

This summary describes how medical information about you may be used and shared with others. It also explains how you can get a copy of this information. Please read 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><b>Get a copy of your health and claims records</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.</li> </ul>
<p><b>Ask us to correct health and claims records</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<p><b>Request confidential communications</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li> </ul>



<p><b>Ask us to limit what we use or share</b></p>	<ul style="list-style-type: none"> <li>• You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul>
<p><b>Get a list of those with whom we’ve shared information</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<p><b>Get a copy of this privacy notice</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<p><b>Choose someone to act for you</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<p><b>File a complaint if you feel your rights are violated</b></p>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting us at <b>1-844-211-0966</b> for Diamond State Health Plan members and <b>1-855-777-6617</b> for Diamond State Health Plan-Plus members.</li> <li>• 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 <b>1-877-696-6775</b>, or visiting <b><a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a></b>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>



**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><b>In these cases, you have both the right and choice to tell us to:</b></p>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in payment for your care.</li> <li>• Share information in a disaster relief situation.</li> <li>• 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).</li> <li>• Not share your mental health information with your health care provider.</li> </ul> <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><b>In these cases we never share your information unless you give us written permission:</b></p>	<ul style="list-style-type: none"> <li>• Marketing purposes.</li> <li>• Sale of your information.</li> </ul>



**Our uses and disclosures**

We typically use or share your health information in the following ways.

<p><b>Help manage the health care treatment you receive</b></p>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with professionals who are treating you.</li> </ul>	<p><b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</p>
<p><b>Run our organization</b></p>	<ul style="list-style-type: none"> <li>• We can use and disclose your information to run our organization and contact you when necessary.</li> </ul>	<p><b>Example:</b> We use health information about you to develop better services for you.</p>
<p><b>Pay for your health services</b></p>	<ul style="list-style-type: none"> <li>• We can use and disclose your health information as we pay for your health services.</li> </ul>	<p><b>Example:</b> We share information about you to coordinate payment for your health services.</p>
<p><b>Administer your health plan</b></p>	<ul style="list-style-type: none"> <li>• We may disclose your health plan information for plan administration.</li> </ul>	<p><b>Example:</b> We share health information with others who we contract with for administrative services.</p>
<p><b>Coordinate your care among various health care providers</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p><b>Example:</b> We share health information through an HIN or HIE to provide timely information to providers delivering services to you.</p>



<p><b>Help with public health and safety issues. We can share health information about you for certain situations, such as:</b></p>	<ul style="list-style-type: none"> <li>• Preventing disease.</li> <li>• Helping with product recalls.</li> <li>• Reporting adverse reactions to medications.</li> <li>• Reporting suspected abuse, neglect, or domestic violence.</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety.</li> </ul>	
<p><b>Do research</b></p>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>	
<p><b>Comply with the law</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	
<p><b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b></p>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>	



<p><b>Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you:</b></p>	<ul style="list-style-type: none"> <li>• For workers' compensation claims.</li> <li>• For law enforcement purposes or with a law enforcement official.</li> <li>• With health oversight agencies for activities authorized by law.</li> <li>• For special government functions such as military, national security, and presidential protective services.</li> </ul>	
<p><b>Respond to lawsuits and legal actions</b></p>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>	
<p><b>Additional restrictions on use and disclosure</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	



## 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](http://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](http://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: June 15, 2018**



### **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 24 hours a day, seven days a week, at **1-844-211-0966 (TTY 1-855-349-6281)**.

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  
**1-844-211-0966 (TDD/TTY 1-855-349-6281)**
- You can also file a grievance by phone at **1-844-211-0966 (TTY 1-855-349-6281)**. If you need help filing a grievance, AmeriHealth Caritas Delaware Member Services is available to help you. You can contact Member Services 24 hours a day, seven days a week, at **1-844-211-0966 (TTY 1-855-349-6281)**.

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  
<http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language interpreter services

**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**. For TTY, call **1-855-349-6281**. For pharmacy services, call **1-877-759-6257**. 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**. Para TTY, llame al **1-855-349-6281**. Para servicios de farmacia, llame al **1-877-759-6257**. 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**。TTY使用者请拨打**1-855-349-6281**。如需药房服务，请拨打**1-877-759-6257**。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**。

**Haitian Creole:** Ou ka jwenn enfòmasyon sa yo gratis nan lòt lang oswa nan lòt fòm, tankou nan gwo karaktè, nan Bray oswa sou odyo. Mete sou sa, nou ka entèprete enfòmasyon sa yo nan telefòn nan nenpòt lang. Pou mande yon sèvis nan lang pa w oswa pou mande yon lòt fòm, rele ekip Sèvis pou manm yo 24 è sou 24, 7 jou sou 7, nan **1-844-211-0966**. Nimewo TTY pou moun ki pa tande byen yo se **1-855-349-6281**. Pou sèvis famasi, rele nan **1-877-759-6257**. Pou pale ak yon enfimyè 24 è sou 24, 7 jou sou 7, rele nan **1-844-897-5021**.

