



WTC HEALTH PROGRAM ONLINE APPLICATION SIGNATURE FORM

Instructions: Please read the information on this page and the included Program Notices carefully. Then, **print out this form, sign it by hand*, scan, and upload** to your online application when prompted.

Signing this page declares your intent to apply to the World Trade Center (WTC) Health Program and swears that you have answered questions honestly. This form **MUST** be signed by the WTC Health Program applicant or an individual with legal guardianship for the applicant. This signature form **MUST** be uploaded with your online application. **The WTC Health Program WILL NOT process your online application without this completed signature form.**

Important! Only the applicant or the applicant's legal guardian has the legal right to sign this form. A Designated Representative is **not** the same as a legal guardian and does **not** have legal authorization to sign this form. If this form is to be signed by an individual with legal guardianship for the applicant, the WTC Health Program **must** have a court order appointing guardianship on file. Submit the original or certified copy of the court order appointing guardianship in the Supporting Documentation section of the online application.

By my initials and signature, I attest that:

- _____
Initials 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. This information is also used to ensure that, if enrolled, my Program benefits and services are provided properly and that payments for Program services are processed correctly.
- _____
Initials I have answered the questions in this application form truthfully and believe I meet the eligibility criteria for the WTC Health Program.
- _____
Initials I acknowledge that I have read the information in the Program Notices (attached) that includes important information about Program benefits, services, regulations, and privacy.
- _____
Initials I understand that 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.
- _____
Initials I understand that I am required to obtain primary health insurance for both pharmacy and medical coverage and disclose my primary health insurance information to the Program before beginning treatment or follow-up monitoring.

PRINT NAME

DATE OF BIRTH (mm/dd/yyyy)

SIGNATURE

Please note: Application must be hand-signed. Electronic signatures are not accepted.

DATE

This completed form **MUST** be uploaded to your online application at the time of submission. It cannot be faxed or mailed separately. This is the only page that needs to be uploaded. Keep the attached Program Notices for your records.

***If you require a reasonable accommodation, need assistance submitting your application, or have any other Program-related questions, please call the WTC Health Program call center at 1-888-982-4748 or email WTC@cdc.gov.**

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).

Payment for Services

The WTC Health Program will cover the cost of medically necessary care from Program providers for certified WTC-related health conditions and coordinate payment with any other private or public healthcare plans (e.g., Medicare).

For Responders, the Program is the first payer for all monitoring and treatment, paying for all services received through the Program unless the Responder has an established workers' compensation case for the certified health condition(s). If there is an established workers' compensation case for the Responder's certified WTC-related condition, a workers' compensation fund will be the first payor. The WTC Health Program is required to reduce 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. For Responders who are being treated within the Program for work-related certified WTC-related health conditions and who do not receive workers' compensation for that condition, the WTC Health Program is the first payor.

For Survivors, the Program pays in full for the initial health evaluation and, if certified-eligible, annual monitoring exams. For treatment of a certified WTC-related health condition, the Program is the secondary payer. This means that the Program will bill the Survivor's private health insurance first, then any public health insurance (e.g., Medicare or Medicaid). Once other health insurance providers have paid, the Program pays any remaining amount. If a Survivor has a certified WTC-related health condition that is work-related and has a workers' compensation claim for the condition, the Program will pay initially and then seek recoupment from either the workers' compensation carrier or the settlement, where applicable.

The Program may share a member's protected health information and/or personally identifiable information (e.g., medical records) with these potential payers for reimbursement purposes. The WTC Health Program may also exchange protected health information and/or personally identifiable information with the Centers for Medicare and Medicaid Services and WTC Health Program contractors for payment purposes.

Please note: the WTC Health Program is **not** a substitute for personal health insurance. The WTC Health Program is a limited health care benefits program and only provides treatment for certified WTC-related health conditions. The WTC Health Program does not provide the full breadth of general health care and is not a substitute for visits to the member's own primary care physician or other healthcare provider.

Participation in the WTC Health Program does not prevent members from seeing their personal physician or obtaining any medical evaluation or treatment from any other provider at their own expense. 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 member's WTC Health Program provider and the WTC Health Program.

