



# WORLD TRADE CENTER HEALTH PROGRAM

## Application for Enrollment: **WTC General Responder**

Form Approved  
OMB No. 0920-0891  
Exp. Date 05/31/2028

**This application is for enrollment in the World Trade Center (WTC) Health Program as a WTC General Responder.** A WTC General Responder is a worker or volunteer who provided rescue, recovery, debris cleanup, or related support services in certain locations in the aftermath of the September 11, 2001 attacks on the WTC (for those not affiliated with the Fire Department of the City of New York. Individuals affiliated with FDNY should complete the FDNY Responder application).

If you have questions, call the WTC Health Program at 1-888-982-4748 or visit [www.cdc.gov/wtc](http://www.cdc.gov/wtc). To apply online, visit <https://oasis.cdc.gov/>. **If you have previously applied do not submit a new application** and call 1-888-982-4748 about your previous application status. **Note:** Enrollment in the WTC Health Program does not enroll you in other 9/11 assistance programs such as the September 11th Victim Compensation Fund.

**Instructions:** Please provide the following information to begin the eligibility determination process. Type or print clearly. When marking a checkbox, use "✓" or "x". Incomplete or inadequate information could result in a delay processing your application.

### Personal Information

Today's Date (mm/dd/yyyy) \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix (Jr., II, III, etc.) \_\_\_\_\_

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

Mailing Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

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

Preferred Phone Number ((xxx)xxx-xxxx) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Secondary Phone Number ((xxx)xxx-xxxx) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Email Address \_\_\_\_\_

Sex at Birth: ☐ Male ☐ Female

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Place of Birth (City/State/Country) \_\_\_\_\_

If you have ever gone by other names (e.g., *maiden name*, *nickname*) please list them below with last, first, and middle name, as applicable. Note: you may be asked to provide proof of a legal name change (e.g., *marriage certificate*).

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

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).

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## 9/11 Experience

Please answer the following questions about your WTC rescue, recovery, debris cleanup, or related support services experience on and after September 11, 2001 through July 31, 2002.

### Activities and Locations

**“Ground Zero”** means a site in Lower Manhattan bounded by Vesey Street to the north, the West Side Highway to the west, Liberty Street to the south, and Church Street to the east in which stood the former World Trade Center complex.

**“Staten Island Landfill”** means the landfill in Staten Island, NY, called “Fresh Kills.” **“Certain barge loading piers”** includes Pier 6, Pier 25, 59th Street Disposal, and Hamilton Marine Transfer Station.

**Check all the boxes below that apply to your response work on or after September 11, 2001:**

- ☐ **I worked or volunteered onsite** in rescue, recovery, debris cleanup, or related support services in the following locations (*choose all that apply*):
- ☐ Lower Manhattan (south of Canal Street)      ☐ Staten Island Landfill
- ☐ Ground Zero      ☐ Certain barge loading piers
- ☐ **I was a member of the New York City Police Department (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)      ☐ Staten Island Landfill
- ☐ Ground Zero      ☐ Certain barge loading piers
- ☐ **I was an employee of the Office of 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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Please briefly describe your work duties performed on or after September 11, 2001. Include the location(s) where these duties were performed. This information will help the WTC Health Program better understand your experience and evaluate your supporting documentation. **Note:** This description does not replace the need for supporting documentation.

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## HOURS AND TIME PERIOD

### September 2001 – Daily Hours

To the best of your ability, fill in the **number of hours each day** during the month of September 2001 that you worked or volunteered at a WTC-related site:

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

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**October 2001 through December 2001 – Weekly Hours**

To the best of your ability, fill in the **number of total hours each week** from October 2001 through December 2001 that you worked or volunteered at any of the WTC-related sites:

