sent information about you to DHCF. DHCF uses this information to pay for your health care.

Your PHI includes your name, address, birth date, and phone number. It also includes your social security number, Medicaid or Medicare number (if any), and health insurance policy information. It may include information about your health condition.

The claims by health care providers include your diagnoses. The claims list your medical treatment and supplies. Claims also include physician's statements, x-rays, and lab test results. Your PHI is this information too.

The law requires us to keep your PHI private. We must provide you with this Notice of our legal duties and privacy practices. The law requires DHCF to abide by this Notice.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF HEALTH CARE FINANCE**

(Revised: June 14, 2013)

---

**USE OF YOUR PHI:**

---

We use your PHI to allow a doctor or nurse to treat you. We allow a business office to process payment for your medical services with your PHI. Administrative personnel reviewing the quality of the care you receive use your PHI too. This Notice also governs how DHCF and the Economic Security Administration will use and disclose your health information to each other.

We may also use and/or disclose your PHI without your permission when permitted by law:

**Treatment:** To a health care provider to treat you. (EXAMPLE: DHCF may share your PHI with a clinical laboratory.)

**Payment:** To pay claims for services delivered to you. (EXAMPLE: DHCF shares your PHI with a claims processor. The contractor verifies that you received treatment.)

**Health Care Operations:** To perform health care operations including:

- Assessing health care quality
  - Reviewing accreditation, certification, licensing and credentialing
  - Conducting medical reviews, audits, and legal services
  - Underwriting and other insurance functions
- (EXAMPLE: DHCF sends your PHI to a quality review committee.)

**Previous Provider:** To your current or past health care provider.

**Public Health and Benefit Activities:** For the following kinds of public health/interest activities:

- For public health
- For health care oversight
- For research
- To coroners, medical examiners, funeral directors, and organ procurement organizations
- As authorized by DC workers' compensation laws

**To Avoid Harm or Other Law Enforcement Activities:** We may disclose your PHI:

- To stop a serious threat to health or safety
- In response to court/administrative orders
- To law enforcement officials
- To the military and intelligence activities
- To correctional institutions

**Communication:** Contact you personally to keep you informed. (EXAMPLE: DHCF may send appointment reminders or information about other treatment opportunities to you.)

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF HEALTH CARE FINANCE**

(Revised: June 14, 2013)

---

**AUTHORIZATION FOR OTHER USES AND DISCLOSURES OF PHI**  
**NOT MENTIONED IN THIS NOTICE:**

---

DHCF will only use or disclose your PHI for purposes this Notice mentions. DHCF will never sell your PHI. DHCF will obtain your written authorization for other uses and disclosures. You may revoke your authorization in writing any time. You may contact the DHCF Privacy Officer at the address listed at the end of this Notice.

---

**YOUR RIGHTS REGARDING YOUR PHI:**

---

You have the following rights with respect to your PHI. In writing, you may:

- Ask us to limit how your PHI is used or given out. We are not required to agree to your request. If we do agree, we will honor it.
- Ask DHCF to talk to you in a different manner.
- Generally, see and copy your PHI. You may ask that any refusal to do so be reviewed. You may be charged a reasonable fee for copies.
- Ask DHCF to change your PHI. We may not make your requested changes. If so, we will tell you why we cannot change your PHI. You may respond in writing to any denial. You may ask that both our denial and your response be added to your PHI.
- Get a listing of certain entities that received your PHI from DHCF after April 14, 2003. This list will not include a listing of disclosures made for treatment or payment. Nor will it include disclosures for healthcare operations, information you authorized us to provide, and government functions.
- Request a paper copy of this Notice of Privacy Practices.
- Opt out of fundraising (if applicable)
- Restrict the disclosure of PHI for those services for which you paid out of pocket
- Limit the use of your genetic information (for certain health plans)
- Be notified of a breach of unsecured PHI, if your PHI is affected

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH CARE FINANCE**

(Revised: June 14, 2013)

---

**CONCERNS OR COMPLAINTS  
ABOUT THE USE OR DISCLOSURE OF YOUR PHI:**

---

For more information about our privacy practices, you may contact the Agency Privacy Officer or the District Privacy & Security Official at either of the following addresses.

DHCF Privacy Officer  
DC Department of Health  
Care Finance  
899 North Capitol Street NE  
6<sup>th</sup> Floor  
Washington, D.C. 20002  
Voice: (202) 442-5988  
Fax: (202) 442-4790  
E-mail: [dhcfprivacy@dc.gov](mailto:dhcfprivacy@dc.gov)

District of Columbia Privacy & Security Official  
DC Office of Health Care Privacy  
and Confidentiality  
899 North Capitol Street, NE  
6<sup>th</sup> Floor  
Washington, D.C. 20002  
Voice: (202) 442-9373  
Fax: (202) 730-0645  
E-mail: [dcprivacy@dc.gov](mailto:dcprivacy@dc.gov)

You may also contact the Privacy Officer for additional copies of this Notice. You have the right to complain to us. You may also complain to the U. S. Department of Health and Human Services. Complaints will not cause you any harm. To complain to us, please contact DHCF at either of the District offices. You also may send a written complaint to the Secretary of the U. S. Department of Health and Human Services at the following address:

Office for Civil Rights – Region III  
U.S. Department of Health and Human Services  
150 S. Independence Mall West, Suite 372  
Public Ledger Building  
Philadelphia, PA 19106-9111  
Main Line (215) 861-4441  
Hotline (800) 368-1019  
FAX (215) 861-4431  
TDD (215) 861-4440  
TTY: (886) 788-4989  
E-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

---

**CHANGES TO THIS NOTICE:**

---

We reserve the right to change the terms of this Notice. If we change the terms of this Notice, we will post a revised notice in the DHCF offices. In addition, the current Notice of Privacy Practices will be posted on the Internet at <http://www.dhcf.dc.gov>.