Patient Protection and Affordable Care Act

The Affordable Care Act (ACA), sometimes known as Obamacare, was effective on January 1, 2014. The ACA requires everyone to maintain minimum essential health care coverage, absent an approved exemption. The Zadroga Act requires that Program members meet the ACA requirements as of July 1, 2014.

The WTC Health Program may not pay for monitoring or treatment of any member, responder or survivor, unless the member has current personal health insurance that meets the minimum essential coverage requirement or falls under a limited exception. If you do not have insurance, WTC Health Program benefits counselors can help you find and apply for health insurance should you be enrolled.

I don't know if we want to keep the other ACA counselor information or not -- if we do, we need to make sure it is still current.

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 (except holidays); or
2. New York State ACA counselors can be reached at 1-855-355-5777 (TTY: 1-800-662-1220) Monday-Friday (8 a.m.-8 p.m. and Saturday 9 a.m.-1 p.m.); or
3. Find local help/agent-broker help on demand at localhelp.healthcare.gov

You can also get information on the Federal ACA website at www.healthcare.gov and on the New York State ACA website at nystateofhealth.ny.gov.

Applications

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

Terrorist Watch List

The Zadroga Act requires that the Administrator of the WTC Health Program determine whether a Program applicant is in the Terrorist Screening Database (commonly known as the "terrorist watch list") prior to enrollment. The Administrator of the WTC Health Program will consult with the Department of Justice to determine whether an applicant is on the terrorist watch list. Individuals determined to be on this list are not qualified for enrollment in the WTC Health Program. This also applies to Responders and Survivors who were eligible for treatment and benefits under prior WTC programs. More information on the terrorist watch list is available at www.fbi.gov/about/leadership-and-structure/national-security-branch/tsc.

Any disclosure of personally identifiable information to the Department of Justice will be limited to what is necessary to determine terrorist watch list status. 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

Members are entitled to appeal decisions made by the Administrator of the WTC Health Program (the Administrator) regarding enrollment, certification of health conditions, and provision of treatment and benefits. An individual or their designated representative may appeal the decision in writing within 120 days of the date on the enrollment decision letter. The appeal must state the reason(s) why the member believes the Administrator's decision is incorrect, among other requirements. Appeals of Program policy, regulations, or law are invalid appeals. Please note: Members are not entitled to appeal a determination by a Program provider that a condition does not satisfy certification criteria and a certification request will not be submitted.

Upon receiving a valid appeal request, the Administrator will designate a Federal Official who is independent of the Program to review the case and make a recommendation. The Federal Official may consider new information that was not previously submitted with the application and considered by the WTC Health Program. The Administrator will review the Federal Official's recommendation and make a final decision on the appeal.

The Administrator may reopen and reconsider a denial at any time. An appeal related to an enrollment denial based on information from the terrorist watch list will be delegated to the appropriate Federal agency.

September 11th Victim Compensation Fund

The September 11th Victim Compensation Fund (VCF) provides financial compensation to individuals (or a personal representative of a deceased individual) who were present at the World Trade Center or in the VCF's NYC Exposure Zone (www.vcf.gov/nyc-map-exposure-zone); the Pentagon crash site; or the Shanksville, Pennsylvania, crash site, at some point between September 11, 2001, and May 30, 2002, and who have been diagnosed with a 9/11-related physical illness. The VCF does not compensate for mental health conditions and does not distinguish between responders and survivors.

The VCF is administered by the Department of Justice and is a separate federal program under the Zadroga Act. Enrollment in the WTC Health Program does **not** automatically register you with the VCF. Please visit the VCF website for more information at www.vcf.gov or call 1-855-885-1555.

Responders or Survivors who have applied for benefits from the WTC Health Program may also apply for benefits from the VCF. The VCF requires applicants to sign an authorization form permitting the Department of Justice to share protected health information and/or personally identifiable information (including medical records) with other entities such as the WTC Health Program. Therefore, the WTC Health Program may disclose protected health information and/or personally identifiable information to the VCF if a VCF applicant is also a member of the WTC Health Program.

