

**Department of Behavioral Health  
TRANSMITTAL LETTER**

<b>SUBJECT</b> <b>Health Information Exchange Implementation Policy</b>		
<b>POLICY NUMBER</b> <b>116.1A</b>	<b>DATE</b> 04/12/2024	<b>TL# 341</b>

**Purpose.** To establish the Department of Behavioral Health’s (DBH or Department) policies and procedures regarding provider responsibilities to participate in the District of Columbia’s Health Information Exchange (HIE).

**Applicability.** DBH and all DBH-certified Mental Health and Rehabilitation Services (MHRS), Substance Use Disorder (SUD), Free Standing Mental Health Clinic (FMHC), Transition Planning and Behavioral Health Stabilization (Crisis Service) providers.

**Policy Clearance.** Reviewed by affected responsible staff and cleared through appropriate DBH offices.


**Effective Date.** This policy shall be effective 04/12/2024

**Superseded Policy.** 116.1, Health Information Exchange Implementation Policy.

**Distribution.** This policy will be posted on the DBH website at [www.dbh.dc.gov](http://www.dbh.dc.gov) under Policies, Rules and Bulletins. Applicable entities must ensure that affected staff are familiar with the contents of this policy.

**Barbara J. Bazron, Ph.D.**  
**Director, DBH**

  
(Signature) \_\_\_\_\_ 04/12/2024  
(Date)

<p>GOVERNMENT OF THE DISTRICT OF COLUMBIA</p>  <p><b>DEPARTMENT OF BEHAVIORAL HEALTH</b></p>	<p><b>Policy No.</b></p> <p>116.1A</p>	<p><b>Date</b></p> <p>04/12/2024</p>	<p><b>Page 1</b></p>
	<p><b>Supersedes: 116.1</b></p>		
<p><b>Subject: Health Information Exchange Implementation Policy</b></p>			

1. **Purpose.** To establish the Department of Behavioral Health’s (DBH or Department) policies and procedures regarding provider responsibilities to participate in the District of Columbia’s Health Information Exchange (HIE).

2. **Applicability.** DBH and all DBH-certified Mental Health and Rehabilitation Services (MHRS), Substance Use Disorder (SUD), Free Standing Mental Health Clinic (FMHC), Transition Planning and Behavioral Health Stabilization (Crisis Service) providers.

3. **Authority.** Department of Behavioral Health Establishment Act of 2013 (Dec. 24, 2013, D.C. Law 20-61, §5113, D.C. Code §§7-1141.02, *et seq.*); Behavioral Health Coordination of Care Amendment Act of 2015 (Dec. 15, 2015, D.C. Law 21-37); Title 22-A District of Columbia Municipal Regulations (DCMR) Chapter 30, Free Standing Mental Health Clinic Certification Standards; Title 22-A DCMR Chapter 34, Mental Health Rehabilitation Services Provider Certification Standards; Title 22-A DCMR Chapter 63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers; Title 22-A DCMR Chapter 65, Transition Planning Eligibility, Provider Certification and Service Standards; Title 22-A DCMR Chapter 80, Certification Standards for Behavioral Health Stabilization Providers; and Title 29 DCMR Chapter 87, District of Columbia Health Information Exchange.

4. **Background.** DBH encourages the timely coordination of care between a consumer’s/client’s treating health provider(s) and behavioral health provider(s) to improve overall health and wellness. A HIE is a system that enables the secure electronic exchange of health information across multiple organizations. HIEs promote coordinated care, reduce duplicative treatments, improve healthcare quality and outcomes and lower healthcare-related costs. Since 2020, the Chesapeake Regional Information for Our Patients (CRISP DC) has functioned as the District of Columbia’s (District) designated HIE, sharing health information among participating organizations through secure electronic means. Title 29 DCMR Chapter 87 governs the HIE, regulating the efficient and secure transmission of health information according to nationally recognized standards.

5. **Definitions.** The following definitions apply for purposes of this policy:

5a. **Chesapeake Regional Information for Our Patients (CRISP DC):** The designated HIE serving the District.

