

Privacy Office 3875 West Chester Pike Newtown Square, PA 19073 **1-833-433-3767 (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	

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	<ul> <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>
Ask us to correct health and claims records	<ul> <li>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.</li> <li>We may say "no" to your request, but we'll tell you why in writing within 60 days.</li> </ul>
Request confidential communications	<ul> <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>
Ask us to limit what we use or share	<ul> <li>You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations.</li> <li>We are not required to agree to your request, and we may say "no" if it would affect your care.</li> </ul>
Get a list of those with whom we've shared information	<ul> <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>
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	<ul> <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>
File a complaint if you feel your rights are violated	<ul> <li>You can complain if you feel we have violated your rights by contacting us using the information on page 1.</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, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

Your	For certain health information, you can tell us f you have a clear preference for how we share you below, talk to us. Tell us what you want us to do, ar	ur information in the situations described
In these cases, you have both the right and cho	ice payment for your care.	
to tell us to:	Share information in a disaster relief situ	ation.
	If you are not able to tell us your preference, fo go ahead and share your information if we bel share your information when needed to lessen or safety.	ieve it is in your best interest. We may also
In these cases we neve	• Marketing purposes.	
share your informatio unless you give us wri permission:	• Sale of your information.	
Help manage the health care treatment you receive	<b>How do we typically use or share your health</b> We typically use or share your health information in t We can use your health information and share it with professionals who are treating you.	the following ways. <b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
organization C	We can use and disclose your information to run our organization and contact you when necessary. <b>We are not allowed to use genetic information</b>	<i>Example:</i> We use health information about you to develop better services for you.
t	o decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.	
	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.
	<i>We may disclose your health plan information for plan administration.</i>	<b>Example:</b> We share health information with others with whom we contract for administrative services.

**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/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues	<ul> <li>We can share health information about you for certain situations such as:</li> <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> </ul>				
and safety issues					
					• 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	• We can share health information about you with organ procurement organizations.				
and tissue donation requests and work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner or funeral director when an individual dies.				
Address workers'	• We can use or share health information about you:				
compensation, law	• For workers' compensation claims.				
enforcement and	• For law enforcement purposes or with a law enforcement official.				
other government requests	• With health oversight agencies for activities authorized by law.				
requests	• 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, mental health, substance abuse, genetic testing, sexually transmitted diseases and reproductive health.				

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- 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/hipaa/for-individuals/guidance-materials-for-consumers/index.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, on our web site, and we will mail a copy to you.

## Effective Date of this Notice: May 15, 2024

#### **Privacy Office**

Medicare VIP Plans 3875 West Chester Pike Newtown Square, PA 19073

#### 1-833-433-3767 (TTY 711)

Monday through Friday, 8 a.m. – 8 p.m., from April 1 to September 30; or seven days a week, 8 a.m. – 8 p.m., from October 1 to March 31.

AmeriHealth Caritas VIP Care is an HMO-SNP plan with a Medicare contract and a contract with the Delaware Medicaid program. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal.



www.amerihealthcaritasvipcare.com