



**World Trade Center Health Program  
Responder Eligibility Application (Other than FDNY)**

**A World Trade Center (WTC) Health Program General Responder is a worker or volunteer who provided rescue, recovery, debris cleanup, or related support services in the aftermath of the September 11, 2001, attacks on the WTC but was not affiliated with the Fire Department of the City of New York.**

**Please provide the following information to begin the eligibility determination process:**

Today's Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender  Male  Female

E-mail address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please provide at least one phone number and check the box next to your primary phone number:

Cell Phone# ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

Home Phone # ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

Work Phone# ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Birth \_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0891).

**Please answer the following questions about your WTC rescue, recovery, debris cleanup, or related support services. If you want help in filling out this application or have questions, you may call the WTC Health Program toll-free at 1-888-982-4748.**

**Check all the boxes that apply to your time working or volunteering.**

I worked or volunteered onsite in rescue, recovery, debris cleanup, or related support services in lower Manhattan (south of Canal St.), the Staten Island Landfill, or the barge loading piers.

I was a member of the Police Department of New York City (active or retired) or a member of the Port Authority Police of the Port Authority of New York and New Jersey (active or retired) who took part onsite in rescue, recovery, debris cleanup, or related services in the following location (choose all that apply):

- Lower Manhattan (south of Canal Street)
- Ground Zero
- Staten Island Landfill
- Barge loading piers

I was an employee of the Office of the Chief Medical Examiner of New York City involved in the examination and handling of human remains from the WTC attacks, or other morgue worker performing similar post-September 11 functions for such Office staff.

I was a worker in the Port Authority Trans-Hudson Corporation Tunnel.

I was a vehicle-maintenance worker who was exposed to debris from the former WTC while retrieving, driving, cleaning, repairing, and/or maintaining vehicles contaminated by airborne toxins from the September 11, 2001, terrorist attacks.

None of the above, but I believe that I qualify for the following reason:

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1. If you worked or volunteered, fill in the number of hours for each day during the month of September 2001.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

2. How many hours per week did you work or volunteer during:

The week ending October 6th (first week in October)?

The week ending October 13th (second week in October)?

The week ending October 20th (third week in October)?

The week ending October 27th (last week in October)?

The week ending November 3rd?

The week ending November 10th (first full week in November)?

The week ending November 17th (second week in November)?

The week ending November 24th (third week in November)?

The week ending November 30th (last week in November)?

The week ending December 7th (first full week in December)?

The week ending December 14th (second week in December)?

The week ending December 21st (third week in December)?

The week ending December 28th (last week in December)?


3. How many working hours did you work or volunteer in the following months?

January 2002

February 2002

March 2002

April 2002

May 2002

June 2002

July 2002


**Required Documentation**

WTC Health Program applicants must also submit documentation supporting employment affiliation and work activity during the dates, times, and locations specified in the questions above. Documentation may include, but is not limited to, a pay stub; official personnel roster; a written statement signed by an employer under penalty of perjury; site credentials; or similar documentation.

If you are unable to submit the required documentation, you must explain how you attempted to obtain this documentation and the reason you are unable to provide it with your application. You must also provide a signed written statement with your application attesting, under penalty of perjury, that you meet the eligibility criteria. Your statement must detail how you meet the eligibility requirements including your specific rescue and recovery activities, hours, and dates.

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**Payment for Services**

WTC Health Program services are provided at no cost to responders. The Program will cover the cost of the services provided and, when appropriate, the program will coordinate with other payers such as workers' compensation, line of duty injury insurance, other work-related injury or illness benefit plans, and private and public healthcare plans. Responders in the WTC Health Program will be asked, periodically, to provide updated information on the status of their workers' compensation, line of duty injury insurance, other work-related injury or illness benefits claim, and private and public healthcare coverage.

The information you provide below will not be used to determine your eligibility for the WTC Health Program but is needed for the administrative purposes of coordinating payments with other responsible payers for the same medical services.

Please answer the questions below to the best of your ability.

- Have you filed a claim for workers' compensation or for another work-related injury or illness benefit for any injuries or illnesses arising out of your exposure or your rescue, recovery, debris cleanup, or related support services activities in the aftermath of the September 11, 2001?