5b. **Client:** A person receiving SUD services from a DBH-certified SUD provider.

5c. **Consumer:** A person receiving mental health services from a DBH-certified MHRS, Transition Planning, Crisis Services or FSMHC provider.

5d. Health Information Exchange (HIE): A system that enables the secure, electronic exchange of health information across multiple organizations.

5e. Opt-In: A client's choice to participate in the HIE, allowing the provider to disclose the client's protected health information or data derived from the client's protected health information to the HIE.

5f. Opt-Out: A consumer's choice not to participate in the HIE, preventing the provider from disclosing the consumer's protected health information or data derived from the consumer's protected health information to the HIE.

5g. Protected Health Information (PHI): Individually identifiable health information as defined under the Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations.

5h. Provider: All FSMHC, MHRS, Crisis Services, Transition Planning and SUD providers.

## **6. Policy.**

6a. All MHRS, Transition Planning, Crisis Services and FSMHC providers shall sign a participation agreement with CRISP DC and take all required steps to establish the necessary technological linkages for receiving and transmitting PHI in compliance with HIPAA and the D.C. Mental Health Information Act.

6b. All SUD providers shall sign a participation agreement with CRISP DC and take all required steps to establish the necessary technological linkages for receiving and transmitting PHI for clients who provide a written opt-in to participate in the HIE in compliance with 42 Code of Federal Regulations (C.F.R.) § 2.33.

6c. DBH and its certified providers shall distribute a Joint Notice of Privacy Practices (*see* Exhibit 1, Joint Notice of Privacy Practices) to all consumers/clients upon admission to provide consumers/clients with written notice of the uses and disclosures of PHI within the DBH Behavioral Health Network (Network). Certified providers may either adopt the DBH Joint Notice of Privacy Practices or develop their own that substantially conforms to Exhibit 1.

6d. DBH and its certified providers shall participate in CRISP DC. At least annually, DBH and its certified providers shall provide: (a) the Joint Notice of Privacy Practices to all consumers/clients; (b) the opportunity for all consumers to opt-out of participation in the HIE; and (c) the opportunity for all clients to opt-in to participate in the HIE.

6e. Consumer/client participation in the HIE is voluntary. Providers shall not condition the receipt of services on a consumer/client's decision to participate in the HIE.

## **7. Procedures.**

7a. The Department and its certified providers shall:

(1) Provide each consumer/client an updated copy of the Department's Joint Notice of Privacy Practices at their first appointment following the adoption of this Policy, and at least annually thereafter. *See Exhibit 1, Joint Notice of Privacy Practices.*

(2) Explain to each consumer/client that the provider is participating with CRISP DC, and that participation in the HIE is voluntary. Providers shall also explain that, due to the D.C. Mental Health Information Act, mental health information will be shared with CRISP DC unless a consumer specifically opts-out of the program. Conversely, due to 42 C.F.R. Part 2 requirements, clients receiving SUD services must specifically opt-in to the program utilizing the procedures established by Section 7e of this Policy.

(3) Obtain the consumer/client's signature on the Acknowledgement of Receipt of the Notice of Privacy Practices page of the Joint Notice of Privacy Practices DBH HIPAA Form 1 (*See Exhibit 1*). The acknowledgment of receipt on the last page of the Joint Notice of Privacy Practice DBH HIPAA Form 1 (*see Exhibit 1*) provides a place for consumers receiving mental health services to sign and opt out of sharing PHI with the HIE if the consumer wishes and clients receiving SUD services to opt-in to sharing PHI with the HIE if they wish by completing the CRISP consent tool.

(a) The acknowledgment of receipt page of the Notice shall be filed in the consumer/client's electronic record health record.

(b) If the consumer/client fails or refuses to sign the Notice, the provider shall document their effort to obtain the signature on the acknowledgment of receipt page of the Notice and file it in the consumer/client's clinical record. A consumer's refusal to sign the acknowledgment shall not alone be considered a request to opt-out of the HIE.

(c) Providers may direct consumers/clients who cannot write to sign using an "X" with a witness to verify and note they observed this activity by the consumer/client.