							Total Hours Per Week
<b>October 2001</b>							
S	M	T	W	T	F	S	October 1st to October 6th →
	1	2	3	4	5	6	October 7th to October 13th →
7	8	9	10	11	12	13	October 14th to October 20th →
14	15	16	17	18	19	20	October 21st to October 27th →
21	22	23	24	25	26	27	October 28th to November 3rd →
28	29	30	31				
<b>November 2001</b>							
S	M	T	W	T	F	S	November 4th to November 10th →
				1	2	3	November 11th to November 17th →
4	5	6	7	8	9	10	November 18th to November 24th →
11	12	13	14	15	16	17	November 25th to December 1st →
18	19	20	21	22	23	24	
25	26	27	28	29	30		
<b>December 2001</b>							
S	M	T	W	T	F	S	December 2nd to December 8th →
						1	December 9th to December 15th →
2	3	4	5	6	7	8	December 16th to December 22nd →
9	10	11	12	13	14	15	December 23rd to December 29th →
16	17	18	19	20	21	22	December 30th and 31st →
23	24	25	26	27	28	29	
30	31						

**January 2002 through July 2002 – Monthly Hours**

Fill in the **number of total hours each month** from January 2002 through July 2002 that you worked or volunteered at any of the WTC-related sites:

														Total Hours Per Month	
<b>January 2002</b>															
S	M	T	W	T	F	S								January 2002 →	
	1	2	3	4	5									February 2002 →	
6	7	8	9	10	11	12	3	4	5	6	7	8	9	March 2002 →	
13	14	15	16	17	18	19	10	11	12	13	14	15	16	April 2002 →	
20	21	22	23	24	25	26	17	18	19	20	21	22	23	May 2002 →	
27	28	29	30	31			24	25	26	27	28	29	30	June 2002 →	
<b>February 2002</b>															
S	M	T	W	T	F	S								July 2002 →	
							1	2							
3	4	5	6	7	8	9	10	11	12	13	14	15	16		
17	18	19	20	21	22	23	17	18	19	20	21	22	23		
24	25	26	27	28			24	25	26	27	28	29	30		
<b>March 2002</b>															
S	M	T	W	T	F	S									
	1	2						1	2						
3	4	5	6	7	8	9	10	11	12	13	14	15	16		
17	18	19	20	21	22	23	17	18	19	20	21	22	23		
24	25	26	27	28	29	30	24	25	26	27	28	29	30		
<b>April 2002</b>															
S	M	T	W	T	F	S									
	1	2	3	4	5	6									
7	8	9	10	11	12	13	5	6	7	8	9	10	11		
14	15	16	17	18	19	20	12	13	14	15	16	17	18		
21	22	23	24	25	26	27	19	20	21	22	23	24	25		
28	29	30					26	27	28	29	30	31			
<b>May 2002</b>															
S	M	T	W	T	F	S									
							1	2	3	4					
5	6	7	8	9	10	11	5	6	7	8	9	10	11		
12	13	14	15	16	17	18	12	13	14	15	16	17	18		
19	20	21	22	23	24	25	19	20	21	22	23	24	25		
26	27	28	29	30	31		26	27	28	29	30	31			
<b>June 2002</b>															
S	M	T	W	T	F	S									
2	3	4	5	6	7	8	2	3	4	5	6	7	8		
9	10	11	12	13	14	15	9	10	11	12	13	14	15		
16	17	18	19	20	21	22	16	17	18	19	20	21	22		
23	24	25	26	27	28	29	23	24	25	26	27	28	29		
<b>July 2002</b>															
S	M	T	W	T	F	S									
	1	2	3	4	5	6									
7	8	9	10	11	12	13	7	8	9	10	11	12	13		
14	15	16	17	18	19	20	14	15	16	17	18	19	20		
21	22	23	24	25	26	27	21	22	23	24	25	26	27		
28	29	30	31				28	29	30	31					

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## Workers' Compensation Information

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**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 yes, in what state was your claim filed and when? \_\_\_\_\_

**Please note:** Workers' Compensation information is not used to determine your eligibility for the WTC Health Program. It is needed for the administrative purposes of coordinating payments if you are enrolled. The Program is required by law to coordinate payment with your workers' compensation carrier or recoup money from a workers' compensation settlement, if applicable. More information on this process is available at [www.cdc.gov/wtc/handbook.html#coverage](http://www.cdc.gov/wtc/handbook.html#coverage). You will also be asked periodically to update this information as a member.

## Required Supporting Documentation

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**You must submit copies of supporting documentation with your application.** Your supporting documentation must show that you satisfy the eligibility requirements for a WTC General Responder by showing the address and/or street name of where you worked (location), the type of work you performed (activity) at each location, the time period you worked at each location, and how many hours per day you worked at each location.

