

Your Information. Your Rights. Our Responsibilities.

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.**

Your rights

You have the right to:

- Get a copy of your health and claims records
- Ask us to correct your medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information on these rights and how to exercise them.

Your choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Share information in a disaster relief situation
- Disclose mental health information to another health care provider who also provides services to you, as long as that provider notifies you of such disclosure during your registration with him or her. You may also request that we do not disclose your mental health information.
- Communicate through mobile and digital technologies
- Market our services and sell your information

See page 3 for more information on these rights and how to exercise them.

Our uses and disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Coordinate your care among various health care providers
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See pages 3, 4, and 5 for more information on these uses and disclosures.

<p>Get a copy of your health and claims records</p>	<ul style="list-style-type: none"> You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. 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.
<p>Ask us to correct health and claims records</p>	<ul style="list-style-type: none"> You can ask us to correct your health and claims records if you think they are incorrect or incomplete Ask us how to do this We may say “no” to your request, but we’ll tell you why in writing within 60 days
<p>Request confidential communications</p>	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations <ul style="list-style-type: none"> We are not required to agree to your request, and we may say “no” if it would affect your care
<p>Get a list of those with whom we’ve shared information</p>	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> 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 health information We will make sure the person has this authority and can act for you before we take any action
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting us at 1-800-408-7511 You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ We will not retaliate against you for filing a complaint



Your choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow reasonable instructions.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in payment for your care • Share information in a disaster relief situation • Share information with you through mobile and digital technologies (such as sending information to your email address or to your cell phone by text message or through a mobile app) • Not share your mental health information with your health care provider <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information with others (such as to your family or to a disaster relief organization) if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. However, we will not use mobile and digital technologies to send you health information unless you agree to let us do so.</p> <p>The use of mobile and digital technologies (such as text message, email, or mobile app) has a number of risks that you should consider. Text messages and emails may be read by a third party if your mobile or digital device is stolen, hacked, or unsecured. Message and data rates may apply.</p>
<p>In these cases we never share your information unless you give us written permission:</p>	<ul style="list-style-type: none"> • Marketing purposes • Sale of your information



Our uses and disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

<p>Help manage the health care treatment you receive</p>	<p>We can use your health information and share it with professionals who are treating you.</p>	<p>Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</p>
<p>Run our organization</p>	<p>We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.</p>	<p>Example: We use health information about you to develop better services for you.</p>
<p>Pay for your health services</p>	<p>We can use and disclose your health information as we pay for your health services.</p>	<p>Example: We share information about you to coordinate payment for your health services.</p>

<p>Administer your plan</p>	<p>We may disclose your health plan information for plan administration.</p>	<p>Example: We share health information with others who we contract with for administrative services.</p>
<p>Coordinate your care among various health care providers</p>	<p>Our contracts with various programs require that we participate in certain electronic health information networks (HINs) and/or health information exchanges (HIEs) so that we are able to more efficiently coordinate the care you are receiving from various health care providers.</p> <p>If you are enrolled or enrolling in a government-sponsored program, such as Medicaid or Medicare, please review the information provided to you by that program to determine your rights with respect to participating in an HIN or HIE.</p>	<p>Example: We share health information through an HIN or HIE to provide timely information to providers rendering services to you.</p>

How else can we use or share your health information? We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

<p>Help with public health and safety issues</p>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
<p>Do research</p>	<ul style="list-style-type: none"> • We can use or share your information for health research
<p>Comply with the law</p>	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law
<p>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</p>	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations • We can share health information with a coroner, medical examiner, or funeral director when an individual dies

<p>Address workers' compensation, law enforcement, and other government requests</p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
<p>Respond to lawsuits and legal actions</p>	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order or in response to a subpoena
<p>Additional restrictions on use and disclosure</p>	<ul style="list-style-type: none"> • Certain federal and state laws may require greater privacy protections. Where applicable, we will follow more stringent federal and state privacy laws that relate to uses and disclosures of health information concerning HIV/AIDS, cancer, mental health, alcohol and/or substance use, genetic testing, sexually transmitted diseases, and reproductive health.

Our responsibilities

AmeriHealth Caritas District of Columbia takes our members' right to privacy seriously. To provide you with your benefits, AmeriHealth Caritas District of Columbia creates and/or receives personal information about your health. This information comes from you, your doctors, hospitals, and other health care services providers. This information, called protected health information, can be oral, written, or electronic.

- We are required by law to maintain the privacy and security of your protected health information
- We are required by law to ensure that third parties who assist with your treatment, our payment of claims, or health care operations maintain the privacy and security of your protected health information in the same way that we protect your information
- We are also required by law to ensure that third parties who assist us with treatment, payment, and operations abide by the instructions outlined in our Business Associate Agreement
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website, and we will mail a copy to you.

