

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health - Medical Assistance Administration**



**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.

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

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**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.**

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The Medical Assistance Administration or MAA keeps your protected health information (PHI) confidential. The Income Maintenance Administration (IMA) approved you for Medicaid. IMA then sent information about you to MAA. MAA 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, 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 MAA to abide by this Notice.

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**USE OF YOUR PHI:**

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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 MAA and the Income Maintenance 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: MAA may share your PHI with a clinical laboratory.)

**Payment:** To pay claims for services delivered to you. (EXAMPLE: MAA 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: MAA 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: MAA may send appointment reminders or information about other treatment opportunities to you.)

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

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MAA will only use or disclose your PHI for purposes this Notice mentions. MAA will obtain your written authorization for other uses and disclosures. You may revoke your authorization in writing any time. You may contact the MAA Privacy Officer at the address listed at the end of this Notice.

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**YOUR RIGHTS REGARDING YOUR PHI:**

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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 MAA 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 MAA 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 MAA 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.

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

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For more information about our privacy practices, you may contact the Privacy Officer at either of the following addresses.

MAA Privacy Officer  
DC Department of Health  
Medical Assistance Administration  
825 North Capitol Street NE  
5<sup>th</sup> Floor  
Washington, D.C. 20002  
Voice: (202) 442-5988  
Fax: (202) 442-4790  
TTD: (202) 442-5999  
TTY: (202) 727-3323  
E-mail: [maaprivacy@dc.gov](mailto:maaprivacy@dc.gov)

Gerry Roth, Privacy Official  
DC Office of Health Care Privacy and Confidentiality  
in the Office of the Deputy Mayor for Children Youth,  
Families, and Elders  
1350 Pennsylvania Avenue NW  
Suite 307  
Washington, D.C. 20004  
Voice: (202) 727-8001  
Fax: (202) 727-0246  
TTD: (202) 442-5999  
TTY: (202) 727-3323  
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 MAA 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)

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**CHANGES T O THIS NOTICE:**

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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 MAA offices. In addition, the current Notice of Privacy Practices will be posted on the Internet at <http://www.dchealth.dc.gov>.