AmeriHealth Caritas District of Columbia
HEALTHY DC PLAN

1201 Maine Ave. SW
Suite 1000, 10th Floor
Washington, DC 20024
844-214-2470 (TTY 711)

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.

Your rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records	• 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.
Ask us to correct health and claims records	• 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
Request confidential communications	• 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
Ask us to limit what we use or share	• You can ask us not to use or share certain health information for treatment, payment, or our operations – We are not required to agree to your request, and we may say "no" if it would affect your care
Get a list of those with whom we've shared information	• 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.
Get a copy of this privacy notice	• 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.
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 health information • We will make sure the person has this authority and can act for you before we take any action
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us at **844-214-2470 (TTY 711)** • 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.

In these cases, you have both the right and choice to tell us to:	• 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 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. 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.
In these cases we never share your information unless you give us written permission:	• Marketing purposes • Sale of your information • Psychotherapy notes

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.

Help manage the health care treatment you receive	We can use your health information and share it with professionals who are treating you.	**Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	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.	**Example:** We use health information about you to develop better services for you.
Pay for your health services	We can use and disclose your health information as we pay for your health services.	**Example:** We share information about you to coordinate payment for your health services.
Administer your plan	We may disclose your health plan information for plan administration.	**Example:** We share health information with others who we contract with for administrative services.

Coordinate your care among various health care providers	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. 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.	**Example:** We share health information through an HIN or HIE to provide timely information to providers rendering services to you.

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.**

Help with public health and safety issues	We can share health information about you for certain situations such as: • 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
Do research	• We can use or share your information for health research
Comply with the law	• 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
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	• 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
Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: • 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

Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order or in response to a subpoena
Additional restrictions on use and disclosure	• 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 enrollees' 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: November 1, 2025

1201 Maine Ave. SW
Suite 1000, 10th Floor
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844-214-2470 (TTY 711)

AmeriHealth Caritas
District of Columbia

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, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). AmeriHealth Caritas District of Columbia does not exclude people or treat them less favorably 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 **1-844-214-2470 (TTY 711)**. We are available 8 a.m. – 6 p.m., Monday – Friday.

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 Enrollee Services in the following ways:

- By phone at **1-844-214-2470 (TTY 711)**
- In writing by fax at **202-408-8682**
- By mail at AmeriHealth Caritas District of Columbia, Enrollee Services Grievance Department, 200 Stevens Drive, Philadelphia, PA 19113

If you need help filing a grievance, AmeriHealth Caritas District of Columbia Enrollee 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: If you do not speak and/or read English, please call **1-844-214-2470 (TTY 711)**, available 8 a.m. — 6 p.m., Monday — Friday. A representative will assist you.

Español: Si no habla o lee inglés, llame al **1-844-214-2470 (TTY: 711)**, disponible de 8 a.m. a 6 p.m., de lunes a viernes. Un representante le ayudará.

Tiếng Việt: Nếu bạn không nói và/hoặc đọc được tiếng Anh, vui lòng gọi số **1-844-214-2470 (TTY 711)**, từ 8 giờ sáng đến 6 giờ chiều, Thứ Hai đến Thứ Sáu. Sẽ có người đại diện hỗ trợ quý vị.

한국어: 영어를 말하거나 읽지 못하시는 경우, 월요일부터 금요일, 오전 8시부터 오후 6시 사이에 **1-844-214-2470(TTY 711)**으로 전화해 주십시오. 담당자가 도와드릴 것입니다.

Français: Si vous ne parlez pas et/ou ne lisez pas l'anglais, veuillez appeler le **1-844-214-2470 (ATS 711)**, disponible de 8 h à 18 h, du lundi au vendredi. Un représentant pourra vous aider.

العربية: إذا كنت لا تتحدث و/أو لا تقرأ اللغة الإنجليزية، يُرجى الاتصال على الرقم **1-844-214-2470 (خدمة الاتصال النصي "TTY" 711)**، المتاحة من الساعة 8 صباحًا حتى 6 مساءً، من الاثنين إلى الجمعة. سيساعدك أحد الممثلين.