Yes  
 No

- If you have filed a claim for workers' compensation or for another work-related injury or illness benefit:

In what State was your claim filed? \_\_\_\_\_  
 When was your claim filed? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 What is the status of your claim – accepted, denied, under review? \_\_\_\_\_

- If you are represented by an attorney or licensed representative, an advocate, or other personal representative in your workers' compensation or other worker-related injury or illness claim please provide the following information:

First & Last Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Primary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Voluntary Information**

If you were a member of a union, professional organization, or association, please give the name and, in the case of a union, the local number, if any. This information may be helpful in determining, what if any, types of documentation might be available to support your application.

\_\_\_\_\_  
 \_\_\_\_\_

How did you hear about the WTC Health Program?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby apply to the WTC Health Program and give permission for my personal information to be used by appropriate Federal Government agencies and Federal Government contractors to determine if I am eligible for the WTC Health Program, and to determine whether payments of funds under the WTC Health Program are or were appropriately made in the correct amounts.

By my signature, I attest that:

- I have answered the questions in this application form truthfully;
- I believe I meet the eligibility criteria for a General Responder in the WTC Health Program;
- I acknowledge that I have read and understand the information in the Program Notices (attached); and
- I understand the following:

Any person who knowingly and willfully makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to gain enrollment or care in the WTC Health Program to which that person is not entitled is subject to civil and/or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both pursuant to 18 U.S.C. § 1001.

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PRINT NAME

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SIGNATURE

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DATE

This form may faxed to 1-877-646-5308 or mailed to:

World Trade Center Health Program  
PO Box 7000  
Rensselaer, NY 12144

## Notices Regarding WTC Health Program Requirements

### **WTC Health Program Requirements, Services, and Benefits**

This section provides a general overview of the requirements, services, and benefits of the WTC Health Program. Services provided under the WTC Health Program include the following: (1) medical monitoring and treatment benefits to eligible emergency responders and recovery and cleanup workers (including Federal employees) who responded to the September 11, 2001, terrorist attacks; and (2) initial health evaluation, monitoring, and treatment benefits to residents and other building occupants and area workers in New York City who were directly impacted and adversely affected by such attacks. Services are provided through Clinical Centers of Excellence (CCEs) or through the Nationwide Provider Network. The WTC Program Administrator, designated as the Director of NIOSH, determines eligibility and certifies when an enrolled member's condition is eligible for treatment.

#### **Treatment and Monitoring**

Eligible responders and survivors, including those eligible under prior programs, will receive monitoring and treatment that is medically necessary for WTC-related health conditions and health conditions medically associated with WTC-related health conditions. Medical monitoring is intended to detect symptoms and illnesses that may be WTC-related. The monitoring examinations include a physical exam, routine blood and urine tests (this does not include drug or HIV testing), breathing tests, a mental health assessment, exposure assessment, and referral for treatment, if necessary.

If a CCE physician refers a new member for care for a WTC-related health condition based on the initial health evaluation or medical monitoring examination, the WTC Program Administrator must first certify the condition for coverage and approve the treatment provided. Covered treatment, including outpatient prescription medications, is available for WTC-related health conditions and certain health conditions medically associated with a WTC-related health condition. Treatment is provided by medical personnel familiar with WTC-related medical conditions.

These services and benefits are voluntary benefits for members. Responders and survivors may withdraw from participation in the WTC Health Program at any time, without any financial or other consequences, other than loss of program services.

#### **Pharmacy Benefits**

Members are entitled to pharmacy benefits, specifically medically necessary outpatient prescription drugs for WTC-related or medically associated conditions. The WTC Health Program contracts with one or more pharmaceutical providers, and has the discretion to change pharmaceutical provider(s) at any time.

#### **WTC-Related Health Conditions**

The Zadroga Act designated the original list of WTC-related health conditions covered for treatment. The list of covered conditions is also outlined in 42 C.F.R. § 88.1. Additional health conditions may be added to this list by the WTC Program Administrator. Any additions will be made through rulemaking. The list of covered conditions can be found at [www.cdc.gov/wtc/faq.html#hlthcond](http://www.cdc.gov/wtc/faq.html#hlthcond).

#### **Payment for Services**

The cost of WTC Health Program care will be provided by the program and coordinated with any other private or public healthcare plans (*e.g.*, Medicare) responders or survivors may have if the WTC-related condition is not work-related. Where a condition is work-related, the WTC Health Program is also entitled to reduce payment or recoup payment for treatment of a WTC-related health condition if such condition is covered by a workers' compensation or similar work-related injury or illness plan. The Program may share a responder's or survivor's protected health information and/or personally identifiable information (*e.g.*, medical records) with these potential payers for reimbursement purposes.