Effective date of this notice: March 31, 2016

1120 Vermont Avenue, N.W., Suite 200
Washington, DC 20005

1-800-408-7511 or TTY **1-800-570-1190**

AmeriHealth Caritas District of Columbia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

 This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.  GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR 

5400ACDC-1522-61

If you need this information in English, contact Member Services by calling 202-408-4720 or 1-800-408-7511, 24 hours a day.

Si necesita esta información en español, comuníquese con Servicios al Miembro llamando al 202-408-4720 o 1-800-408-7511, las 24 horas del día.


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إذا احتجت إلى هذه المعلومات باللغة العربية، يرجى الاتصال بفريق خدمة الأعضاء على الرقم 202-408-4720 أو الرقم 1-800-408-7511، وذلك على مدار الساعة.

Si vous avez besoin de ces renseignements en français, veuillez contacter les Services aux membres en appelant au 202-408-4720 ou au 1-800-408-7511, 24 heures sur 24.

如果您需要用中文獲得此資訊，可每天 24 小時致電 202-408-4720 或 1-800-408-7511，聯絡會員服務部。

Se necessitar estas informações em Português, entre em contato com o Serviços para Associados ligando para 202-408-4720 ou 1-800-408-7511, 24 horas por dia.


AmeriHealth Caritas
District of Columbia
www.amerihealthcaritasdc.com

AmeriHealth Caritas District of Columbia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AmeriHealth Caritas District of Columbia does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas District of Columbia:

- Provides free aids and services for people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free (no-cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact AmeriHealth Caritas District of Columbia at **1-800-408-7511** (TTY/TDD **202-216-9885** or **1-800-570-1190**). We are available 24 hours a day.

If you believe that AmeriHealth Caritas District of Columbia has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Member Services in the following ways:

- By phone at **202-842-2810** or toll-free at **1-866-842-2810**
- In writing by fax at **202-408-8682**
- By mail at AmeriHealth Caritas District of Columbia, Member Services Grievance Department, 200 Stevens Drive, Philadelphia, PA 19113

If you need help filing a grievance, AmeriHealth Caritas District of Columbia Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

1-800-368-1019 (TTY/TDD **1-800-537-7697**)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call 1-800-408-7511 (TTY/TDD: 202-216-9885 or 1-800-570-1190).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-408-7511 (TTY/TDD: 202-216-9885 o 1-800-570-1190).

Amharic: ማሳሰቢያ: አማርኛ መናገር የሚችሉ ከሆነ፣ ከክፍያ ነጻ የሆነ የቋንቋ ድጋፍ አገልግሎት ይቀርብልዎታል። በስልክ ቁጥር 1-800-408-7511 (TTY/TDD: 202-216-9885 ወይም 1-800-570-1190) ይደውሉ

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-408-7511 (رقم هاتف الصم والبكم TTY/TDD: 202-216-9885 أو 1-800-570-1190).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique sont à votre disposition sans frais. Appelez le 1-800-408-7511 (ATS/ATME : 202-216-9885 ou 1-800-570-1190).

Chinese Mandarin: 注意: 如果您说中文普通话/国语, 我们可为您提供免费语言援助服务。请致电: 1-800-408-7511 (TTY/TDD: 202-216-9885 或1-800-570-1190)。

Portuguese: ATENÇÃO: Se você fala português, estão disponíveis para você serviços de assistência linguística, sem nenhum custo. Ligue para 1-800-408-7511 (TTY/TDD: 202-216-9885 ou 1-800-570-1190).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-408-7511 (TTY/TDD: 202-216-9885 o 1-800-570-1190).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-408-7511 (TTY/TDD: 202-216-9885 или 1-800-570-1190).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-408-7511 (TTY/TDD: 202-216-9885 o 1-800-570-1190).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-408-7511 (TTY/TDD: 202-216-9885 hoặc 1-800-570-1190).

Japanese: 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-408-7511 (TTY/TDD: 202-216-9885又は1-800-570-1190)。まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-408-7511 (TTY/TDD: 202-216-9885 혹은1-800-570-1190). 번으로 전화해 주십시오.

Yoruba: ÀKÍYÈSÌ: Bí o bá nṣọ Yorùbá, àwọn iṣẹ iranlọwọ èdè wà fún ọ l'ọ̀ፊẹ́. Pe 1-800-408-7511 (TTY/TDD: 202-216-9885 tàbí 1-800-570-1190).

Thai: โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการผู้ช่วยด้านภาษา โดยไม่มีค่าใช้จ่าย กรุณาติดต่อที่หมายเลข 1-800-408-7511 (TTY/TDD: 202-216-9885 หรือ 1-800-570-1190).

German: ACHTUNG: Wenn Sie Deutsch sprechen, ist Sprachunterstützung für Sie kostenlos verfügbar. Rufen Sie 1-800-408-7511 (TTY/TDD: 202-216-9885 oder 1-800-570-1190).

