

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.

AmeriHealth Caritas District of Columbia (DC) is required by law to protect the privacy of your health information. AmeriHealth Caritas DC would like to tell you about the policies for your protected health information (PHI). Healthcare providers use enrollees’ medical information during treatment, as well as during payment processing. AmeriHealth Caritas DC must use and disclose your PHI to help you get your health care services and to pay our providers for the care you receive. Many steps are taken to make sure this information is protected.



Your rights

When it comes to your health information, you have certain rights.

<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.
<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 tell us how to contact you (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. · 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 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 list a year for free, but will charge a cost-based fee if you ask for another list 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 get 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 choose what we share.

<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). · Do not share your mental health information with your health care provider. <p>If you cannot tell us your preference, for example if you are unconscious, we may share your information with others (such as with your family or 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 or digital technologies to send you health information unless you agree to this.</p> <p>The use of mobile and digital technologies (such as text messages, email, and mobile apps) has 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

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

<p>Help manage the health care treatment you get</p>	<ul style="list-style-type: none"> We can use your health information and share it with professionals who are treating you. 	<p>Example:</p> <p>A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</p>
<p>Run our organization</p>	<ul style="list-style-type: none"> We can use and disclose your information to run our organization and contact you when necessary. 	<p>Example:</p> <p>We use your health information to develop better services for you.</p>
<p>Pay for your health services</p>	<ul style="list-style-type: none"> We can use and disclose your health information as we pay for your health services. 	<p>Example:</p> <p>We share your information to coordinate payment for your health services.</p>
<p>Administer your health plan</p>	<ul style="list-style-type: none"> We may disclose your health plan information for plan administration. 	<p>Example:</p> <p>We share health information with others with whom we contract for administrative services.</p>
<p>Coordinate your care among various health care providers</p>	<ul style="list-style-type: none"> Our contracts with various programs require us to use electronic health information networks (HINs) and health information exchanges (HIEs) to better coordinate your care from your healthcare providers. 	<p>Example:</p> <p>We share timely health information through an HIN or HIE to your providers</p>



<p>Help with public health and safety issues. We can share health information about you for certain situations, such as:</p>	<ul style="list-style-type: none"> · Preventing disease. · 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. This includes the U.S. Department of Health and Human Services to show 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 a person dies. 	



<p>Address workers' compensation, law enforcement, and other government requests. 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 protection. When needed, we will follow stricter federal and state privacy rules about sharing health information. This includes information about HIV/AIDS, cancer, mental health, alcohol or drug problems, genetic tests, sexually transmitted diseases, and reproductive health • Information about substance use disorder (SUD). We may get information about your substance use treatment from a program that helps people with substance use problems (called a "SUD program"). If you agreed to let that program share your information with us for things like treatment, payment, or health care services, we can use and share it the same way we use your other health information. <p>However, we will not use or share your SUD information in</p>	



	any court case or legal process against you unless: <ol style="list-style-type: none">1. You give us written permission, or2. A judge gives us a court order and legal papers that require us to share it. This can only happen after you, and we are told about it and have a chance to speak up, unless the law says otherwise.	
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How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually to contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information in these ways.

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.



Our responsibilities

AmeriHealth Caritas DC takes our enrollees' right to privacy seriously. To provide you with your benefits, AmeriHealth Caritas DC uses your personal health information. This information comes from you, your doctors, hospitals, and other health care service providers. This information — called protected health information — can be oral, written, or electronic.

- We are required by law to keep the privacy and security of your protected health information.
- We are required by law to make sure third parties who assist with your treatment, our payment of claims, or health care operations keep 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 make sure that third parties who help us with treatment, payment, and operations follow the instructions in our Business Associate Agreement.
- We will let you know right away about a breach that threatens 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 on request and on our website, and we will mail you a copy.

Effective date of this notice: February 16, 2026

If you have any questions or concerns about this Privacy Notice or about AmeriHealth Caritas DC's handling of your personal information, please contact us by mail at 1201 Maine Avenue SW, Suite 1000, 10th Floor, Washington, DC 20024, or by telephone at **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, 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 **1-800-408-7511 (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 Enrollee Services in the following ways:

- By phone at **202-408-4720** or toll-free at **1-800-408-7511**
- 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 **1-800-408-7511 (TTY 1-800-570-1190)**, available 24 hours a day, seven days a week. A representative will assist you.

Español: Si no habla y/o lee inglés, llame al **1-800-408-7511 (TTY 1-800-570-1190)**, línea disponible las 24 horas del día, los siete días de la semana. Un representante le ayudará.

Tiếng Việt: Nếu quý vị không nói và/hoặc đọc Tiếng Anh, vui lòng gọi **1-800-408-7511 (TTY 1-800-570-1190)**, hoạt động 24 giờ một ngày, 7 ngày một tuần. Sẽ có người đại diện hỗ trợ quý vị.

한국어: 영어를 말하거나 읽지 못하는 경우 **1-800-408-7511 (TTY 1-800-570-1190)**로 전화해주시십시오. 연중무휴 24시간 이용 가능합니다. 담당자가 도와드릴 것입니다.

Français : Si vous n'avez pas une bonne maîtrise de l'anglais parlé et/ou écrit, veuillez appeler le **1-800-408-7511 (TTY 1-800-570-1190)**, disponible 24 heures sur 24, sept jours sur sept. Un représentant vous assistera.