In addition, the WTC Health Program may exchange protected health information and/or personally identifiable information with the Centers for Medicare and Medicaid Service and WTC Health Program contractors for payment purposes.

Please note, the WTC Health Program is not a substitute for a responder's or a survivor's personal health insurance; the WTC Health Program will not provide general health care and does not substitute for visits to the responder's or survivor's own physician or other healthcare provider. The WTC Health Program is a limited health care program which only provides treatment for specified health conditions. Responders and survivors are responsible for obtaining necessary follow-up evaluations and treatment at their own expense for any health conditions that are not determined to be WTC-related conditions, or are not pre-authorized by the responders' or survivors' CCE or CCE physician and the WTC Health Program.

Responders' and survivors' participation in the WTC Health Program does not prevent them from seeing their personal physician or obtaining any medical evaluation or treatment from any other provider at their own expense.

In certain circumstances, responders and survivors may be eligible for reimbursement of necessary and reasonable transportation expenses involving travel of more than 250 miles.

### **Affordable Care Act**

The Affordable Care Act (ACA), sometimes known as Obamacare, was implemented on January 1, 2014. The ACA requires everyone to maintain minimum essential health care coverage or be approved for an exemption of this requirement. The James Zadroga 9/11 Health and Compensation Act of 2010 which established the WTC Health Program requires that program members meet the ACA requirements as of July 1, 2014.

Please contact a specially trained ACA counselor (or navigator) for direct help to select and act on the option that is right for you:

1. Federal ACA counselors can be reached at 1-800-318-2596 (TTY: 1-855-889-4325) 24 hours a day, 7 days a week; or
2. New York State ACA counselors can be reached at 855-355-5777 (TTY: 800-662-1220).

You can also get information on the Federal ACA website at <https://www.healthcare.gov/> and on the New York State ACA website at <https://nystateofhealth.ny.gov/> or email New York State at [exchange@health.state.ny.us](mailto:exchange@health.state.ny.us)

### **Availability of Treatment and Benefits**

The availability of treatment and benefits for responders and survivors is dependent upon funding for the WTC Health Program. In addition, the Zadroga Act places limits on the number of enrolled responders and certified-eligible survivors in the program.

In the event that further funding is not appropriated for the WTC Health Program or that the numerical enrollment limitation is reached, potential enrollees may be placed on a waiting list. Should this occur, potential enrollees will be promptly notified when they are removed from the waiting list and enrolled in the WTC Health Program. If the program terminates, it is the responsibility of individual responders and survivors to pursue the appropriate medical monitoring, evaluation, and treatment from their personal physician and pharmacy, at their own expense.

### **Applications**

The WTC Health Program will evaluate applications on a first-come, first-served basis.

### **Terrorist Watch List**

The Zadroga Act requires that, prior to enrolling any individual in the WTC Health Program, the WTC Program Administrator must determine whether the individual is on the terrorist watch list. The WTC Program Administrator will consult with the Department of Justice (DOJ) for the necessary determination. Individuals determined to be on such list are not entitled to any benefits under the WTC Health Program. This also applies to responders and survivors who were eligible for treatment and benefits under prior WTC programs. Any disclosure of personally identifiable information to the DOJ will be limited to information that is necessary to determine eligibility and qualification under the program. Personally identifiable information will be destroyed or returned to the WTC Health Program once it is determined that the individual is not on the terrorist watch list.

### **Appeals Process**

Responders and survivors are entitled to appeal the WTC Program Administrator's determinations regarding

eligibility, certification of health conditions, and provision of treatment/benefits. The individual or his or her designated representative may appeal the decision in writing within 60 days of the decision. The appeal must contain the reasons why the responder or survivor believes the WTC Program Administrator's decision is incorrect.

For appeals regarding eligibility, the WTC Program Administrator will designate a Federal official who is independent of the program to review the appeal and make a final determination. The appeal may include relevant information that was not previously considered by the WTC Program Administrator. The WTC Program Administrator may reopen and reconsider a denial at any time. An appeal related to an eligibility denial based on information from the terrorist watch list will be delegated to the appropriate Federal agency.

For appeals concerning certification of a health condition or treatment/benefits determinations, the WTC Program Administrator will appoint a Federal official to review the appeal and make a final determination. The Federal official may request one or more qualified experts, independent of the WTC Health Program, to review the WTC Program Administrator's initial determination. The expert(s) will submit their findings to the Federal official, and he/she will make the final determination. Such determination will not be reconsidered upon request of a responder or survivor.