中文繁體： 如果您无法使用英语，请拨打 **1-844-214-2470 (TTY 711)**；服务时间：周一至周五上午 8 点至下午 6 点。客服代表将为您提供帮助。

Русский: Если вы не говорите и/или не читаете по-английски, позвоните по телефону **1-844-214-2470 (TTY 711)**, который работает с 8:00 до 18:00, с понедельника по пятницу. Представитель поможет вам

မြန်မာ - အကယ်၍ သင်သည် အင်္ဂလိပ်လို မပြောတတ်ပါက /သို့မဟုတ် မဖတ်တတ်ပါက၊ **1-844-214-2470 (TTY 711)** သို့ နံနက် **8** နာရီမှ ညနေ **6** နာရီအတွင်း တနလ်ာနေ့မှ သောကြာနေ့အထိ ခေါ်ဆိုနိုင်ပ်သည်။ ကိုယ်စားလှယ်တစ်ဦးက ကူညီပေးပါမည်။

中文廣東話：如果您無法使用英語，請撥打 **1-844-214-2470 (TTY 711)** ；服務時間：週一至週五上午 8 點至下午 6 點。客服代表將為您提供協助

فارسی: اگر به زبان انگلیسی صحبت نمی‌کنید و/یا نمی‌خوانید، لطفا با شماره **1-844-214-2470 (TTY 711)** تماس بگیرید که از ساعت 8 صبح تا 6 بعد از ظهر، دوشنبه تا جمعه در دسترس است. یک نماینده به شما کمک خواهد کرد

Polski: Jeśli nie mówisz i/lub nie czytasz po angielsku, zadzwoń pod numer **1-844-214-2470 (TTY 711)**, dostępny od 8:00 do 18:00, od poniedziałku do piątku. Przedstawiciel Ci pomoże

Portuguese: Se você não fala e/ou não lê em inglês, ligue para **1-844-214-2470 (TTY 711)**, com atendimento disponível das 08h00 às 18h00, de segunda a sexta-feira. Um integrante da equipe poderá ajudar você

ਪੰਜਾਬੀ: ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲ ਅਤੇ/ਜਾਂ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ **1-844-214-2470 (TTY 711)** 'ਤੇ ਕਾਲ ਕਰੋ, ਜੋ ਕਿ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 6 ਵਜੇ ਤੱਕ, ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਤੱਕ ਉਪਲਬਧ ਹੈ। ਇੱਕ ਪ੍ਰਤੀਨਿਧੀ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ

Kreyòl Ayisyen: Si ou pa pale ak/oswa li anglè, tanpri rele **1-844-214-2470 (TTY 711)**, ki disponib apati 8 è nan maten pou rive 6 è nan aswè, lendi jiska vandredi. Yon reprezantan ap asiste ou

हिंदी: अगर आप अंग्रेज़ी बोल और/या पढ़ नहीं सकते, तो कृपया **1-844-214-2470 (TTY 711)** पर कॉल करें, यह फ़ोन सोमवार से शुक्रवार, सुबह 8 बजे से शाम 6 बजे तक उपलब्ध है। एक प्रतिनिधि आपकी सहायता करेगा

Soomaali: Haddii aadan ku hadlin ama akhrin Ingiriisi, fadlan wac **1-844-214-2470 (TTY 711)**, waxaana lagugu caawin karaa Isniinta ilaa Jimcaha, 8 subaxnimo – 6 fiidnimo. Wakiil ayaa ku caawin doona

Hmoob: Yog koj tsis paub hais thiab/los sis tsis paub nyeem Lus Askiv, ces thov hu rau **1-844-214-2470 (TTY 711)**, txij 8 teev sawv ntxov – 6 teev tsaus ntuj, Hnub Monday – Hnub Friday. Yuav muaj ib tug neeg sawv cev los pab koj

Italiano: Se non parli e/o non leggi l'inglese, chiama il numero **1-844-214-2470 (TTY 711)**, disponibile dalle 8:00 alle 18:00, dal lunedì al venerdì. Un rappresentante ti assisterà

Tagalog: Kung hindi ka nagsasalita at/o nagbabasa ng Ingles, pakitawagan ang **1-844-214-2470 (TTY 711)**, na available nang 8 a.m. — 6 p.m., Lunes — Biyernes. Tutulungan ka ng isang kinatawan

日本語: 英語をお話しにならない場合やお読みにならない場合は、**1-844-214-2470 (TTY 711)** までご連絡ください（月曜日～金曜日、午前8時から午後6時まで）。担当者がご案内いたします。

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www.amerihealthcaritasdc.com