



## Washington Health Institute

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## NOTICE OF PRIVACY PRACTICES

(Revised: 3 May 2024)

### **Your Information. Your Rights. Our Responsibilities.**

This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

The Washington Health Institute (WHI) uses 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. WHI will never market or sell personal information. This Notice also governs how WHI will use and disclose your health information. We may also use and/or disclose your PHI without your permission when permitted by law.

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization

- Bill for your services
- Help with public health and safety issues
- Conduct research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 30 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **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 exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting the Washington Health Institute Chief Operating Officer at 202.525.5175.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington, DC 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **To treat you**

We can use your health information and share it with other professionals who are treating you. We may disclose information about you to health care providers involved in your care. For example, a doctor may need to review your medical history before treating you. We may share health information about

you with other health care providers, agencies, or facilities not affiliated with WHI in order to provide or coordinate the difference things you need, such as prescriptions, lab work, and x-rays. We may contact you to provide appointment reminders, patient registration information, information about treatment alternatives or other health-related benefits and services that may be of interest to you, or to follow-up on your care.

### **To run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we may share your health information to coordinate your care, evaluate our providers' performance in caring for you, and for quality improvement activities. We may disclose your health information to medical, nursing, or other students and trainees for review and learning purposes.

### **To bill for your services and to receive payment**

We can use and share your health information to bill and get payment from health plans or other entities. For example, we may use and disclose information so that WWH can obtain payment from you, an insurance company, or another third party. We may also tell your insurance company about a treatment that you need to obtain prior approval or check if your insurance will pay for the treatment.

### **With Business Associates**

We can share information with third parties referred to as "business associates" that provide services on our behalf, including such things as software and other IT support, patient navigation, and legal and other professional services. We require our business associates to sign an agreement requiring them to protect your information and to use it only for the purposes for which we have contracted.

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Health Information Exchange**

WHI has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange (HIE) serving Maryland and the District of Columbia. A Health Information Exchange, or HIE, is a way of sharing health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers, community-based organizations, managed care organizations and other healthcare providers through secure, electronic means.

As allowed by DC law – the Mental Health Information Amendment Act of 2018, your mental health information may be shared on CRISP. Any provider you see that has access to CRISP will be able to view this information. This data may also be shared with your health plan. If you do not want your mental health information to be shared among your providers and health plan, you can request that your information not be shared via CRISP any time (opt-out). Please ask for help. In some cases, your provider may require you to opt-out of CRISP to make sure your mental health information is not shared. If you opt-out of CRISP, none of your health information will be shared for purposes of coordinating your care and treatment.

Your substance use disorder records are protected under federal law per 42 CFR Part 2.3 This law applies to any individual or entity that is federally assisted and provides alcohol or drug abuse diagnosis, treatment, or referral for treatment. Any program that meets this definition cannot share your SUD treatment information without your approval and written consent.

As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable access to your health information 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 [www.crisphealth.org](http://www.crisphealth.org).

### **Prescription Drug Monitoring Program (PDMP)**

Public health reporting and Controlled Dangerous Substances information, as part of the District of Columbia Prescription Drug Monitoring Program (PDMP), will be available to providers to obtain information about your medications and to report Controlled Dangerous Substances.

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

### **When required by law**

We will disclose health information about you when required to do so by federal, District of Columbia, and/or state law. This includes, but is not limited to, disclosures to mandated patient registries, including reporting adverse events with medical devices, food, or prescription drugs to the Food and Drug Administration.

### **Do research**

We may use and disclose your information for certain research purposes in compliance with the requirements of applicable law. All research, however, is subject to a special approval process, which establishes protocols to ensure that your information will continue to be protected. When required, we will obtain a written authorization from you prior to using your information for research.

### **Oversight Activities**

We may disclose health information to health oversight agencies for activities authorized by law. These oversight activities may include licensure activities and other activities by governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena. We may disclose health information about you to courts, attorneys, court employees and others when we get a court order, subpoena, discovery request, warrant, summons, or other lawful instructions. We may also disclose information about you to WHI attorneys and/or attorneys working on WWH's behalf to defend ourselves against a lawsuit or other legal action.

### **Law enforcement purposes/ law enforcement official**

We may disclose your health information to the police or other law enforcement officials to report or prevent a crime or as otherwise required or permitted by law.

### **Use and disclosure in special situations**

We may use and disclose your health information in the following special situations:

#### **Serious threats to health or safety**

We may use and disclose health information about you to help prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.

#### **Presidential protective services**

We may disclose health information about you to authorized federal officials so they may conduct special investigations or provide protection to the President of the United States, other authorized persons, or foreign heads of state as authorized by law.

#### **Military**

If you are a member of the armed forces, domestic (United States) or foreign, we may release health information about you to the military authorities as authorized or required by law.

#### **National security and intelligence activities**

We may disclose health information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities as required by law.

**Inmates**

If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release health information about you to the correctional institution or law enforcement officials as authorized or required by law.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice**

We reserve the right to change privacy practices and make the new practices effective for all the information we maintain. Revised notices will be posted in our facilities, and we will offer you a copy when you receive services. The new notice will be available upon request, in our office, and on our web site.

Acknowledgment of receipt of this Notice of Privacy Practices is indicated by your signature on our Informed Consent form that is scanned into your electronic medical record.

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

For WHI Privacy Official:

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