**Gujarati:** તમે આ માહિતી અન્ય ભાષાઓ અને સ્વરૂપો જેમ કે વિશાળ છપાઈ, બ્રેઈલ અને ઓડિયોમાં તમને કોઈ અર્થ થયા વગર મેળવી શકો છો. તમે આનું બીજી કોઈ ભાષામાં ફોન પર અર્થઘટન પણ કરાવી શકો છો. ભાષા સેવાઓ કે અન્ય સ્વરૂપોની માગણી કરવા, મેમ્બર સર્વિસીસને દિવસના 24 કલાક, અઠવાડિયામાં 7 દિવસ **1-844-211-0966** નંબર પર ફોન કરો. TTY માટે, **1-855-349-6281** નંબર પર ફોન કરો. ફાર્મસી સેવાઓ માટે, **1-877-759-6257** નંબર પર ફોન કરો. કોઈ નર્સ સાથે 24/7 વાતચીત કરવા, **1-844-897-5021** નંબર પર ફોન કરો.

**French:** Vous pouvez recevoir ces informations dans d'autres langues ou dans d'autres formats, par exemple en gros caractères, en Braille ou au format audio. Vous pouvez également vous faire interpréter ces informations par voie téléphonique dans n'importe quelle langue. Pour demander des services linguistiques ou d'autres formats, appelez l'équipe Services aux membres, qui est disponible 24 heures sur 24, 7 jours sur 7, au **1-844-211-0966**. Les utilisateurs du service TTY peuvent composer le **1-855-349-6281**. Pour les services de pharmacie, composez le **1-877-759-6257**. Pour contacter notre service d'infirmiers, qui est disponible 24 heures sur 24, 7 jours sur 7, composez le **1-844-897-5021**.

Korean: 이 정보를 타 언어 또는 확대 문자나 점자, 음성 자료와 같은 타 형태로도 무료로 제공받을 수 있습니다. 또한 이 정보를 어떠한 언어로도 전화상으로 통역 서비스를 통해 전달받을 수 있습니다. 언어 서비스나 타 자료 형태를 요청하려면 주 7일 24시간 언제든지 회원 서비스 **1-844-211-0966**번으로 연락하시기 바랍니다. TTY 사용자는 **1-855-349-6281**번으로 연락하십시오. 약국 서비스는 **1-877-759-6257**번으로 연락하십시오. 주 7일 24시간 언제든지 간호사와 상담하려면 **1-844-897-5021**번으로 연락하십시오.

Italian: Queste informazioni sono disponibili gratuitamente in altre lingue e formati, ad esempio in caratteri grandi, Braille e audio. È possibile anche farle tradurre in qualsiasi lingua tramite un servizio di interpretariato telefonico. Per richiedere servizi linguistici o altri formati, chiamare Member Services 24 ore al giorno, 7 giorni alla settimana al numero **1-844-211-0966**. Per TTY, chiamare **1-855-349-6281**. Per i servizi di farmacia, chiamare **1-877-759-6257**. Per parlare con un infermiere 24 ore su 24, 7 giorni su 7, chiamare **1-844-897-5021**.