**Documentation may include, but is not limited to:**

- **Letter from your employer or union** stating your activities, location, days, and hours performing WTC-related activities on or after September 11, 2001.
- **Police memo book** (including a copy of the cover page) that shows the days, times, and hours worked at a WTC-related site(s).
- **Timesheet or overtime report** that shows the day, hours, and street names of where you worked.
- **Awards or letters** that commend your 9/11 activities if it includes dates and locations of work and duties performed.
- **Letter from the Workers' Compensation Board** for your WTC-related work if it includes dates and locations of work and duties performed.

You may need to submit multiple documents to show your name, activity, location, time period, and how many hours per day you worked at each location on or after September 11, 2001. You must submit a document to show your official name change if the last name on your application does not match the last name supplied in your supporting documentation.

If you cannot find official supporting documentation or it doesn't provide all necessary details, you can do one of the following:

- Submit a signed, written statement by an employer, co-worker, or other individual that indicates the type of work you performed, location(s) where you worked (with address or street name), time period you worked at each location, and hours worked per day, **or**
- Provide a signed statement written by yourself attesting, under penalty of perjury, to the details of your 9/11-related work, location, and time period. Your personal letter must also include details about what you did to try to get copies of your documentation **and** why you are not able to provide any.

**Please note: Submitting an application without supporting documentation will delay your enrollment decision.** If you have questions, please call 1-888-982-4748 or visit [www.cdc.gov/wtc/documentation.html](http://www.cdc.gov/wtc/documentation.html).

## Additional Information

### Government Identification Number

We ask that you provide **one (1)** of the following:

Social Security Number \_\_\_\_\_

State ID/Driver's License Number and Issuing State \_\_\_\_\_

Passport Number and Issuing Country \_\_\_\_\_

Other (include type of ID) \_\_\_\_\_

☐ I prefer not to provide a Government Identification Number (Selecting this option will not affect your enrollment decision)

### Organization Affiliations

Please list any professional organizations, associations, or unions you were a member of on 9/11 or the time after. For a union, provide the local number, if any. Providing this information is voluntary. This information may help determine what types of supplemental documentation might be available to support your application.

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### Health Insurance

The James Zadroga 9/11 Health and Compensation Act of 2010 (Zadroga Act), as amended, requires that all members of the WTC Health Program have primary health insurance, including pharmacy and medical coverage, unless a limited exception applies.

The WTC Health Program does **not** replace your primary health insurance. Please provide information on your primary health insurance. You will be required to present your insurance card after enrollment in the Program. Although your health insurance status will **not** affect your enrollment in the WTC Health Program, if you do not obtain primary health insurance, it will impact the Program's ability to **pay** for your monitoring and treatment.

Do you have primary health insurance? ☐ Yes ☐ No

If yes, is the insurance private or public?

☐ Private (e.g., through employer) ☐ Public (e.g., Medicare) ☐ Both (e.g., Medicare w/ private supplement)

Name of insurance plan/program name \_\_\_\_\_

Are you the primary policyholder? ☐ Yes ☐ No

If you are not the primary policy holder, please provide the policyholder's name \_\_\_\_\_

Member ID number \_\_\_\_\_ Group number \_\_\_\_\_

Coverage start date \_\_\_\_\_ Does your insurance include pharmacy benefits? ☐ Yes ☐ No

**Note:** If you do not have insurance, WTC Health Program benefits counselors or case managers can help you find and apply for health insurance should you be enrolled.

### Communications

How did you hear about the WTC Health Program (check all that apply)?

☐ TV/Radio/Print Ad ☐ Online ☐ Social Media ☐ Work ☐ Labor Union ☐ Friend

☐ WTC Health Registry ☐ Law Firm ☐ VCF ☐ Outreach Partner \_\_\_\_\_

☐ Other \_\_\_\_\_

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## Declaration and Signature

Read the declaration below carefully, then initial and sign in the spaces provided.

### 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 a WTC Responder in 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 receiving any treatment or follow-up monitoring.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE *(Electronic signatures are not accepted.)*

\_\_\_\_\_  
DATE

**Your application and supporting documentation may be faxed to 1-877-646-5308 or mailed to:**

#### U.S. Postal Mail:

WTC Health Program  
P.O. Box 7000  
Rensselaer, NY 12144

#### Shipping Service or Certified Mail:

WTC Health Program  
327 Columbia Turnpike  
Rensselaer, NY 12144

**Please note:** Applications cannot be submitted by email. Save a copy of your completed application for your records. It is also recommended that you bring the copy of your application to your first appointment.