The WTC Program Administrator may reopen a final determination at any time and may affirm, vacate, or modify such final determination in any manner he or she determines appropriate.

### **Victim Compensation Fund**

Title II of the Zadroga Act reactivates the September 11th Victim Compensation Fund of 2001 (VCF), which provides compensation to any individual (or a personal representative of a deceased individual) who suffered physical harm or was killed as a result of the terrorist-related aircraft crashes of September 11, 2001, or the debris removal efforts that took place in the immediate aftermath of those crashes. The VCF is administered by the U.S. Department of Justice (DOJ). Please visit the VCF website for more information about that Program: [www.vcf.gov](http://www.vcf.gov). Responders or survivors who have applied for benefits from the WTC Health Program may also apply for benefits under the VCF. The VCF requires individuals applying to the program to sign an authorization form permitting DOJ to request and share protected health information and/or personally identifiable information (including medical records) from and with entities and programs, such as WTC Health Program. Therefore, for an individual who has applied to the VCF who is also a member of the WTC Health Program, the WTC Health Program may disclose protected health information and/or personally identifiable information to the VCF.

The VCF may also request information from the WTC Health Program about any WTC Health Program certification or requested certification of the WTC Health Program member's WTC-related health condition and the member's eligibility for treatment. Information regarding costs and payment for treatment of a WTC Health Program member may also be shared with VCF since VCF compensation awards may be reduced by the cost of treatment the individual receives or is entitled to receive by all collateral source compensation the individual has received or is entitled to receive as a result of the terrorist-related aircraft crashes of September 11, 2001, or debris removal in the immediate aftermath. Collateral sources include compensation provided under the WTC Health Program.

### **Clinical Centers of Excellence**

The WTC Health Program contracts with CCEs to provide monitoring, treatment, and initial health evaluation benefits, among other services, to responders and survivors. In compliance with the Zadroga Act, the CCEs also collect and report data, including data about claims, to WTC Health Program Data Centers.

### **Data Centers**

In accordance with the Zadroga Act, the WTC Health Program contracts with Data Centers to do the following:

- 1) Receive, analyze, and report to the WTC Health Program on data that have been collected and reported to the Data Center by the corresponding CCEs;
- 2) Develop monitoring, initial health evaluation, and treatment protocols with respect to WTC-related health conditions;
- 3) Coordinate the outreach activities of the CCEs;
- 4) Establish criteria for credentialing of medical providers participating in the nationwide provider network;
- 5) Coordinate and administer the activities of the WTC Health Program Steering Committees; and



- 6) Meet periodically with the CCEs to obtain input on the analysis and reporting of data and on development of monitoring, initial health evaluation, and treatment protocols.

### **Nationwide Provider Network**

The WTC Health Program contracts with the Nationwide Provider Network to provide monitoring, treatment, and initial health evaluation benefits to responders and survivors who reside in areas outside of the New York metropolitan area. Individuals who reside outside of the New York metropolitan area may alternatively elect to receive such benefits from a CCE. The providers under the Nationwide Provider Network must meet qualifications established by Data Centers. Similar to the CCEs, the Nationwide Provider Network collects and reports data, including data about claims, to the Data Centers.

### **Designated Representatives**

A responder or survivor may designate (in writing) an individual to represent his/her personal interests under the WTC Health Program. The responder or survivor can have only one individual represent her or him at any time. A parent or a guardian may act on behalf of a minor seeking monitoring or treatment services under the WTC Health Program.

### **Penalties**

If a responder or survivor knowingly and willfully provides false information to the WTC Health Program, including on the application for eligibility for treatment and benefits, he/she may be subject to a fine and/or imprisonment of not more than five years.

For more information about the WTC Health Program, please refer to the authorizing statute and federal regulations (see Title XXXIII of the Public Health Service Act, 42 U.S.C. §§ 300mm - 300mm-61; 42 C.F.R. Part 88).

## **Privacy Act Statement and Additional Permitted Disclosures of Personally Identifiable Information and Records**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified that the WTC Health Program is administered by the Department of Health and Human Services (HHS), which receives and maintains personal information on applicants under the statutory authority found at 42 U.S.C. §§ 300mm - 300mm-61. The information received is required to determine eligibility and qualification for the WTC Health Program and for any subsequent initial health evaluations, monitoring and treatment, or other benefit under the WTC Health Program. Failure to provide this information may prevent or delay the process of an application or determination of eligibility.