العربية: إذا كنت لا تتحدث و/أو تقرأ اللغة الإنجليزية، يرجى الاتصال على **1-800-408-7511 (الهاتف النصي 1-800-570-1190)**، وهو متاح على مدار ساعة وطوال أيام الأسبوع. سوف يساعدك ممثل.

中文普通话: 如果您不会用英语讲话和/或阅读, 请致电 **1-800-408-7511 (TTY 1-800-570-1190)**, 每周 7 天, 每天 24 小时开通。将会有一名代表协助您。

Русский: Если вы не говорите и/или не читаете по-английски, позвоните по телефону **1-800-408-7511 (TTY-1-800-570-1190)**, который доступен 24 часа в сутки, семь дней в неделю. Представитель вам поможет.

မြန်မာ - အကယ်၍ သင် အင်္ဂလိပ်စကား ပြောဆိုခြင်း နှင့်/သို့မဟုတ် ဖတ်ရှုနိုင်ခြင်း မရှိလျှင် ကျေးဇူးပြု၍ တစ်ပတ် ရက်စွဲရက်၊ တစ်ရက်လျှင် 24 နာရီ အချိန်ပြည့် ဆက်သွယ်နိုင်သည့် **1-800-408-7511 (TTY 1-800-570-1190)** သို့ ခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးမှ သင့်အား ကူညီထောက်ပံ့ပေးသွားမည် ဖြစ်သည်။

中文廣東話: 如果您唔識講, 並且或者唔識睇英文, 請致電 **1-800-408-7511 (TTY 1-800-570-1190)**, 每星期 7 日, 每日 24 小時開通。客服專員將會協助您。

فارسی: اگر قادر به صحبت و یا خواندن به زبان انگلیسی نیستید، لطفاً با شماره **1-800-408-7511 (TTY 1-800-570-1190)** که 24 ساعت شبانه روز و هفت روز هفته در دسترس می باشد تماس بگیرید. یک نماینده به شما کمک خواهد کرد

Polski: Jeśli nie mówisz i / lub nie czytasz po angielsku, zadzwoń pod numer **1-800-408-7511 (TTY 1-800-570-1190)**, dostępny 24 godziny na dobę, siedem dni w tygodniu. Przedstawiciel Państwu pomoże.

Português: Se você não fala e/ou lê Inglês, por favor ligue para **1-800-408-7511 (TTY 1-800-570-1190)**, disponível 24 horas por dia, sete dias por semana. Um intérprete irá ajudá-lo.

ਪੰਜਾਬੀ: ਜੇ ਤੁਸੀਂ ਹਿੰਦੀ ਬੋਲਦੇ ਅਤੇ / ਜਾਂ ਪੜ੍ਹਦੇ ਨਹੀਂ, ਕਿਰਪਾ ਕਰਕੇ **1-800-408-7511 (TTY 1-800-570-1190)** 'ਤੇ ਕਾਲ ਕਰੋ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ ਉਪਲਬਧ। ਇਕ ਪ੍ਰਤਿਨਿਧੀ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

Kreyòl Ayisyen: Si ou pa pale ak/oswa li anglè, tanpri rele **1-800-408-7511 (TTY 1-800-570-1190)**, disponib 24 èdtan pa jou, sèt jou pa semèn. Yon reprezantan pral ede ou.

हिन्दी: अगर आप हिन्दी बोलते और / या पढ़ते नहीं, कृपया **1-800-408-7511 (TTY 1-800-570-1190)** पर कॉल करें, दिन के 24 घंटे, सप्ताह के सात दिन उपलब्ध। एक प्रतिनिधि आपकी सहायता करेगा।

Soomaali: Haddii aanad ku hadlin iyo/ama akhriyin Ingiriisiga, fadlan soo wac **1-800-408-7511 (TTY 1-800-570-1190)**, oo la heli karo 24 saacadood maalintii, todoba maalmood todobaadkii. Wakiilku wuu ku caawin karaa adiga.

Hmoob: Yog tias koj hais tsis tau thiab/los sis nyeem tsis tau ntawv As Kiv, thov hu rau tus xov tooj **1-800-408-7511 (TTY 1-800-570-1190)**, qhib 24 teev rau ib hnuv, xya hnuv rau ib vij. Tus sawv cev yuav pab koj.

Italiano: Se non parla e/o non sa leggere l'inglese, la preghiamo di chiamare l'**1-800-408-7511 (TTY 1-800-570-1190)**, disponibile 24 ore su 24, sette giorni su sette. Le verrà prestata assistenza da un rappresentante.

Tagalog: Kung hindi ka nagsasalita at/o nagbabasa ng Ingles, pakitawagan ang **1-800-408-7511 (TTY 1-800-570-1190)**, na matatawagan nang 24 na oras sa isang araw, pitong araw sa isang linggo. Tutulungan ka ng isang representative.

日本語: 英語での会話や読解が不安な場合は、24時間年中無休対応の**1-800-408-7511 (TTY 1-800-570-1190)**までお電話ください。担当者がサポートいたします。



www.amerihealthcaritasdc.com

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AmeriHealth *Caritas*[™]

District of Columbia