



DC | DEPARTMENT of HUMAN SERVICES

DEPARTMENT OF HUMAN SERVICES
ECONOMIC SECURITY ADMINISTRATION



NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS EFFECTIVE AS OF [redacted]

(Form 36)

If you do not speak and/or read English, please call (202) 671-4200 between 8:15 a.m. and 4:45 p.m. A representative will assist you. For further information concerning this document, please call 202-671-4200.

“እንግሊዝኛ መናገር/ወይም ማንበብ ካልቻሉ፣ እባክዎ በ8:15 a.m. እና 4:45 p.m. ባለው ጊዜ ውስጥ በ (202) 671-4200 ይደውሉ። ተወካይ ይረዳዎታል። ይህንን ሰንድ በተመለከተ ለበለጠ መረጃ እባክዎን በ 202-671-4200 ይደውሉ።”

AMHARIC

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 202-671-4200，服務代表會協助您。 **CHINESE**

Si usted no habla y/o leer en inglés, por favor llame al (202) 671-4200 entre 08:15 y 16:45 Un representante le ayudará. Para más información sobre este documento, por favor llame al 202-671-4200. **SPANISH**

Nếu bạn không nói/đọc được tiếng Anh, xin gọi Đường Dây Trợ Giúp tại số 202-671-4200 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: 202-671-4200 연락하십시오. (한국어) **KOREAN**

If you have a hard time understanding this document, please call us at 202-671-4200.

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 Human Services, Economic Security Administration, or ESA, keeps your protected health information (PHI) confidential. ESA may approve you for Medicaid. ESA then sends information about you to the Department of Healthcare Finance (DHCF). DHCF uses this information to pay for your health care.

Your PHI includes your name, address, birth date, phone number, social security number, medical record number or case record number (if any), benefits and services information. It also includes your health insurance policy information (if any) and/or your health condition.

Claims submitted by health care providers to DHCF may also include your PHI, such as your diagnoses, your medical treatment, supplies, physician’s statements, x-rays, and lab test results.

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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 ESA to abide by this Notice.

You may apply for Medicaid for low-income families and children under 19 and pregnant women at your ESA Service Center. You may call (202) 727-5355 to locate your nearest ESA Service Center. You may apply for benefits at the ESA Service Centers listed below.

Service Center	Address	Phone	Fax
Anacostia	2100 Martin Luther King Avenue, SE	(202) 645-4614	(202) 727-3527
Congress Heights	4001 South Capitol Street, SW	(202) 645-4546	(202) 654-4524
Fort Davis	3851 Alabama Avenue, SE	(202) 645-4500	(202) 645-6205
H Street	645 H Street, NE	(202) 698-4350	(202) 724-8964
Taylor Street	1207 Taylor Street, NW	(202) 576-8000	(202) 576-8740

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 as permitted by law for the following purposes:

Treatment: To a health care provider to treat you. (EXAMPLE: ESA may share your PHI with a Medicaid provider to assist you in obtaining medical services.)

Payment: To pay claims for services delivered to you. (EXAMPLE: ESA may share your PHI with a claims processor. The contractor would then verify 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: ESA may share your PHI with medical contractors to help determine your eligibility for various DHS programs.)

Communication: Contact you personally to keep you informed.

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(EXAMPLE: ESA may send appointment reminders to you.)

Data Sharing: ESA may use or disclose your PHI in accordance with the Data-Sharing and Information Coordination Amendment Act of 2010 (Data-sharing Act). The Data-sharing Act authorizes ESA to use or disclose your PHI to another District agency or service provider under certain circumstances involving treatment, services, benefits, support, or assistance.

To effectuate the sharing of PHI among District agencies, the District created a combined data system entitled the District's Access System (DCAS). ESA will store your PHI in DCAS, which will allow it to easily share your information with other District agencies for purposes of treatment, benefits, services, supports, and assistance. For example, upon receipt of your completed Medicaid application, and upon being determined eligible, ESA will enter your information into DCAS to send to DHCF for Medicaid payment.

