

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



Your rights

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

<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 tell us how to contact you (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 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 list a year for free, but will charge a cost-based fee if you ask for another list 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 get 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 (844) 214-2470 (TTY 711). · 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 choose what we share.

<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). · Do not share your mental health information with your health care provider. <p>If you cannot tell us your preference, for example, if you are unconscious, we may 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 or digital technologies to send you health information unless you agree to this.</p> <p>The use of mobile and digital technologies (such as text messages, email, and mobile apps) has 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 get</p>	<ul style="list-style-type: none"> · We can use your health information and share it with professionals who are treating you. 	<p>Example: 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: We use your health information 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: We share you information 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: We share health information with others with whom we contract 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 us to use electronic health information networks (HINs) and health information exchanges (HIEs) to better coordinate your care from your healthcare providers. 	<p>Example: We share timely health information through an HIN or HIE to your providers</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. · 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. This includes the U.S. Department of Health and Human Services to show 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 a person 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 protection. When needed, we will follow stricter federal and state privacy rules about sharing health information. This includes information about HIV/AIDS, cancer, mental health, alcohol or drug problems, genetic tests, 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 problems (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 	



	<p>any court case or legal process against you unless:</p> <ol style="list-style-type: none">1. You give us written permission, or2. 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.	
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How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually to contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information in these ways.

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.



Our responsibilities

AmeriHealth Caritas DC takes our enrollees' right to privacy seriously. To provide you with your benefits, AmeriHealth Caritas DC uses your personal health information. This information comes from you, your doctors, 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 keep the privacy and security of your protected health information.
- We are required by law to make sure third parties who assist with your treatment, our payment of claims, or health care operations keep 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 make sure that third parties who help us with treatment, payment, and operations follow the instructions in our Business Associate Agreement.
- We will let you know right away about a breach that threatens 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 you a copy.

Effective date of this notice: February 16, 2026

If you have any questions or concerns about this Privacy Notice or about AmeriHealth Caritas DC's handling of your personal information, please contact us by mail at 1201 Maine Ave SW, Suite 1000, 10th Floor, Washington DC 20024, or by telephone at (844) 214-2470 (TTY 711).

AmeriHealth Caritas District of Columbia complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). AmeriHealth Caritas District of Columbia does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas District of Columbia:

- Provides free aids and services for people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free (no-cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact AmeriHealth Caritas District of Columbia at **1-844-214-2470 (TTY 711)**. We are available 8 a.m. – 6 p.m., Monday – Friday.

If you believe that AmeriHealth Caritas District of Columbia has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Enrollee Services in the following ways:

- By phone at **1-844-214-2470 (TTY 711)**
- In writing by fax at **202-408-8682**
- By mail at AmeriHealth Caritas District of Columbia, Enrollee Services Grievance Department, 200 Stevens Drive, Philadelphia, PA 19113

If you need help filing a grievance, AmeriHealth Caritas District of Columbia Enrollee 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 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 (TTY/TDD 1-800-537-7697)

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

Multi-language interpreter services



English: If you do not speak and/or read English, please call **1-844-214-2470 (TTY 711)**, available 8 a.m. — 6 p.m., Monday — Friday. A representative will assist you.

Español: Si no habla o lee inglés, llame al **1-844-214-2470 (TTY: 711)**, disponible de 8 a.m. a 6 p.m., de lunes a viernes. Un representante le ayudará.

Tiếng Việt: Nếu bạn không nói và/hoặc đọc được tiếng Anh, vui lòng gọi số **1-844-214-2470 (TTY 711)**, từ 8 giờ sáng đến 6 giờ chiều, Thứ Hai đến Thứ Sáu. Sẽ có người đại diện hỗ trợ quý vị.

한국어: 영어를 말하거나 읽지 못하는 경우, 월요일부터 금요일, 오전 8시부터 오후 6시 사이에 **1-844-214-2470(TTY 711)**으로 전화해 주십시오. 담당자가 도와드릴 것입니다.

Français: Si vous ne parlez pas et/ou ne lisez pas l'anglais, veuillez appeler le **1-844-214-2470 (ATS 711)**, disponible de 8 h à 18 h, du lundi au vendredi. Un représentant pourra vous aider.

العربية: إذا كنت لا تتحدث و/أو لا تقرأ اللغة الإنجليزية، يُرجى الاتصال على الرقم **1-844-214-2470 (خدمة الاتصال النصي "TTY" 711)**، المتاحة الساعة 8 صباحًا حتى 6 مساءً، من الاثنين إلى الجمعة. سيساعدك أحد الممثلين.

