

## 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.**

<b>Get a copy of your health and claims records</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
<b>Ask us to correct health and claims records</b>	<ul style="list-style-type: none"> <li>You can ask us to correct your health and claims records if you think they are incorrect or incomplete</li> <li>Ask us how to do this</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>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</li> <li>We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations <ul style="list-style-type: none"> <li>– We are not required to agree to your request, and we may say “no” if it would affect your care</li> </ul> </li> </ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>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</li> <li>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.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>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</li> <li>We will make sure the person has this authority and can act for you before we take any action</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting us at <b>1-800-408-7511</b></li> <li>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 <b>1-877-696-6775</b>, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a></li> <li>We will not retaliate against you for filing a complaint</li> </ul>



## 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.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"><li>• Share information with your family, close friends, or others involved in payment for your care</li><li>• Share information in a disaster relief situation</li><li>• 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)</li><li>• Not share your mental health information with your health care provider</li></ul> <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>
<b>In these cases we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"><li>• Marketing purposes</li><li>• Sale of your information</li><li>• Psychotherapy notes</li></ul>



## 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.

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

<p><b>Coordinate your care among various health care providers</b></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><b>Example:</b> We share health information through an HIN or HIE to provide timely information to providers rendering services to you.</p>
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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 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<p><b>Help with public health and safety issues</b></p>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul>
<p><b>Do research</b></p>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research</li> </ul>
<p><b>Comply with the law</b></p>	<ul style="list-style-type: none"> <li>• 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</li> </ul>
<p><b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b></p>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations</li> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies</li> </ul>
<p><b>Address workers' compensation, law enforcement, and other government requests</b></p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>

<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order or in response to a subpoena</li></ul>
<b>Additional restrictions on use and disclosure</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>

## 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](http://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: August 2, 2019**

1201 Maine Avenue SW  
Suite 1000, 10th Floor  
Washington, DC 20024

**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](https://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](https://www.hhs.gov/ocr/office/file/index.html)**.





**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 ခုနစ်ရက်၊ 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 ਪ੍ਰਤਿਨਿਧਿ 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。



**AmeriHealth Caritas**  
District of Columbia

[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)

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This program is brought to you by the Government of the District of Columbia Department of Health Care Finance



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR