

## Attestation: CRISP DC Participant Notice of Privacy Practices (NPP) & NPP Acknowledgement

Pursuant to the CRISP [Policies and Procedures](#) and the District's "[HIE Rule](#)" ([Chapter 87, District of Columbia Health Information Exchange, of Title 29, DCMR,](#)) each Participant in CRISP must adequately educate patients on CRISP, including the ability to opt-out of CRISP and the opt-out process. Each Participant must ensure that the Participant's Notice of Privacy Practices are updated to facilitate this education process. We recommend the language below.

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### Suggested Update to Notice of Privacy Practices

We have chosen to participate in the Chesapeake Regional Information System for our Patients ("CRISP"), a regional health information exchange ("HIE") serving the District of Columbia. CRISP is also affiliated with and shares data with other HIEs, including those in Alaska, Connecticut, Maryland, and West Virginia. 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.crispdc.org](http://www.crispdc.org).

### Suggested Update to NPP Acknowledgement Page

We participate in the CRISP health information exchange ("HIE") to share your medical records with your other health care providers and for other limited reasons. You have rights to limit how your medical information is shared. We encourage you to read our Notice of Privacy Practices and find more information about CRISP medical record sharing policies at [www.crispdc.org](http://www.crispdc.org).

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By signing the below, I attest that we have updated our Notice of Privacy Practices in accordance with the above or in a way that substantially captures the relevant information presented above.

Participant Organization:

Signed:

Printed Name:

Title:

Email Address:

Date:

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<sup>1</sup>This document is not a comprehensive representation of the Participant's obligations to a consumer under federal and state laws and regulations. Participants should complete their own legal review for sufficiency.