

# Your Information. Your Rights. Our Responsibilities.

This notice describes how your medical information may be used and shared. It also says how you can get this information. Please read this carefully.

## Your rights

You have the right to:

- Get a copy of your health and claims records.
- Correct your health and claims records.
- Ask us to keep your contact with us private.
- Ask us to limit the information we share.
- Get a list of the people with whom we 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 about these rights and how to use them.

## Your choices

You have choices in the way that we use and share your information. Like when we:

- Answer benefit questions from your family and friends.
- Provide disaster relief.
- Promote our services and sell your information.

➤ **See page 3** for more information on these choices and how to make them.

## Our uses and disclosures

We may use and share your information to:

- Run our organization.
- Pay for your health services.
- Provide your health plan benefits.
- Help with public health and safety issues.
- Do research.
- Obey the law.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- Answer workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

➤ **See pages 3 and 4** for more information on these uses and sharing your information.

## Your rights

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

This section explains your rights. It also lists 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. You can also see other health information we have about you. Ask us how to do this.
- We will provide a copy or an outline of your health and claims records. We usually do this within 30 days of your request. We may charge a reasonable fee based on costs.

#### 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. We will tell you why, in writing, within 60 days.

#### Request confidential communications

- You can ask us to contact you in a certain way (for example, home or office phone). You can also have mail sent to a different address.
- We will consider all reasonable requests. We 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. We may say “no” if it would affect your care.

#### Get a list of those with whom we shared your information

- You can ask for a list (accounting) of the times we’ve shared your health information. We will tell you who asked to see it and why. You can ask for a list going back six years.
- We will include all the times we shared your information except those about treatment, payment, and health care operations. We may not list certain other “disclosures” (such as information you asked us to share). We will give you one free report a year. If you need another copy in that same year, we will charge a reasonable fee.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time. We will send this copy quickly even if you agreed to receive the notice electronically.

#### Choose someone to act for you

- You may have given someone medical power of attorney. Or you may have made someone your legal guardian. In these cases, this person can act on your rights and make choices about your health information.
- We will make sure this person has legal power to act for you before we answer any request.

#### File a complaint if you feel your rights are disobeyed

- You can complain if you feel we have not honored your rights. Contact us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Just send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201. Or call 1-877-696-6775, or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not treat you differently if you file a complaint.

## Your choices

**For certain health information, you can tell us what you choose to share.**

If you have a clear choice for how we share your information in the situations described below, tell us. We will do what you want us to do.

**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.

Sometimes you may not be able to tell us your choice. For example, if you are unconscious, we may go ahead and share your information. Or, if sharing reduces a serious, urgent threat to health and safety, we will act in what we believe is your best interest.

**In these cases we never share your information unless you give us written permission:**

- Marketing (promotional business) purposes.
- Sale of your information.

## Our uses and sharing of information

**How do we usually 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 and share your health information 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 share your information to run our organization.
- We are not allowed to use genetic information (information about medical conditions in your family history) to make decisions about your health care coverage. This includes whether we will pay for certain types of 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 share your health information as we pay for your health services.

**Example:** We share information about you to complete 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 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. Most information helps improve public health and medical research. Even so, we must obey very strict laws before we can share your information. To learn more, see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

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**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 (of things like dangerous toys).
  - Reporting unfavorable reactions to medications.
  - Reporting suspected abuse, neglect, or domestic violence.
  - Preventing or reducing a serious threat to anyone's health or safety.

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**Do research**

- We can use or share your information for health research.

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**Comply with the law**

- We will share information about you if state or federal laws require it. This includes showing the Department of Health and Human Services how we are obeying federal privacy laws.

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**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 donor organizations.
- We can share health information with a coroner, medical examiner, or funeral director when a person dies.

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**Answer 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 agencies for activities required by law.
  - For special government functions such as military, national security, and presidential protective services.

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**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.

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**Additional restrictions on use and information sharing**

- Certain federal and state laws may require greater privacy protections. For example, we will follow stricter federal and state privacy laws when using and sharing health information about HIV/AIDS, mental health, substance use, genetic testing, sexually transmitted diseases, and reproductive health.

## Our responsibilities

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- We are required by law to watch over the privacy and security of your protected health information.
- We will let you know quickly if a “breach” (violation) occurs that may have changed the privacy or security of your information (made your information less secure).
- We must follow the privacy practices described in this notice. We must 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. Even then, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see

<https://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. The changes would then 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.

## Literacy level

This Notice of Privacy Practices is written at a literacy level no higher than a seventh grade education.

Effective date of this notice: May 15, 2024

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### Privacy Office

3875 West Chester Pike

Newtown Square, PA 19073

**1-888-667-0318 (TTY 711) 8 a.m. - 8 p.m., seven days a week.**

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AmeriHealth Caritas VIP Care Plus is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al **1-888-667-0318 (TTY 711)** de 8 a.m. a 8 p.m., los siete días de la semana. La llamada es gratuita.

تنويه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجاناً. يُرجى الاتصال بالرقم **1-888-667-0318 (TTY 711)**، من 8 صباحاً إلى 8 مساءً، سبعة أيام في الأسبوع. المكالمات مجانية.

You can also get this information for free in other formats, such as large print, braille, or audio. Call **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week.

The call is free.

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

  
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