(d) Providers may read the Joint Notice of Privacy Practice to consumers/clients who is illiterate.

(e) Providers shall give a translated copy to a limited or non-English proficient consumer/client utilizing the copies available at <https://dbh.dc.gov/node/240592>.

7b. For each mental health consumer who does not opt-out of CRISP DC, and each SUD client who opts-in to CRISP DC, the provider shall comply by transmitting the consumer/client's designated data set as outlined in the CRISP participation agreement.

7c. Consumers may opt-out of CRISP DC by:

(a) Completing a written opt-out form and submitting it to CRISP DC;

(b) Calling (877) 952-7477; or

(c) Completing and submitting an opt-out form to CRISP DC by mail, fax or through the CRISP

DC website at [www.crispdc.org](http://www.crispdc.org).

Upon request by the consumer, the treating provider will assist with submitting the receipt of a consumer's written opt-out, completing the CRISP DC electronic Health Information Exchange Patient Opt-Out Form, available at <https://connect.crisphealth.org/OptoutForm>. The provider must notate on the opt-out form their relationship to the consumer and provide the consumer with a confirmation of the submission of the form in the medium selected by the consumer (e-mail, letter, phone or text message).

7d. Consumers who previously did not opt-out of CRISP DC may later opt-out at any time by utilizing the procedure established in Section 7c of this Policy.

7e. SUD clients may opt-in to participating in CRISP DC at any time by completing the written opt-in form. The provider must scan the client's opt-in form into the CRISP system within twenty-four (24) hours of receipt. The provider must provide the Department all opt-in forms upon request for audit purposes. SUD clients who previously opted-in may opt-out at any time.

7f. Providers shall comply with HIPAA and its implementing regulations, the D.C. Mental Health Information Act, and 42 C.F.R. Part 2. Providers must adhere to all governing privacy and security laws and regulations in adopting this policy. It is the responsibility of each provider to ensure that all staff responsible for implementing this policy receive appropriate training. Providers shall implement policies and procedures to monitor compliance and promptly report to the Department all violations of HIPAA, the D.C. Mental Health Information Act and/or 42 C.F.R. Part 2 pursuant to DBH Policy 480. 1A, Reporting a Major and Unusual Incident.

7g. Providers may contact DBH's Privacy Officer, at (202)671-4088 or [dbh.privacy@dc.gov](mailto:dbh.privacy@dc.gov) for any questions concerning this policy.

**8. Exhibits.**

Exhibit 1. Joint Notice of Privacy Practices, DBH-HIPPA Form 1

**Approved By:**

**Barbara J. Bazron, Ph.D.**  
**Director, DBH**

 04/12/2024  
(Signature) (Date)



## JOINT NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW THE DEPARTMENT OF BEHAVIORAL HEALTH MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI), AND HOW YOU CAN ACCESS YOUR PHI. PLEASE REVIEW THIS NOTICE CAREFULLY.**

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The Department of Behavioral Health (DBH) and its certified providers must maintain the confidentiality of your medical, mental and substance use disorder treatment information, also known as Protected Health Information (PHI).

Your PHI is any record that can identify you and relates to your health care. Your PHI can include records such as your name, address, birth date, phone number, social security number, Medicaid or Medicare number, health insurance policy information and information about your health condition or care.

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### 1. OUR DUTY TO PROTECT YOUR PHI

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The law requires that DBH and its certified providers maintain the privacy of your PHI. We must provide you with this Notice of our legal duties and privacy practices, which explains how your PHI will be used, shared and protected. The law requires that DBH and its certified providers adhere to this Notice.

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### 2. USE OF YOUR PHI

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We may use your PHI for treatment, payment and other permitted purposes. We allow DBH personnel to process payment for your medical, mental health and substance use treatment with your PHI. Additionally, we allow DBH personnel access to your PHI as needed for reviewing the quality of care you receive, reviewing provider certification and licensure and conducting audits.

We may also use and/or disclose your PHI without your permission when permitted by law. Please note that different sets of laws govern the confidentiality of your substance use treatment records and your medical/mental health records. Information about how your records can be shared is detailed below.

