

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 Delaware is required by law to protect the privacy of your health information. AmeriHealth Caritas Delaware would like to tell you about the policies governing your protected health information (PHI). Health care providers use members' medical information during treatment, as well as during payment processing. AmeriHealth Caritas Delaware has to use and disclose your PHI to help you get your health care services, and to pay our providers for giving you care. Many steps are taken to make sure this information is protected.



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.

<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 ask us to contact you in a specific way (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 (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 for free, but will charge a reasonable, cost-based fee if you ask for another accounting 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 receive 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 1-844-211-0966 for Diamond State Health Plan members and 1-855-777-6617 for Diamond State Health Plan-Plus members. • 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 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.

<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). • Not share your mental health information with your health care provider. <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 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 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 messages, email, and mobile apps) 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 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 receive</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 health information about you 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 information about you 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 who we contract with 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 that we participate in certain electronic health information networks (HINs) and health information exchanges (HIEs) so that we are able to more efficiently coordinate the care you are receiving from various health care providers. 	<p>Example:</p> <p>We share health information through an HIN or HIE to provide timely information to providers delivering services to you.</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. • 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 U.S. 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. 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, behavioral health, alcohol and/or substance use, genetic testing, sexually transmitted diseases, and reproductive health. 	

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.



Our responsibilities

AmeriHealth Caritas Delaware takes our members' right to privacy seriously. To provide you with your benefits, AmeriHealth Caritas Delaware creates and receives personal information about your health. This information comes from you, your physicians, 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 maintain the privacy and security of your protected health information.
- We are required by law to ensure 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 of it to you.

Effective date of this notice: May 25, 2022

If you have any questions or concerns about this Privacy Notice or about AmeriHealth Caritas' handling of your personal information, please contact us by mail at P.O. Box 80100, London, KY 40742-0100, Attn: Privacy Office, by telephone at **1-844-211-0966** for Diamond State Health Plan or **1-855-777-6617** for Diamond State Health Plan Plus.

Discrimination is against the law

AmeriHealth Caritas Delaware complies with applicable federal civil rights laws and does not discriminate on the basis of race; ethnicity; color; sex; religion; national origin; creed; marital status; age; Vietnam era or disabled veteran status; income level; gender identity; the presence of any sensory, mental, or physical handicap; or any other status protected by federal or state law. AmeriHealth Caritas Delaware does not exclude people or treat them differently because of race; ethnicity; color; sex; religion; national origin; creed; marital status; age; Vietnam era or disabled veteran status; income level; gender identity; the presence of any sensory, mental, or physical handicap; or any other status protected by federal or state law.

AmeriHealth Caritas Delaware provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact AmeriHealth Caritas Delaware Member Services:

- Diamond State Health Plan (DSHP) at **1-844-211-0966 (TTY 1-855-349-6281)**.
- Diamond State Health Plan-Plus (DSHP-Plus) at **1-855-777-6617 (TTY 1-855-362-5769)**.

If you believe that AmeriHealth Caritas Delaware has failed to provide these services or discriminated in another way on the basis of race; ethnicity; color; sex; religion; national origin; creed; marital status; age; Vietnam era or disabled veteran status; income level; gender identity; the presence of any sensory, mental, or physical handicap; or any other status protected by federal or state law, you can file a grievance with:

- AmeriHealth Caritas Delaware Grievances
P.O. Box 80102, London, KY 40742
- You can also file a grievance by calling AmeriHealth Caritas Delaware Member Services:
 - DSHP at **1-844-211-0966 (TTY 1-855-349-6281)**.
 - DSHP-Plus at **1-855-777-6617 (TTY 1-855-362-5769)**.

If you need help filing a grievance, AmeriHealth Caritas Delaware Member 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 <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 (TDD 1-800-537-7697)

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



English: You can have this information in other languages and formats, such as large print, Braille, and audio at no charge to you. You can also have this interpreted over the phone in any language. To request language services or other formats, call Member Services 24 hours a day, 7 days a week, at **1-844-211-0966 (DSHP)** or **1-855-777-6617 (DSHP-Plus)**. For TTY, call **1-855-349-6281 (DSHP)** or **1-855-362-5769 (DSHP-Plus)**. For pharmacy services, call **1-877-759-6257 (DSHP)** or **1-855-294-7048 (DSHP-Plus)**. To speak to a nurse 24/7, call **1-844-897-5021**.