Other Permissible Uses of PHI: Federal law authorizes ESA to use or disclose your PHI for the following additional purposes as long as the use or disclosure complies with HIPAA:

- Public health activities and purposes, including:
 - (a) To a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability;
 - (b) To a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect;
 - (c) To a person subject to the jurisdiction of the U.S. Food and Drug Administration (FDA) with respect to FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety, or effectiveness of such FDA-regulated product or activity;
 - (d) To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the ESA or the public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation; or
 - (e) To an employer or school as authorized by HIPAA;
- Disclosure about victims of abuse, neglect, or domestic violence (excluding reports of child abuse or neglect) to a governmental entity authorized by law to receive reports of such abuse, neglect, or domestic violence;
- Health oversight activities;
- In the course of any judicial or administrative proceeding if ordered by the court or administrative tribunal or in response to a subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal; and,
- For law enforcement purposes to a law enforcement official, including:
 - (a) For purposes of identifying or locating a suspect, fugitive, material witness, or missing person;

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- (b) Concerning one who is or is suspected of being a victim of a crime;
- (c) Investigation of a suspicious death;
- (d) When ESA, in good faith, believes the PHI is evidence of criminal conduct that occurred on its premises;
- (e) Reporting a crime in an emergency if disclosure appears necessary to alert law enforcement to:
 - (i) The commission and nature of a crime;
 - (ii) The location of such crime or the victim(s) of such crime; and
 - (iii) The identity, description, and location of the perpetrator of such crime;
- (f) To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law;
- (g) To funeral directors as necessary to carry out their duties with respect to the decedent;
- (h) For cadaveric organ, eye, or tissue donation purposes;
- (i) For research purposes;
- (j) To avert a serious threat to health or safety;
- (k) For specialized governmental functions, including:
 - (i) Military and veteran activities;
 - (ii) National security and intelligence activities;
 - (iii) Protective services for the President and others authorized by federal law;
 - (iv) Medical suitability determinations;
 - (v) To correctional institutions and other law enforcement custodial situations; and
 - (vi) To covered entities that are government programs providing public benefits (*e.g.*, Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Nutrition Assistance Program (SNAP) benefits, Social Security Benefits, and Interim Disability Assistance (IDA)).

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

ESA will only use or disclose your PHI for purposes identified in this Notice above. Any other uses or disclosures of your PHI not covered by this Notice will be made only with your written authorization. Written authorization is required for any use of psychotherapy notes, for marketing, or for the sale of PHI. You may revoke your written authorization, in writing, at any time. You may contact the DHS Privacy Officer at the address listed at the end of this Notice if you have any questions.

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YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights with respect to your PHI. Requests for copies of your PHI, amendments to your PHI, limitation on the use of your PHI, and/or accountings of whom we've shared your PHI disclosure, may be made to Randy Hull, DHS Privacy Officer at the contact information provided below.

You have a right to:

- **Get a copy of your health and claims records**
 - You may request to 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.
- **Correct your health and claims records**
 - You may ask ESA 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.
- **Request confidential communication**
 - You may ask ESA to communicate with you in a different manner.
- **Ask us to limit the information we share**
 - 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. The exception, however, is that if you ask us to limit sharing information about a treatment or services that you paid for out-of-pocket, we must honor that request.
- **Get a list of those with whom we've shared your information**
 - Get a listing of certain entities that received your PHI from ESA 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.
- **Be notified if there is an impermissible use or disclosure of your protected health information.**
 - We must notify you within 60 days following the discovery of the impermissible use or disclosure, including, to the extent possible, a description of what happened, the types of information involved breach, what you can do to protect yourself from future harm, what we are doing to investigate and prevent further impermissible disclosures.
- **Get a copy of this privacy notice**
 - Request a paper copy of this Notice of Privacy Practices.
- **Choose someone to act for you**
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person can act for you make choices about your health information.
- **File a complaint if you believe your privacy rights have been violated**
 - See how to file a complaint on Pages 4-5 of this Notice below

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

For more information about our privacy practices, additional copies of this Notice, copies of your health and claim records, and all other issues regarding your rights regarding your PHI, you may contact the Privacy Officer at the following address.

Randy Hull, DHS Privacy Officer
Department of Human Services
64 New York Avenue NE, 6th Floor
Washington, D.C. 20002
Voice: (202) 671-4451
Fax: (202) 478-2435
E-mail: dhs.privacy@dc.gov

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 DHS or the District Privacy Official 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: (800) 537-7697
E-mail: 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 ESA offices. In addition, the current Notice of Privacy Practices will be posted on the Internet at <http://dhs.dc.gov>.

You will not be penalized or retaliated against for filing a complaint.

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**ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES**

This is to acknowledge that I have received a copy of the Department of Human Services (DHS), Economic Security Administration (ESA) Notice of Privacy Practices.

Signature of applicant/client: _____

Print Name: _____ **Date:** _____

Relationship if other than applicant/client: _____

____ Refuse to sign this acknowledgement form

NOTE: ESA workforce, if applicant/client refuses to sign, initial here _____

Worker: _____ **Telephone No:** _____

Date: _____