We may disclose your **medical and mental health PHI** without your permission:

1. With other healthcare providers or District Health and Human Services Agencies and their contractors (including the Department of Human Services, the Child and Family Services Agency, DC Health and the Department of Health Care Finance) to coordinate your treatment, benefits and services. You may opt-out of granting DBH the right to share your PHI with providers **outside** of the DBH network and the District Health and Human Services cluster. "Opt-out" means that you do not want your provider to share your PHI with outside providers unless you have signed a release authorizing disclosure or we are legally obligated to share your PHI (*i.e.* DBH may be legally obligated to share your PHI during a medical emergency or in response to a court order).
2. To submit claims for services delivered to you.
3. For public health activities such as reporting suspected child abuse or neglect or to prevent or control disease.

4. If DBH or its certified providers reasonably believe that you are the victim of abuse, neglect, or domestic violence, we may share your PHI with a social services or law enforcement agency.
5. For oversight activities like audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions.
6. In response to an order of a court or administrative tribunal, or a subpoena.
7. To law enforcement officials in response to a warrant, subpoena or an administrative request; to identify or locate a suspect, fugitive, witness, or missing person; or to report actual or threatened criminal conduct, including those occurring on the premises of DBH or a certified provider.
8. In a medical or psychiatric emergency when your health requires immediate medical attention.
9. For research purposes if the research study meets certain privacy requirements.
10. To prevent a serious or imminent threat to public health and safety.
11. When requested by a representative from a Protection and Advocacy Agency for the District of Columbia as part of an investigating into alleged abuse or neglect of a person with mental illness.
12. To correctional institutions having lawful custody of you to coordinate your treatment or care, and when needed to ensure the health and safety of other inmates and staff.
13. To monitor your compliance with a condition of pretrial release, probation, parole, supervised release, or diversion agreement regarding mental health treatment.
14. Pursuant to a qualified service organization or business associate agreement.

In addition, we may disclose your **substance use treatment PHI** without your permission **only**:

1. In medical emergencies when we cannot obtain your written consent.
2. For research purposes, if the research study meets certain privacy requirements.
3. For audits and evaluations of the substance use treatment program.
4. With a valid court order.
5. To report suspected child abuse and neglect.
6. To law enforcement to report a crime that occurred on the premises of a substance use provider.
7. To a qualified services organization to provide services to the substance use treatment program.

You may choose to share your PHI with a specific person, business or organization for purposes other than those described above (for instance, you may want to share your PHI with your attorney). If you would like to do so, you must sign a Release of Information to allow DBH to share your PHI.

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### **3. PARTICIPATION IN THE DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE**

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The District of Columbia operates a health information exchange (HIE), which is a system that facilitates the electronic exchange of your health information across different organizations within a specified area, such as a health system, a community, or a broader region. HIEs allow you and your health care professionals to appropriately access and securely share your medical information electronically while ensuring that your PHI is protected. The Chesapeake Regional Information System for Our Patients, Inc. (CRISP DC) has been selected as the District's Designated HIE partner.

Through this relationship, DBH and its certified providers participate in the CRISP DC HIE. As permitted by federal and D.C. privacy laws, your health information will be shared with CRISP DC to provide faster access, better care coordination and to assist providers and public health officials in making more informed decisions about your care. Unauthorized disclosures of mental health information are prohibited pursuant to the District of Columbia Mental Health Information Act of 1978 (§§7-1201.01 to 7-1207.02). Part 2 of Title 42 of the Code of Federal Regulations (42 C.F.R. Part 2) prohibits unauthorized disclosure of substance use disorder patient records.



If you are receiving **mental health treatment services**, you will be registered in CRISP DC unless you **opt-out** of participating. If you do not want your information shared in this way, you may “opt-out” and disable access to your health information available through CRISP DC by calling 1-877-952-7477 or completing and submitting an opt-out form through the CRISP DC website at [www.crisphealth.org](http://www.crisphealth.org). The opt-out will not affect any action by CRISP DC before it was received. CRISP DC will comply with opt out requests to the extent required by applicable federal and D.C. privacy laws.