Spanish: Puede solicitar esta información en otros idiomas y formatos, como letra grande, Braille y audio, sin costo alguno para usted. También se le puede interpretar esto por teléfono en cualquier idioma. Para solicitar servicios de idiomas u otros formatos, llame a Servicios al Miembro las 24 horas del día, los 7 días de la semana, al **1-844-211-0966 (DSHP)** o **1-855-777-6617 (DSHP-Plus)**. Para TTY, llame al **1-855-349-6281 (DSHP)** o **1-855-362-5769 (DSHP-Plus)**. Para servicios de farmacia, llame al **1-877-759-6257 (DSHP)** o **1-855-294-7048 (DSHP-Plus)**. Para hablar con un enfermero las 24/7, llame al **1-844-897-5021**.

Simplified Chinese: 您可以免费索取这些信息的其他语言版本及大字印刷、盲文点字、音频等其他格式。您亦可以要求通过电话口译的方式将这些内容翻译为任何语言。如需语言服务或其他格式, 请拨打会员服务部每周7天、每天24小时全天候提供服务的电话 **1-844-211-0966 (DSHP)** 或 **1-855-777-6617 (DSHP-Plus)**。TTY 使用者请拨打 **1-855-349-6281 (DSHP)** 或 **1-855-362-5769 (DSHP-Plus)**。如需药房服务, 请拨打 **1-877-759-6257 (DSHP)** 或 **1-855-294-7048 (DSHP-Plus)**。如需每周7天、每天24小时随时与护士交谈, 请拨打 **1-844-897-5021**。

German: Diese Informationen stehen Ihnen auch in anderen Sprachen und Formaten, wie Großschrift, Braille und Audio, kostenlos zur Verfügung. Sie können sich diese Informationen auch über das Telefon in jede beliebige Sprache von einem Dolmetscher übersetzen lassen. Um auf diese Sprachdienstleistungen oder andere Formate zuzugreifen, kontaktieren Sie bitte Member Services unter **1-844-211-0966 (DSHP)** oder **1-855-777-6617 (DSHP-Plus)**; dieser Service wird rund um die Uhr, 7 Tage die Woche angeboten. Wählen Sie **1-855-349-6281 (DSHP)** oder **1-855-362-5769 (DSHP-Plus)** bzgl. TTY. Unter **1-877-759-6257 (DSHP)** oder **1-855-294-7048 (DSHP-Plus)** erreichen Sie den Apothekenservice. Unter **1-844-897-5021** erreichen Sie rund um die Uhr eine Krankenschwester.

Tagalog: Maaari mong makuha ang impormasyong ito sa iba pang mga wika at format gaya ng malaking print, Braille, at audio nang walang sisingilin sa iyo. Maaari mo rin itong ipa-interpret sa telepono sa anumang wika. Upang humiling ng mga serbisyo sa wika o iba pang mga format, tumawag sa Mga Serbisyo sa Miyembro, 24 na oras sa isang araw, 7 araw sa isang linggo sa **1-844-211-0966 (DSHP)** o **1-855-777-6617 (DSHP-Plus)**. Para sa TTY, tumawag sa **1-855-349-6281 (DSHP)** o **1-855-362-5769 (DSHP-Plus)**. Para sa mga serbisyo ng parmasya, tumawag sa **1-877-759-6257 (DSHP)** o **1-855-294-7048 (DSHP-Plus)**. Upang makipag-usap sa isang nurse nang 24/7, tumawag sa **1-844-897-5021**.

Hindi: यह जानकारी आपको अन्य भाषाओं एवं बड़े अक्षरों, ब्रेल, और ऑडियो जैसे प्रारूपों में नि:शुल्क प्राप्त हो सकती है। आप फोन पर इसका किसी भी भाषा में अनुवाद भी करवा सकते हैं। भाषा सेवाओं या अन्य प्रारूपों का अनुरोध करने के लिए, सदस्य सेवाओं को **1-844-211-0966 (DSHP)** या **1-855-777-6617 (DSHP-Plus)** पर कॉल करें, दिन में 24 घंटे, साप्ताहिक के 7 दिन। TTY के लिए **1-855-349-6281 (DSHP)** या **1-855-362-5769 (DSHP-Plus)** पर कॉल करें। फार्मसी सेवाओं के लिए **1-877-759-6257 (DSHP)** या **1-855-294-7048 (DSHP-Plus)** पर कॉल करें। नर्स से 24/7 बात करने के लिए **1-844-897-5021** पर कॉल करें।

