




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:	<ul style="list-style-type: none"> • Get a copy of your health and claims records. • Correct your health and claims records. • Request confidential communication. • Ask us to limit the information we share. 	<ul style="list-style-type: none"> • 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 choices in the way that we use and share information as we:	<ul style="list-style-type: none"> • Answer coverage questions from your family and friends. • Provide disaster relief. 	<ul style="list-style-type: none"> • Communicate through mobile and digital technologies. • Market our services.
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:	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.		

Please note information on **page 6** about your civil rights. You can learn about aids and services for those with disabilities. You can learn about language services.



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 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.
Ask us to correct health and claims records.	<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.
Request confidential communications.	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, a 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.	<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.
Get a list of those with whom we’ve shared information.	<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 at no cost to you but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice.	<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.
Choose someone to act for you.	<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.

Your rights (continued)

<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 Member Services at 1-855-375-8811.• AmeriHealth Caritas North Carolina Grievances Department P.O. Box 7382 London, KY 40742-7382• You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:• Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf• By mail at: U.S. Department of Health and Human Services 200 Independence Avenue SW., Room 509F, HHH Building Washington, DC 20201• By phone at 1-800-368-1019 (TDD 1-800-537-7697)• Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.• We will not retaliate against you for filing a complaint.
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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 your 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). <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.</p> <p>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.</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 protected health 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:

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.	<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>	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.

<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 North Carolina takes our members' right to privacy seriously. To provide you with your benefits, AmeriHealth Caritas North Carolina creates and/or receives personal information about your health. This information comes from you, your physicians, 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 on request and on our website, and we will mail a copy to you.

Notice of Nondiscrimination

AmeriHealth Caritas North Carolina complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. AmeriHealth Caritas North Carolina does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

AmeriHealth Caritas North Carolina provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

AmeriHealth Caritas North Carolina provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call at **1-855-375-8811 (TTY 1-866-209-6421/TDD 1-800-537-7697)**.

If you believe that AmeriHealth Caritas North Carolina has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability or sex, you can file a grievance with:

- **AmeriHealth Caritas North Carolina
Grievances Department
P.O. Box 7382
London, KY 40742-7382**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Online: **ocrportal.hhs.gov/ocr/portal/lobby.jsf**
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
- By phone: **1-800-368-1019 (TDD 1-800-537-7697)**

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



English: You can request free auxiliary aids and services, including this material and other plan information in large print. Call **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. If English is not your first language, we can help. Call **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. We can give you, free of charge, the information in this material in your language orally or in writing, access to interpreter services, and can help answer your questions in your language.

Español (Spanish): Puede obtener ayuda y servicios de asistencia sin cargo, que incluyen esta publicación y otra información del plan en letra grande. Llame al **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Si el inglés no es su lengua materna, podemos ayudar. Llame al **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Podemos brindarle la información de esta publicación en su idioma de manera oral o escrita, ofrecerle acceso a servicios de interpretación y ayudarlo a responder sus preguntas en su idioma sin cargo.

中文 (Chinese): 您可以免费索取辅助设备及服务, 包括本资料内容及其他计划相关信息的大号字体版。请致电 **1-855-375-8811 (TTY/TDD 1-866-209-6421)**。如果英语不是您的第一语言, 我们可以提供帮助。请致电 **1-855-375-8811 (TTY/TDD 1-866-209-6421)**。我们可以免费以您的语言通过口头或书面形式为您提供本资料中的信息, 为您提供口译服务, 并帮助您使用您的语言解答您的问题。

Tiếng Việt (Vietnamese): Quý vị có thể nhận được các dịch vụ và phương tiện trợ giúp hỗ trợ miễn phí, bao gồm tài liệu này và các thông tin khác về chương trình ở dạng bản in chữ lớn. Vui lòng gọi **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Nếu tiếng Anh không phải là tiếng mẹ đẻ của quý vị, chúng tôi có thể hỗ trợ. Vui lòng gọi **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Chúng tôi có thể cung cấp miễn phí cho quý vị thông tin trong tài liệu này bằng ngôn ngữ của quý vị bằng lời nói hoặc bằng văn bản, quyền tiếp cận các dịch vụ thông dịch và có thể giúp giải đáp thắc mắc bằng ngôn ngữ của quý vị.