If you are receiving **substance use treatment services**, you may also **consent to share** substance use treatment services through the CRISP DC HIE with your treating providers. Substance Use Disorder (SUD) data may be protected by additional regulations that require explicit consent to share SUD data through the HIE. Please ask your provider’s staff to assist you in completing the Patient Consent to Disclose SUD Treatment Information form. This consent may be revoked at any time.

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#### **4. AUTHORIZATION FOR OTHER USES AND DISCLOSURES OF PHI NOT MENTIONED IN THIS NOTICE**

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DBH and its certified providers will only use or disclose your PHI for purposes addressed by this Notice. DBH and its certified providers will never sell your PHI and will obtain your written authorization for other uses and disclosures. You may revoke your authorization in writing at any time. The revocation of your authorization will not affect any action taken by DBH or its certified providers before the written revocation was received. You may contact the DBH Privacy Officer at the address listed at the end of this Notice for further information.

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#### **5. YOUR RIGHTS REGARDING YOUR PHI**

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You have the following rights with respect to your PHI. In writing, you may:

1. Ask us to limit how your PHI is used or given out, including the right to opt-out of disclosures of your mental health information to providers outside of the DBH provider network and the District Health and Human Services cluster. We are not required to agree to your request. If we do agree, we will honor it;
2. You have the right to be informed about your PHI in a confidential manner that you choose. The manner you choose must be reasonable for us to do;
3. 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;
4. Ask DBH or a provider to change PHI in your record. 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;
5. Get a listing of certain entities that received your PHI from DBH after April 14, 2003. This list will not include a listing of disclosures made for treatment, payment, healthcare operations, information you authorized us to provide, or government functions;
6. Restrict disclosure of PHI when paid out of pocket;
7. Request a paper copy of this Notice of Privacy Practices; and
8. Be notified of a breach of your PHI.



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## 6. YOUR RIGHTS REGARDING YOUR PHI

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If you wish to exercise your rights, or you have a question or complaint about the use and disclosure of your PHI, you should contact the privacy officer at the agency providing you treatment. You may also contact the DBH Privacy Officer:

DBH Privacy Officer  
Department of Behavioral Health  
64 New York Avenue, NE, 3<sup>rd</sup> Floor  
Washington, D.C. 20002  
(202) 671-4088  
TTY/TTD: (202) 673-7500  
E-mail: [dbh.privacy@dc.gov](mailto:dbh.privacy@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  
Centralized Case Management Operations  
U.S. Department of Health and Human Services 200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
Hotline (800) 368-1019

Please check <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html> for more information on making a complaint to DHHS.

If you have access to a computer, you may submit a complaint form electronically using the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by e-mail: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

You always have the right to file a grievance through the DBH grievance procedures. Please refer to [DBH Policy 515.3, Consumer Rights](#) for further information about how to file a grievance. Please note that no one may take any action against you for complaining about the use and disclosure of your PHI.

If you have a hard time understanding this Notice, please ask for assistance.

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## 7. CHANGES TO THIS NOTICE

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If the law requires changes to the terms of this Notice, all certified providers will be required to follow the terms of the changed Notice. If the Notice is changed, the changes will apply to all PHI (including medical information, mental health information, and alcohol/drug treatment and prevention information maintained by an alcohol/drug treatment and prevention provider) created or received before the Notice was changed. The amended Notice will be posted on the DBH website and should be provided to you at your next visit and posted at all service sites.

**Acknowledgement of Receipt  
of the Notice of Privacy Practices**

I acknowledge that I have been offered a copy of the DBH's Joint Notice of Privacy Practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

Relationship if other than consumer \_\_\_\_\_

\_\_\_\_\_ I refuse to sign this form.

**Note to Certified Provider:**

If consumer/representative refuses Notice or signature, acknowledge refusal by providing the following information:

Certified Provider Personnel's Name:

\_\_\_\_\_

Title:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Joint Notice of Privacy Practices & copy of Acknowledgement Form – Consumer  
Original Acknowledgement Form – Clinical Record