In addition to those WTC Health Program uses outlined above, and as allowed by the Privacy Act, information and records on responders and survivors submitted to or developed by the WTC Health Program may be disclosed to specific individuals/entities for certain routine uses, including the following:

- 1) DOJ, in the event of litigation where HHS, any component of HHS, any employee of HHS, or the United States is involved. Such disclosure may be made to DOJ to enable that Department to present an effective defense, provided that such disclosure is compatible with the purpose for which the records were collected;
- 2) DOJ and its contractors, to provide terrorist screening support in accordance with the WTC Health Program's statutory obligation to determine whether an individual is on the "terrorist watch list" as required by 42 U.S.C. §§ 300mm-21 and 300mm-31 and is qualified to be enrolled in the WTC Health Program;
- 3) DOJ, in order to aid DOJ in the implementation of Title II of the Zadroga Act regarding the Victim Compensation Fund, to provide information pertaining to an individual's enrollment in the WTC Health Program, the WTC Program Administrator's decision regarding whether an individual's medical condition is certified as a WTC-related health condition or a health condition medically associated with a WTC-related health condition, and the WTC Program Administrator's decisions regarding the authorization of treatment and payment for health evaluations, monitoring, and treatment;
- 4) Contractors performing or working on a contract for HHS who require access to information to perform duties or activities for HHS (in accordance with the law and the contract);
- 5) Federal agencies or an entity under governmental jurisdiction that administer or has the authority to investigate potential fraud, waste, or abuse in a health benefits program administered using Federal funds. Such disclosure of information must be found reasonably necessary by the WTC Health Program to prevent, deter, discover, detect,

investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or combat fraud, waste, or abuse in the WTC Health Program;

- 6) State and local health departments may receive information about certain diseases or exposures, where the State has a legally constituted reporting program for communicable diseases and which provides for the confidentiality of the information. This may include official State registries;
- 7) Members of Congress or Congressional staff members who have submitted a verified request involving an individual who is entitled to the information and has requested assistance from the Member of Congress or Congressional staff member;
- 8) To a member's personal representative where the member has authorized such individual to represent him or her in regard to the WTC Health Program. The member may appoint one individual to represent his or her interests under the WTC Program and the appointment must be in writing. If a member is a minor, a parent or guardian may act on his or her behalf;
- 9) NIOSH collaborating researchers (*e.g.*, NIOSH contractors, grantees, cooperative agreement holders, Federal or State scientists) to accomplish the research purpose for which the records are collected;
- 10) Social Security Administration, in connection with public health activities, for sources of locating information to accomplish the research or program purposes for which the records were collected; and
- 11) Applicable entities for the purpose of reducing or recouping WTC Health Program payments for treatments based on other payments made to individuals under a workers' compensation law or plan of the United States, a State, or locality, or other work-related injury or illness benefit plan of the employer of such worker or public or private health plan as required under 42 U.S.C. § 300mm-41.

The current System of Records Notice (SORN) was published in the Federal Register on June 14, 2011, 76 Fed. Reg. 34706, and includes the above-referenced disclosures as required by the Privacy Act. You can access the current SORN and any future updates to the SORN at the following website address: <http://www.cdc.gov/SORNnotice/09-20-0147.htm>. Any amendments to the current SORN may include additional disclosures of personal information.

### **Notice of Privacy Practices Regarding Your Personal Health Information**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The World Trade Center (WTC) Health Program is required, by law, to maintain the privacy and security of your personal health information and to provide you with notice of its legal duties and privacy practices with respect to how your personal health information held by the WTC Health Program will be used and disclosed ("given out") by the WTC Health Program.

#### **WTC Health Program Uses and Disclosures of Your Personal Health Information**

The WTC Health Program must use and disclose your personal health information to provide information:

- To you, someone you name, or someone who has the legal right to act for you. The WTC Health Program will make sure that person has this authority and can act for you before we take any action.
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- Where required by law

The WTC Health Program has the right to use and disclose your personal health information to provide you with treatment, to pay for your health care, and to operate the WTC Health Program. Examples include:

- The WTC Health Program will collect and use your personal health information to decide if the necessary requirements are met for coverage of your health condition(s) under the WTC Health Program (conditions which meet these requirements are "certified" by the WTC Health Program).
- The WTC Health Program will collect and use your personal health information for the purposes of determining diagnosis and medically necessary treatment of "certified" health conditions.
- The WTC Health Program will disclose your personal health information to the Centers for Medicare and Medicaid Services (CMS) in order for CMS to pay providers for eligible health care benefits you received.
- The WTC Health Program will review and use your personal health information to make sure you are

receiving quality healthcare.