If you need assistance with submitting your application or have any other Program-related questions, please call the WTC Health Program at 1-888-982-4748. Program Notices referenced above are also available at [www.cdc.gov/wtc](http://www.cdc.gov/wtc).

### What happens next?

After submitting your application, the WTC Health Program will:

- Mail you a letter confirming receipt of your application within 30 days of receipt of your application.
- Contact you by phone or mail if additional information or documentation is needed.
- Review your application details and determine your eligibility based on the information provided.

Once all necessary information is received and reviewed, the Program will make a decision about your eligibility and notify you by mail. If you are enrolled, your decision letter will include information on the Clinical Centers of Excellence or Nationwide Provider Network available to you.

If you do not receive a letter confirming receipt of your application within 30 days of submission, please call 1-888-982-4748.

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# Notices Regarding WTC Health Program Requirements

## WTC Health Program Requirements, Services, and Benefits

Services provided under the World Trade Center (WTC) Health Program, a limited health care benefits program, include the following:

Enrolled Screening-Eligible Survivors receive:

- A one-time initial health evaluation
  - If the initial health evaluation does not result in a certified condition and a survivor wants an additional health evaluation in the future for a new condition possibly WTC-related, they may pay out of pocket or use primary health insurance to pay for an evaluation by a WTC Health Program doctor in the future.

**Enrolled Responders and Certified-Eligible Survivors** (Survivors with a certified WTC-related health condition) receive:

- Annual monitoring exams,
- Medical and mental health treatment for certified WTC-related health conditions, and
- Benefits counseling services.

Cancer screening is available to all WTC Health Program members (except FDNY family members) who meet the age and risk guidelines of the U.S. Preventive Services Task Force.

Services are provided through Clinical Centers of Excellence (CCEs) in the New York metropolitan area or through the Nationwide Provider Network (NPN). The Administrator of the WTC Health Program, designated as the Director of the National Institute for Occupational Safety and Health (NIOSH), determines eligibility for enrollment and certifies an enrolled member's condition for treatment.

## WTC-Related Health Conditions

The James Zadroga 9/11 Health and Compensation Act of 2010 (Zadroga Act), which established the WTC Health Program, designated the original List of WTC-Related Health Conditions (the List) covered for treatment (sections 3312(a)(3) and 3322(b) of the Public Health Service Act). Additional health conditions may be added to the List by the Administrator of the WTC Health Program through rulemaking. More information on covered conditions is available at [www.cdc.gov/wtc/conditions.html](http://www.cdc.gov/wtc/conditions.html).

## Monitoring and Treatment

The WTC Health Program provides annual medical monitoring for enrolled Responders. Survivors receive annual medical monitoring if certified with a WTC-related health condition(s), referred to as a Certified-Eligible Survivor. Medical monitoring is intended to detect symptoms and illnesses that may be WTC-related, and include a physical exam, breathing tests, mental health assessment, exposure assessment, routine blood and urine tests that do not include drug or HIV testing, and referral for treatment if necessary. Eligible Responders and Certified-Eligible Survivors, including those eligible under prior programs, will receive these monitoring benefits and treatment that is medically necessary for both certified WTC-related health conditions and certain medically related conditions.

If a WTC Health Program doctor determines a member has a WTC-related health condition based on the initial health evaluation or medical monitoring examination, the Administrator of the WTC Health Program must first certify the condition for coverage and approve the treatment provided. Covered treatment is available for certified WTC-related health conditions and certain health conditions medically associated with a certified WTC-related health condition. Treatment for a certified WTC-related health condition must be provided by a WTC Health Program-affiliated provider.

These services and benefits are voluntary for members. Members 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 for certified 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.



## 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.

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](http://localhelp.healthcare.gov)

You can also get information on the Federal ACA website at [www.healthcare.gov](http://www.healthcare.gov) and on the New York State ACA website at [nystateofhealth.ny.gov](http://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](http://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](http://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](http://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](http://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](http://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](http://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/](http://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.