The VCF may also request information from the WTC Health Program related to a member's certified WTC-related health condition and treatment, 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. VCF compensation awards may be reduced by the cost of the treatment the individual receives or is entitled to receive, including through the WTC Health Program.

Clinical Centers of Excellence

The WTC Health Program contracts with Clinical Centers of Excellence (CCEs) to provide eligible members with initial health evaluations, monitoring, treatment, and other services. In compliance with the Zadroga Act, the CCEs also collect and report data, including data about medical claims, to the 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 data collected from the CCEs and the Nationwide Provider Network (NPN) to the WTC Health Program;
2. Develop initial health evaluation, monitoring, 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 NPN (see below);
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 a Nationwide Provider Network (NPN) to provide initial health evaluation, monitoring, treatment, and benefits to eligible members who reside in areas outside of the New York metropolitan area. These individuals may choose to receive WTC Health Program benefits from a CCE. NPN providers must meet qualifications established by Data Centers. Like the CCEs, the NPN collects and reports data, including data about claims, to the Data Centers.

Designated Representatives

Responders and Survivors may designate a person to act on their behalf and represent their administrative interests in the WTC Health Program. A designated representative may provide and obtain personal information regarding your application to the WTC Health Program, your benefits, and your membership in the Program. A designated representative can also make a request or give direction to the Program regarding your eligibility, certification, or any other administrative issue under the WTC Health Program, including appeals.

A designated representative can be any individual (not a group or firm) if their service as a designated representative does not violate any applicable provision of law. Members can only have one (1) designated representative at a given time. A parent or a legal guardian may act on behalf of a minor seeking monitoring or treatment services under the WTC Health Program.

By designating a representative, you are authorizing the WTC Health Program to disclose your personal information to the individual and authorizing that individual to serve as your representative in all matters pertaining to your membership in the WTC Health Program; and receive and/or provide information pertaining to your membership and participation in the WTC Health Program, including copies of factual and medical evidence contained in your records for the Program. However, this person may not make medical care (e.g., treatment) decisions on your behalf.

Please note: Any requirement of the WTC Health Program to notify you in writing is fully satisfied if sent to the designated representative. The WTC Health Program does not generally accept Powers of Attorney for administrative matters. This includes signing and/or submitting an application on an individual's behalf, signing Designated Representative forms on an individual's behalf, and otherwise interacting with the WTC Health Program on an individual's behalf.

To designate a representative, a member must fill out and submit a Designated Representative form and a Designated Representative HIPAA Authorization form to the Program. More information and the forms are available at www.cdc.gov/wtc/designated_representative.html or by calling 1-888-982-4748.

Disruptive and Abusive Behavior

The WTC Health Program believes that all individuals have a right to a safe working environment. Disruptive or abusive behavior by a WTC Health Program applicant or member at or directed towards a facility or personnel affiliated with the Program (e.g., a CCE, the NPN, providers, or staff) will not be tolerated.

These types of behavior include, but are not limited to, acts of violence or threats against staff or other patients (including verbal or physical abuse), rude or vulgar language (including cursing or shouting), throwing and striking objects, harassing or stalking, concealing or using a weapon, and engaging in criminal behavior.

Depending on the particular circumstances, members who engage in such behaviors may have their care suspended by their CCE or NPN provider, be required to sign a behavioral agreement outlining what will be expected of them in order to receive care from their provider, be required to transfer to another CCE or NPN provider, or be subject to other appropriate actions, including involvement of law enforcement authorities as necessary.

The Program strives to provide high-quality, compassionate care for members' WTC-related health needs. Disruptive or abusive behavior, however, may impact the Program's ability to provide benefits in a timely manner.

Penalties

If a Responder or Survivor knowingly and willfully provides false information to the WTC Health Program, including on the application for enrollment, they 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). Links to the statute and federal regulations are available at www.cdc.gov/wtc/laws.html.

Updated December 2021

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 World Trade Center (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. Department of Justice (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 September 11th 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. National Institute for Occupational Safety and Health (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: <https://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 Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the World Trade Center (WTC) Health Program 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 is held, used, and disclosed by the WTC Health Program.

