



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) AND OTHER PERSONAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Our Services and Information We Collect

The Child and Family Services Agency (CFSA) is a multi-service, child welfare agency that is responsible for ensuring the safety, permanency, and well-being of children and families in the District of Columbia. Through the coordination of public and private partnerships, CFSA seeks to preserve the family unit by providing a variety of services designed to meet child and family needs and prevent incidents of child abuse and neglect. In order to provide you with the quality and level of services you require, CFSA staff will ask you for personal health information (PHI) that will be kept confidential and maintained in your client file. This notice explains how your PHI and other personal information will be used, shared, and protected by CFSA and other direct service providers. This information may include:

- Information that identifies you, such as your name, address telephone number, date of birth and social security number.
- Financial Information, which includes information about your income, your bank accounts or other assets, and insurance coverage that you have.
- Your PHI, which includes any written, recorded, or oral information which identifies, or could be used to identify, you and relates to your past, present or future physical or mental health treatment.
- Information about benefits or services that you are receiving or have received.

Our Responsibilities

Federal and local laws require that we protect the privacy of your health and other personal information. We will take reasonable steps to keep your information safe and will only use and/or disclose your information as necessary and as permitted or required by law.

If we have a need to use or disclose your information for any reason other than those listed below, we will ask you for your written permission. You have a right to revoke any written permissions you given us at any time, however, please note that the cancellation will not apply to uses and disclosures that we have already made based upon your written permission.

HOW WE MAY USE AND DISCLOSE PHI WITHOUT YOUR WRITTEN PERMISSION

Your PHI may be disclosed without your prior consent or authorization in the following situations, which include, but are not limited to:

- To report a crime or suspected child abuse or neglect;
- In a medical emergency when there is a threat to your health that requires immediate medical attention;
- To coordinate medical/mental health treatment and services;
- For payment;
- To government programs to determine eligibility for benefits;
- For health care operations and oversight activities such as evaluating programs and quality assurance audits;
- As required by law or in response to a court order;
- For research purposes, such as medical research related to the development of better treatments, provided the research study meets certain privacy requirements;
- For public health activities;
- To coroners, funeral directors, medical examiners and for organ donation;
- Pursuant to a business associate agreement.

In 2020, CFSA chose to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be accessed 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. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

Please be advised that your PHI can also be shared for purposes other than those described above, but only if you give specific permission by signing an authorization form. For example, we may request permission to release your PHI to a non-medical/mental health service provider if it is necessary to connect you with a particular service that you need.

HOW WE MAY USE OR DISCLOSE ALCOHOL OR SUBSTANCE ABUSE PROGRAM INFORMATION

The confidentiality of alcohol and drug abuse treatment records is protected by federal law and regulations. Generally, we will not use or disclose information related to your alcohol or drug abuse treatment unless:

- You consent to the disclosure in writing;
- The disclosure is permitted by court order
- The disclosure is made to medical personnel in a medical emergency or to a qualified personnel for research, audit, or program evaluation.

YOUR RIGHTS REGARDING YOUR INFORMATION

- You have the right to see and copy your PHI with limited exceptions.

- You have a right to review and receive a copy of information we maintain about you. You must make this request in writing. However, there are certain situations when we may not grant your request to review or obtain a copy of your records. If this happens, we will explain the basis for the denial, and inform you of your right to a review of the denial or file a complaint.
- You have the right to be informed about your PHI in a confidential manner that you choose, however, the manner you choose must be reasonable for us to do.
- You have the right to request that we limit certain uses and disclosures of your PHI. Providers do not have to agree to your restrictions, but if they do agree, CFSA and the providers must follow the restrictions.
- You have the right to request that we not share your PHI with a family member or others involved in your care.
- You have a right to request that we not use or disclose your information for a treatment/service, payment or health care operation purpose. *These requests must be made in writing.* We are not required to consent to these requests, but if we do, we must comply with the terms of the agreement, unless we need to disclose your information for your emergency treatment. If we cannot agree to your request, we will explain why.
- You have the right to obtain an accounting of the disclosures CFSA and/or its providers have made of your PHI.
- You have the right to have a paper copy of this Privacy Notice.
- You have a right to be notified of a breach of your PHI and/or personal information.
- You have a right to file a complaint or report a problem.

How to Make a Request

If you wish to exercise the rights set forth above, or you have a question or complaint about the use and disclosure of your PHI and/or personal information, you should contact one or both of the Privacy Officials at the addresses listed below.

CFSA Privacy Officer
 Child and Family Services Agency
 200 I. Street, S.E.
 Washington, D.C. 20003
 (202) 442-6153
 E-mail: cfsa.recordsrequest@dc.gov

District-wide Privacy and Security Official
 Office of Attorney General
 2000 14th Street, NW
 Washington D.C. 20009
 Office: (202) 442-9373
 TTD: (202) 724-5055
 TTY: (202) 727-3363
 E-mail: dcprivacy@dc.gov or tina.curtis@dc.gov

You may also complain to the U.S. Department of Health and Human Services, by sending a written complaint to 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
 E-mail: ocrmail@hhs.gov

You always have the right to file a grievance through the CFSA grievance procedures. No one may take any action against you for complaining about the use and disclosure of your PHI or other personal information.

If you have a hard time understanding this Notice, please contact the CFSA Privacy Officer for assistance.

CHANGES TO THIS NOTICE

We are required by law to provide you with this *Notice of Privacy Practices* and to follow it. We have the right to change our privacy practices and the terms of this Notice in accordance with the law. We will notify you of any changes to our privacy practices.