한국어(Korean): 본 자료 및 기타 플랜 정보를 큰 활자체로 요청하는 것을 포함하여, 무료 보조 지원과 서비스를 요청하실 수 있습니다. **1-855-375-8811(TTY/TDD 1-866-209-6421)**번으로 연락하십시오. 영어가 모국어가 아닌 경우, 저희가 도와드릴 수 있습니다. **1-855-375-8811 (TTY/TDD 1-866-209-6421)**번으로 문의하십시오. 저희는 무료로 본 자료의 정보를 귀하의 언어로 구두 또는 서면상 제공하고, 통역 서비스를 제공하고, 귀하의 질문에 대한 답변을 귀하의 언어로 제공해 드릴 수 있습니다.

Français (French): Vous pouvez demander des supports et des services auxiliaires gratuits, y compris le présent document et d'autres informations sur le plan en gros caractères. Appelez au **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Si l'anglais n'est pas votre langue maternelle, nous pouvons vous aider. Appelez-nous au **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Nous pouvons vous fournir gratuitement ces informations verbalement ou par écrit, mettre un interprète à votre disposition et répondre à vos questions dans votre propre langue.

عربي (Arabic): يمكنك طلب مساعدات وخدمات إضافية مجانية تشمل هذه المادة ومعلومات أخرى عن الخطة في مطبوعة كبيرة. اتصل بالرقم **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. إذا لم تكن اللغة الإنجليزية لغتك الأولى، فيمكننا مساعدتك. اتصل بالرقم **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. يمكننا أن نقدم لك مجانًا المعلومات الواردة في هذه المادة بلغتك شفهيًا أو كتابيًا، والوصول إلى خدمات المترجمين الفوريين، ويمكننا المساعدة في الإجابة عن أسئلتك بلغتك.



Hmoob (Hmong): Koj tuaj yeem thov ib tus neeg pab cuam pub dawb thiab cov kev pab cuam, suav nrog qhov cuab yeej no thiab lwm txoj phiaj xwm cov ntaub ntauv luam ua tus ntauv loj. Hu rau **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Yog tias lus As Kiv tsis yog koj thawj yam lus hais, peb tuaj yeem pab tau. Hu rau **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Peb tuaj yeem muab cov ntaub ntauv no rau koj, ua koj yam lus ua lus hais los sis ua ntauv sau, tau txais kev pab cuam txhais lus, thiab lwm yam kev pab los teb koj cov lus nug ua koj yam lus yam tsis poob nqi.

Русский (Russian): Вы можете запросить бесплатные дополнительные пособия и услуги, в том числе данный материал и другую информацию о плане, напечатанные крупным шрифтом. Звоните по телефону **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Если ваш родной язык не английский, мы можем помочь. Позвоните по телефону **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Мы можем бесплатно предоставить вам информацию, изложенную в данном материале, на вашем языке в устной или письменной форме, обеспечить доступ к услугам устного переводчика и ответить на ваши вопросы на вашем родном языке.

Tagalog (Tagalog): Maaari kang makakuha ng mga libheng dagdag na tulong at serbisyo, kabilang ang babasahing ito at iba pang impormasyon sa plano sa malaking print. Tumawag sa **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Kung hindi mo unang wika ang Ingles, maaari kaming tumulong. Tumawag sa **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Maaari ka naming bigyan ng impormasyon sa materyal na ito nang walang bayad sa iyong wika nang pasalita o sa paraang nakasulat, access sa mga serbisyo ng tagapagsalin sa wika, at maaari kaming tumulong sa pagsagot sa iyong mga katanungan sa iyong wika.

ગુજરાતી (Gujarati): તમે મોટા અક્ષરોમાં આ સામગ્રી અને અન્ય પ્લાનની માહિતી સહિત મફત સહાયક મદદ અને સેવાઓની વિનંતી કરી શકો છો. **1-855-375-8811 (TTY/TDD 1-866-209-6421)** પર કોલ કરો. જો ઇંગ્લીશ તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. **1-855-375-8811 (TTY/TDD 1-866-209-6421)** પર કોલ કરો. અમે, વિનામૂલ્યે, તમને આ સામગ્રી ની માહિતી તમારી ભાષામાં મૌખિક અથવા લેખિતમાં આપી શકીએ છીએ, દુભાષિયા સેવાઓને એક્સેસ આપી શકીએ છીએ અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં મદદ કરી શકીએ છીએ.

