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 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 coverage 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.
- Comply with 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.*

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Your rights

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

This section explains your rights. It also lists some of 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, and other health information we have about you. Ask us how to do this. • We will provide a copy or summary 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 specific way (for example, home or office phone). You can also ask us to send mail 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 we shared it with 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	• If you have given someone medical power of attorney, or if someone is your legal guardian, this person can act on your behalf and make choices about your health information. • We will make sure this person has authority to act for you before we answer any request.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights. Contact us using the information on the back page. • 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/**. • We will not retaliate against you for filing 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. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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 disclosures

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 and contact you when necessary. • 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 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 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 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**.

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.
	  • Reporting adverse reactions to medications.
	  • Reporting suspected abuse, neglect, or domestic violence.
	  • 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. This includes showing the Department of Health and Human Services how we are complying with federal privacy laws.
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 procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when a person dies.

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 oversight agencies for activities authorized by law.
	  • 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 stricter federal and state privacy laws that relate to the use and disclosures of health information about HIV/AIDS, mental health, substance use, genetic testing, sexually transmitted diseases, and reproductive health.

Information about substance use disorder *(SUD)*	• We may get information about your substance use treatment from a program that helps people with substance use disorders (called a "SUD program"). If you agreed to let that program share your information with us for things like treatment, payment, or health care services, we can use and share it the same way we use your other health information.
	However, we will not use or share your SUD information in any court case or legal process against you unless:
	  • You give us written permission, or
	  • A judge gives us a court order and legal papers that require us to share it. This can only happen after you and we are told about it and have a chance to speak up, unless the law says otherwise.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know quickly 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. 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 **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: April 15, 2026.

Privacy Office
3875 West Chester Pike
Newtown Square, PA 19073
1-866-533-5490 (TTY:711) October 1 to March 31 8 a.m. – 8 p.m., seven days a week . April 1 to September 30: 8 a.m. – 8 p.m., Monday through Friday.

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

You can also get this information for free in other formats, such as large print, braille, or audio. Call **1-866-533-5490 (TTY:711)** October 1 to March 31: 8 a.m. – 8 p.m., seven days a week. April 1 to September 30: 8 a.m. – 8 p.m., Monday through Friday. The call is free.

www.amerihealthcaritasvipcare/pa

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