中文繁體: 如果您无法使用英语, 请拨打 **1-844-214-2470 (TTY 711)**; 服务时间: 周一至周五上午 8 点至下午 6 点。客服代表将为您提供帮助。

Русский: Если вы не говорите и/или не читаете по-английски, позвоните по телефону **1-844-214-2470 (TTY 711)**, который работает с 8:00 до 18:00, с понедельника по пятницу. Представитель поможет вам

မြန်မာ - အကယ်၍ သင်သည် အင်္ဂလိပ်လို မပြောတတ်ပါက /သို့မဟုတ် မဖတ်တတ်ပါက။ **1-844-214-2470 (TTY 711)** သို့ နံနက် ၈ နာရီမှ ညနေ ၆ နာရီအတွင်း တနင်္လာနေ့မှ သောကြာနေ့အထိ ခေါ်ဆိုနိုင်ပါသည်။ ကိုယ်စားလှယ်တစ်ဦးက ကူညီပေးပါမည်။

中文廣東話: 如果您無法使用英語, 請撥打 **1-844-214-2470 (TTY 711)**; 服務時間: 週一至週五上午 8 點至下午 6 點。客服代表將為您提供協助

فارسی: اگر به زبان انگلیسی صحبت نمی کنید و/یا نمی خوانید، لطفاً با شماره **1-844-214-2470 (TTY 711)** تماس بگیرید که از ساعت ۸ صبح تا ۶ بعد از ظهر، دوشنبه تا جمعه در دسترس است. یک نماینده به شما کمک خواهد کرد

Polski: Jeśli nie mówisz i/lub nie czytasz po angielsku, zadzwoń pod numer **1-844-214-2470 (TTY 711)**, dostępny od 8:00 do 18:00, od poniedziałku do piątku. Przedstawiciel Ci pomoże

Portuguese: Se você não fala e/ou não lê em inglês, ligue para **1-844-214-2470 (TTY 711)**, com atendimento disponível das 08h00 às 18h00, de segunda a sexta-feira. Um integrante da equipe poderá ajudar você

ਪੰਜਾਬੀ: ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲ ਅਤੇ/ਜਾਂ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ **1-844-214-2470 (TTY 711)** 'ਤੇ ਕਾਲ ਕਰੋ, ਜੋ ਕਿ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 6 ਵਜੇ ਤੱਕ, ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਤੱਕ ਉਪਲਬਧ ਹੈ। ਇੱਕ ਪ੍ਰਤੀਨਿਧੀ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ

Kreyòl Ayisyen: Si ou pa pale ak/oswa li anglè, tanpri rele **1-844-214-2470 (TTY 711)**, ki disponib apati 8 è nan maten pou rive 6 è nan aswè, lendi jiska vandredi. Yon reprezantan ap asiste ou

हिंदी: अगर आप अंग्रेज़ी बोल और/या पढ़ नहीं सकते, तो कृपया **1-844-214-2470 (TTY 711)** पर कॉल करें, यह फ़ोन सोमवार से शुक्रवार, सुबह 8 बजे से शाम 6 बजे तक उपलब्ध है। एक प्रतिनिधि आपकी सहायता करेगा

Soomaali: Haddii aadan ku hadlin ama akhrin Ingiriisi, fadlan wac **1-844-214-2470 (TTY 711)**, waxaana lagugu caawin karaa Isniinta ilaa Jimcaha, 8 subaxnimo – 6 fiidnimo. Wakiil ayaa ku caawin doona

Hmoob: Yog koj tsis paub hais thiab/los sis tsis paub nyeem Lus Askiv, ces thov hu rau **1-844-214-2470 (TTY 711)**, txij 8 teev sawv ntxov – 6 teev tsaus ntuj, Hnub Monday – Hnub Friday. Yuav muaj ib tug neeg sawv cev los pab koj

Italiano: Se non parli e/o non leggi l'inglese, chiama il numero **1-844-214-2470 (TTY 711)**, disponibile dalle 8:00 alle 18:00, dal lunedì al venerdì. Un rappresentante ti assisterà

Tagalog: Kung hindi ka nagsasalita at/o nagbabasa ng Ingles, pakitawagan ang **1-844-214-2470 (TTY 711)**, na available nang 8 a.m. — 6 p.m., Lunes — Biyernes. Tutulungan ka ng isang kinatawan

日本語: 英語をお話しにならない場合やお読みにならない場合は、**1-844-214-2470 (TTY 711)**までご連絡ください(月曜日～金曜日、午前8時から午後6時まで)。担当者がご案内いたします。