How Do We Use and Share Your Personal Health Information?

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

- To you, someone you name to receive your personal health information, or someone who has the legal right to act for you (the WTC Health Program will make sure that the person has the proper authority before taking any action);
- To the Secretary of the Department of Health and Human Services (HHS), if necessary, to make sure your privacy is protected and that the HIPAA requirements are being followed; and
- Where required by law.

How Else Do We Use and Share Your Personal Health Information?

The WTC Health Program may use and share your personal health information to provide you with treatment, to pay for your health care, and to operate the WTC Health Program. For example, the WTC Health Program may use or share your personal health information in the following ways:

- The WTC Health Program will collect and use your personal health information to decide if you meet the necessary requirements for coverage of your health condition(s) under the WTC Health Program. Conditions which meet these requirements are then “certified” by the WTC Health Program.
- The WTC Health Program will collect and use your personal health information to determine your diagnosis and any medically necessary treatment for your “certified” health conditions.
- The WTC Health Program will disclose your personal health information to the Centers for Medicare and Medicaid Services (CMS) Office of Financial Management to pay providers for eligible health care services you received.
- The WTC Health Program will review and use your personal health information to make sure you are receiving quality healthcare.

Under limited circumstances, the WTC Health Program may use or share your personal health information for the following purposes:

- 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 conducted by public health authorities (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 to a government authority about victims of abuse, neglect, or domestic violence;
- To report information about deceased individuals to a coroner, medical examiner, or funeral director;
- To organ procurement organizations for organ or tissue donation and transplantation purposes;
- For research purposes under certain conditions;
- For workers’ compensation purposes; or
- To contact you about new or changed coverage under the WTC Health Program.

What Are Your Rights When It Comes To Your Personal Health Information?

When it comes to your personal health information, you have certain rights. By law, you have the right to:

- **Receive a paper copy of this privacy notice.** You can ask for a paper copy of this notice even if you have already received an electronic copy (for example, by email). We will provide you with a paper copy promptly upon request.
- **Receive a list that shows with whom we have shared your personal health information.** You can ask for a list (accounting) of the times we have shared your personal health information for six years prior to the date you ask. The list shows whom we shared it with, when, and why. The list does not include information about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We will provide one free accounting a year but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Receive a 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. You can contact us by using the information included in the last page of this notice. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee to send your health and claims records.
- **Ask us to change (“amend”) your personal health information.** You can request to change your records if you believe that your personal health information is wrong or that information is missing. **Please note** that we may deny your request to change your personal health information if we believe the information in your records is accurate and complete. If your request is denied, we will provide you with a written explanation of the denial within 60 days of the date we received your request. You may have a statement added to your personal health records to reflect your disagreement.
- **Request confidential communications.** You may request that we communicate your personal health information in a private (“confidential”) way. You may ask that we contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- **Ask us to limit how we use and share your personal health information.** You can ask us not to use or share certain health information. We are not required to agree to the limits you request, except under certain circumstances.
- **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 personal health information. We will make sure the person has this authority and can act for you before we take any action.
- **Receive breach notification.** You can expect to be informed of and receive notification if a breach occurs that may have compromised the privacy or security of your information.

When Do We Require Your Written Permission?

By law, the WTC Health Program must have your written permission (authorization) to use or share 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 in cases where the WTC Health Program has already acted on your permission. If you take back your written permission, please provide that to the WTC Health Program in writing.

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

What Are the Responsibilities of the WTC Health Program?

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 the information that we have about you. If we make any significant changes to this notice, a copy of the revised notice will be made electronically available on the WTC Health Program website and you will receive the new notice by mail or email within 60 days. You may also request to receive a copy of the notice at any time.

How Can You 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 a customer service representative about the WTC Health Program’s HIPAA privacy notice. To view an electronic copy of the WTC Health Program’s HIPAA privacy notice, you can visit the WTC Health Program’s website at www.cdc.gov/wtc/privacy.html.

How Can You 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 HHS 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/. TTY users should call 1-800-537-7697.

This Notice of Privacy Practices for the WTC Health Program is effective September 23, 2020.