

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

(Revised: JANUARY 22, 2021)

**NOTICE OF PRIVACY PRACTICES
THIS NOTICE IS EFFECTIVE AS OF JANUARY 22, 2021
(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**

Si vous ne parlez pas et /ou lire en anglais, s'il vous plaît appelez (202) 442-5988 08:15 a.m. - 4:45 p.m. Un représentant vous aidera. **-FRENCH**

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 እስከ 4:45 ይደውሉ፡ የቢሮ፡ ባልደረባ ፡ የረዳችዋል፡፡ **-AMHARIC**

Nếu bạn khôn 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 Department of Health Care Finance or DHCF keeps your medical information, also known as your protected health information (PHI), confidential. 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.

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USE OF YOUR PHI:

We use your PHI for treatment, payment, and other permitted purposes. We allow an 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.

DC Health Link collects your information when you apply for benefits. DC Health Link may use other DC and federal databases to verify your information. 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 in order to verify your insurance coverage.)

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 provider 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 regional Health Information Exchange (HIE)
- For research
- To coroners, medical examiners, funeral directors, and organ procurement organizations
- As authorized by DC workers' compensation laws
- As authorized by the DC Mental Health Act.

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
- In response to a medical emergency

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- To law enforcement officials
- 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.)

PARTICIPATION IN THE DC HIE:

In 2019 the District’s health information exchange (HIE) rule made the Department of Health Care Finance a regulator of the DC Health Information Exchange (DC HIE). The DC HIE is a marketplace for health information exchange organizations that ensures your PHI is well protected. Health information exchange facilitates the electronic exchange of your health information across different organizations within a specified area, such as a health system, a community, or a broader region. The Chesapeake Regional Information System for Our Patients, Inc (CRISP) has been selected as the District’s Designated HIE partner.

Through this relationship, DHCF participates in the CRISP HIE. As permitted by federal and DC privacy laws, your health information will be shared with CRISP in order to provide faster access, better coordination of care, and to assist providers and public health officials in making more informed decisions about your care. Unauthorized disclosures of mental health information are prohibited pursuant to the District of Columbia Mental Health Information Act of 1978 (§§7-1201.01 to 7-1207.02). Part 2 of Title 42 of the Code of Federal Regulations (42 C.F.R. Part 2) prohibits unauthorized disclosure of substance use disorder patient records.

If you do not want your information shared in this way, you can opt-out by completing a written opt out form. DHCF cannot submit an opt-out on your behalf should you decide to opt-out. Opt-out forms are available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at <https://crispdc.org>.

CRISP will comply with opt out requests to the extent required by applicable federal and DC privacy laws. For example, public health reporting, Controlled Dangerous Substances information, and other purposes required by federal and DC privacy laws. Please visit www.crisphealth.org and click on ‘For Patients’ to see more information.

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.

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You may contact the DHCF Privacy Officer at the address listed at the end of this Notice for further information.

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 about your rights.
- 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.
- Be notified of a breach of unsecured PHI, if your PHI is affected

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
441 4th Street NW Ste. 900S
Washington, D.C. 20002
Voice: (202) 442-9053
Fax: (202) 442-4790
E-mail: dhcfprivacy@dc.gov

District of Columbia Privacy & Security Official
DC Office of Health Care Privacy
and Confidentiality
400 6th Street NW
Washington, D.C. 20001
Voice: (202) 442-9373
Fax: (202) 347-8922
E-mail: dcprivacy@dc.gov

You may also contact the Privacy Officer for additional copies of this Notice. You have the right to complain to us. Complaints will not cause you any harm. To complain to us, please contact DHCF, or the DC Privacy & Security Official. You may also complain to the U.S.

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Department of Health and Human Services (DHHS). You may send a written complaint to DHHS at the following address:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

If you have access to a computer, you may submit a complaint form electronically using the OCR Complaint Portal at:

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Alternatively, you may e-mail your own complaint to:

OCRComplaint@hhs.gov

Please check <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html> for more information on making a complaint to DHHS.

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>.