The WTC Health Program may use or disclose your personal health information for the following purposes under limited circumstances:

- To other federal and state agencies, where allowed by federal law, that need WTC Health Program health data for their program operations
- For public health activities (such as reporting disease outbreaks)
- For health care oversight activities (such as fraud and abuse investigations)
- For judicial and administrative proceedings (such as in response to a court order)
- For law enforcement purposes
- To avoid a serious and imminent threat to health or safety
- For purposes of reporting information about victims of abuse, neglect, or domestic violence
- To report information about deceased individuals to a coroner, medical examiner, or funeral director, or for organ or tissue donation purposes
- For research purposes, under certain conditions
- For workers compensation purposes
- To contact you about new or changed coverage under the WTC Health Program

By law, the WTC Health Program must have your written permission (an “authorization”) to use or disclose your personal health information for any purpose that is not set out in this notice including certain uses or disclosures of psychotherapy notes. In addition, the WTC Health Program will not sell or market your personal health information without your written permission. You may take back (“revoke”) your written permission anytime, except to the extent that the WTC Health Program has already acted based on your permission. If you take back your written permission, please provide that to the program in writing.

The WTC Health Program is prohibited from using or disclosing your personal genetic health information (i.e., your genetic tests, the genetic tests of your family members and your family medical history) for purposes of determining your eligibility and enrollment into the WTC Health Program (i.e. underwriting).

#### **Your Rights:**

By law, you have the right to:

- Receive a paper copy of this notice, upon request to the WTC Health Program, even if you have received an electronic copy of this notice (i.e. email). The WTC Health Program will provide you with a paper copy promptly.
- Receive an accounting (“who” and “where”) the WTC Health Program has disclosed (“given out”) your personal health information for six years prior to the date you ask, who we shared it with and why. The WTC Health Program will include all disclosures except for those about treatment, payment, and health care operation, and certain other disclosures (such as any you asked the WTC Health Program to make). The WTC Health Program will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Inspect (“review”) and copy your personal health information. You can ask to see or get a copy of your health and claims records and other health information that we have about you. Please ask us how to do this. The WTC Health Program will provide a copy or a summary of your health and claims records, usually within 30 days of your request. The WTC Health Program may charge a reasonable, cost-based fee.
- Amend your personal health information if you believe that it is wrong or if information is missing from your personal health records. Please note that the WTC Health Program may deny your request to amend your personal health information if it believes the information in your records is accurate and complete. The WTC Health Program will provide you with an explanation of the denial in writing within 60 days. If the WTC Health Program declines to amend your records, you may have a statement added to your personal health records to reflect your disagreement.
- Receive confidential (“private”) communications from the WTC Health Program when you are contacted regarding your personal health information. You may ask the WTC Health Program to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Request limitations on certain uses and disclosures of your personal health information by the WTC Health

Program. Please note that the WTC Health Program is not required to agree to this requested limitation except under certain circumstances.

- Be informed of and receive notification if a breach occurs that may have compromised the privacy or security of your information.

**WTC Health Program Responsibilities:**

The WTC Health Program is required by law to abide by the terms of this privacy notice. The WTC Health Program has the right to change this privacy notice and the changes will apply to all of the information that we have about you. If the WTC Health Program makes any changes to this notice, a copy of the revised notice will be made electronically available on the WTC Health Program website and it will be mailed to you in the WTC Health Program's next annual mailing. You may also request to receive a copy of the notice.

**How to Contact the WTC Health Program:**

You can call 1-888-982-4748 to get further information about matters covered by this notice. Ask to speak to customer service representative about the WTC Health Program's privacy notice. To view an electronic copy of the WTC Health Program's privacy notice, you can visit the WTC Health Program's website at: [www.cdc.gov/wtc](http://www.cdc.gov/wtc).

**How to File a Complaint:**

If you believe that your privacy rights have been violated, you may file a complaint with the WTC Health Program by calling 1-888-982-4748, or by sending a letter to P.O. Box 7000 Rensselaer, NY 12144 **ATTN:** WTC Health Program, HIPAA Complaint. Filing a complaint will not affect your coverage under the program.

You may also file a complaint with the Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). TTY users should call 1-800-537-7697.

**Effective Date of Notice:**

The Notice of Privacy Practices for the WTC Health Program is effective September 30, 2013.