ខ្មែរ (Khmer): អ្នកអាចស្នើសុំជំនួយ និងសេវាកម្មជំនួយ រួមទាំងសម្ភារ និងព័ត៌មានគម្រោងផ្សេងទៀតជាទម្រង់ បោះពុម្ពផ្តល់។ សូមខលទៅលេខ **1-855-375-8811 (TTY/TDD 1-866-209-6421)**។ ប្រសិនបើភាសាអង់គ្លេស មិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយបាន។ សូមហៅទូរស័ព្ទទៅលេខ **1-855-375-8811 (TTY/TDD 1-866-209-6421)**។ យើងអាចផ្តល់ ឱ្យអ្នកដោយមិនគិតថ្លៃនូវព័ត៌មាននៅក្នុងឯកសារនេះជា ភាសារបស់អ្នកដោយផ្ទាល់មាត់ ឬជាលាយលក្ខណ៍អក្សរ ហើយមានសិទ្ធិចូលប្រើសេវាកម្មអ្នកបកប្រែ និងអាចជួយ ឆ្លើយសំណួររបស់អ្នកជាភាសារបស់អ្នកបាន។

Deutsch (German): Sie können kostenlose Hilfsmittel und Dienstleistungen anfordern, einschließlich dieses Materials und anderer Planinformationen in Großdruck drucken. Rufen Sie **1-855-375-8811 (TTY/TDD 1-866-209-6421)** an. Wenn Englisch nicht Ihre Muttersprache ist, können wir Ihnen helfen. Rufen Sie **1-855-375-8811 (TTY/TDD 1-866-209-6421)** an. Wir können Ihnen die Informationen in diesem Material in Ihrer Sprache mündlich oder schriftlich kostenlos zur Verfügung stellen und Ihnen bei der Beantwortung Ihrer Fragen in Ihrer Sprache helfen.



हिंदी (Hindi): आप निःशुल्क सहायक सहायता और सेवाओं का अनुरोध कर सकते हैं, जिसमें यह सामग्री और अन्य योजना संबंधी जानकारी को बड़े अक्षरों में शामिल हैं **1-855-375-8811 (TTY/TDD 1-866-209-6421)** पर कॉल करें। अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम आपकी मदद कर सकते हैं। **1-855-375-8811 (TTY/TDD 1-866-209-6421)** पर कॉल करें। हम आपको इस सामग्री की जानकारी मौखिक रूप से या लिखित रूप में, दुभाषिया सेवाओं तक पहुंच प्रदान कर सकते हैं, और आपकी भाषा में आपके प्रश्नों का उत्तर देने में मदद कर सकते हैं।

ພາສາລາວ (Laotian): ທ່ານສາມາດຂໍຄວາມຊ່ວຍເຫຼືອ ແລະ ຮັບບໍລິການການຊ່ວຍເຫຼືອໄດ້ຟຣີ, ລວມທັງ ເອກະສານນີ້ແລະຂໍ້ມູນແຜນອື່ນໆ ໃນດ້ວຍອັກສອນ ຂະໜາດໃຫຍ່ໄດ້ ໂທ **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. ຖ້າພາສາອັງກິດບໍ່ແມ່ນພາສາທຳອິດຂອງທ່ານ, ພວກເຮົາສາມາດຊ່ວຍທ່ານໄດ້. ໂທຫາ **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. ເພື່ອຂໍຂໍ້ມູນໃນເອກະສານນີ້ ຈາກພວກເຮົາໃນພາສາຂອງທ່ານໄດ້. ພວກເຮົາສາມາດ ຂໍໃຫ້ມີບໍລິການນາຍພາສາແລະສາມາດຊ່ວຍຕອບຄໍາຖາມ ຂອງທ່ານໃນພາສາຂອງທ່ານໄດ້.

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