Urdu:

یہ معلومات آپ کو دیگر زبانوں اور بڑے حروف، بریل، اور آڈیو جیسے شکلیں میں مفت حاصل ہو سکتی ہے۔ آپ فون پر اس کا کسی بھی زبان میں ترجمہ بھی کروا سکتے ہیں۔ زبان کی خدمات یا دیگر شکلوں کے لئے درخواست کرنے کے لئے، رکن خدمات کو **1-855-777-6617 (DSHP-Plus)** یا **1-844-211-0966 (DSHP)** پر کال کریں۔ دن میں 24 گھنٹے، ہفتہ کے 7 دن۔ TTY کے لئے **1-855-362-5769 (DSHP-Plus)** یا **1-855-349-6281 (DSHP)** پر کال کریں۔ فارمیسی خدمات کے لئے **1-877-759-6257 (DSHP)** یا **1-855-294-7048 (DSHP-Plus)** پر کال کریں۔ نرس سے 24/7 بات کرنے کے لئے **1-844-897-5021** پر کال کریں۔

Arabic:

يمكنك الحصول على هذه المعلومات بلغات وصيغ أخرى، مثل مطبوعة كبيرة، أو بطريقة برايل أو بصيغة صوتية، بدون تكلفة عليك. كما يمكنك الحصول عليها مترجمة عبر الهاتف بأي لغة. لطلب الخدمات اللغوية أو الصيغ الأخرى، اتصل بخدمات الأعضاء على مدار 24 ساعة في اليوم، 7 أيام في الأسبوع على الرقم **1-844-211-0966 (DSHP)** أو **1-855-777-6617 (DSHP-Plus)**. رقم الهاتف النصي **1-855-362-5769 (DSHP-Plus)** أو **1-855-349-6281 (DSHP)**. لخدمات الصيدلية اتصل بالرقم **1-877-759-6257 (DSHP)** أو **1-855-294-7048 (DSHP-Plus)** للتحدث مع ممرضة على مدار 24 ساعة في اليوم، 7 أيام في الأسبوع، اتصل بالرقم **1-844-897-5021**.

Telugu: మీరు ఈ సమాచారాన్ని ఇతర భాషలు మరియు పెద్ద ప్రింట్, బ్రెయిల్ మరియు ఆడియో లాంటి ఇతర ఫార్మాట్లలో మీకు ఎలాంటి ఖర్చు లేకుండా పొందగలరు. మీరు దీనిని ఏ భాషలోకి అయినా అనువదించబడి పోనులో కూడా పొందగలరు. భాషా సేవలు లేక ఇతర ఫార్మాట్ల కోసం, రోజుకు 24 గంటలు, వారానికి 7 రోజులు **1-844-211-0966 (DSHP)** లేదా **1-855-777-6617 (DSHP-Plus)** కు కాల్ చేయండి. టిటిపై కోసం, **1-855-349-6281 (DSHP)** లేదా **1-855-362-5769 (DSHP-Plus)** కు కాల్ చేయండి. ఫార్మసీ సేవల కోసం **1-877-759-6257 (DSHP)** లేదా **1-855-294-7048 (DSHP-Plus)** కు కాల్ చేయండి. 24/7 నర్సుతో మాట్లాడటానికి, **1-844-897-5021** కు కాల్ చేయండి.



Dutch: Deze informatie is beschikbaar in andere talen en formaten, zoals in grote letters, braille en audio, zonder extra kosten voor u. De informatie kan ook telefonisch door een tolk voor u worden vertaald in elke gewenste taal. Voor verzoeken over vertaaldiensten of andere formaten kunt u de Ledenservice bellen op **1-844-211-0966 (DSHP)** of **1-855-777-6617 (DSHP-Plus)**, 24 uur per dag en 7 dagen per week. Voor telex belt u **1-855-349-6281 (DSHP)** of **1-855-362-5769 (DSHP-Plus)**. Voor apotheekdiensten belt u **1-877-759-6257 (DSHP)** of **1-855-294-7048 (DSHP-Plus)**. Als u met een verpleegkundige wilt spreken, 24 uur per dag, 7 dagen per week, belt u **1-844-897-5021**.



DELAWARE HEALTH AND SOCIAL SERVICES

www.amerihealthcaritasde.com



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FAMILY OF HEALTH PLANS