Vietnamese: Quý vị có thể nhận thông tin này bằng các định dạng và ngôn ngữ khác như bản in khổ lớn, chữ nổi Braille, và bản âm thanh miễn phí. Quý vị cũng có thể nghe diễn giải thông tin này qua điện thoại bằng bất cứ ngôn ngữ nào. Đề yêu cầu các dịch vụ ngôn ngữ hoặc các định dạng khác, hãy gọi Ban Dịch Vụ Hội Viên 24 giờ trong ngày, 7 ngày một tuần theo số **1-844-211-0966**. Người dùng TTY xin gọi số **1-855-349-6281**. Đối với các dịch vụ dược phẩm, xin gọi số **1-877-759-6257**. Đề trao đổi với y tá 24/7, xin gọi số **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**; dieser Service wird rund um die Uhr, 7 Tage die Woche angeboten. Wählen Sie **1-855-349-6281** bzgl. TTY. Unter **1-877-759-6257** 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**. Para sa TTY, tumawag sa **1-855-349-6281**. Para sa mga serbisyo ng parmasya, tumawag sa **1-877-759-6257**. 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 निःशुल्क 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** पर कॉल करें, दिन में 24 घंटे, साप्ताह के 7 दिन। TTY के लिए **1-855-349-6281** पर कॉल करें। फार्मसी सेवाओं के लिए **1-877-759-6257** 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 **1-844-211-0966** پر کال کریں۔ دن میں 24 گھنٹے، ہفتے کے 7 دن۔ TTY کے لئے **1-855-349-6281** پر کال کریں۔ فارمیسی خدمات کے لئے **1-877-759-6257** 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**. رقم الهاتف النصي **1-855-349-6281**. لخدمات الصيدلية اتصل بالرقم **1-877-759-6257**. 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, బ్రైయిల్ మరియు ఆడియో లాంటి ఇతర ఫార్మాట్లలో మీకు ఎలాంటి ఖర్చు లేకుండా పొందగలరు. మీరు దీనిని ఏ భాషలోకి అయినా అనువదించబడి ఫోనులో కూడా పొందగలరు. భాషా సేవలు లేక ఇతర ఫార్మాట్ల కోసం, రోజుకు 24 గంటలు, వారానికి 7 రోజులు 1-844-211-0966 కు కాల్ చేయండి. టిటివై కోసం, 1-855-349-6281 కు కాల్ చేయండి. ఫార్మసీ సేవల కోసం 1-877-759-6257 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, 24 uur per dag en 7 dagen per week. Voor telex belt u 1-855-349-6281. Voor apothekdiensten belt u 1-877-759-6257. Als u met een verpleegkundige wilt spreken, 24 uur per dag, 7 dagen per week, belt u 1-844-897-5021.

### **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 24 hours a day, seven days a week, 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  
**1-855-777-6617 (TDD/TTY 1-855-362-5769)**
- You can also file a grievance by phone 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 contact Member Services 24 hours a day, seven days a week, at **1-855-777-6617 (TTY 1-855-362-5769)**.

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  
<http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language interpreter services

**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 **1-855-777-6617**. For TTY, call **1-855-362-5769**. For pharmacy services, call **1-855-294-7048**. 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 **1-855-777-6617**. Para TTY, llame al **1-855-362-5769**. Para servicios de farmacia, llame al **1-855-294-7048**. 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 **1-855-777-6617**。TTY 使用者请拨打 **1-855-362-5769**。如需药房服务, 请拨打 **1-855-294-7048**。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**。

**Haitian Creole:** Ou ka jwenn enfòmasyon sa yo gratis nan lòt lang oswa nan lòt fòm, tankou nan gwo karaktè, nan Bray oswa sou odyo. Mete sou sa, nou ka entèprete enfòmasyon sa yo nan telefòn nan nenpòt lang. Pou mande yon sèvis nan lang pa w oswa pou mande yon lòt fòm, rele ekip Sèvis pou manm yo 24 è sou 24, 7 jou sou 7, nan **1-855-777-6617**. Nimewo TTY pou moun ki pa tande byen yo se **1-855-362-5769**. Pou sèvis famasi, rele nan **1-855-294-7048**. Pou pale ak yon enfimyè 24 è sou 24, 7 jou sou 7, rele nan **1-844-897-5021**.

**Gujarati:** તમે આ માહિતી અન્ય ભાષાઓ અને સ્વરૂપો જેમ કે વિશાળ છપાઈ, બ્રેઈલ અને ઓડિયોમાં તમને કોઈ ખર્ચ થયા વગર મેળવી શકો છો. તમે આનું બીજી કોઈ ભાષામાં ફોન પર અર્થઘટન પણ કરાવી શકો છો. ભાષા સેવાઓ કે અન્ય સ્વરૂપોની માગણી કરવા, મેમ્બર સર્વિસીસને દિવસના 24 કલાક, અઠવાડિયામાં 7 દિવસ **1-855-777-6617** નંબર પર ફોન કરો. TTY માટે, **1-855-362-5769** નંબર પર ફોન કરો. ફાર્મસી સેવાઓ માટે, **1-855-294-7048** નંબર પર ફોન કરો. કોઈ નર્સ સાથે 24/7 વાતચીત કરવા, **1-844-897-5021** નંબર પર ફોન કરો.

**French:** Vous pouvez recevoir ces informations dans d'autres langues ou dans d'autres formats, par exemple en gros caractères, en Braille ou au format audio. Vous pouvez également vous faire interpréter ces informations par voie téléphonique dans n'importe quelle langue. Pour demander des services linguistiques ou d'autres formats, appelez l'équipe Services aux membres, qui est disponible 24 heures sur 24, 7 jours sur 7, au **1-855-777-6617**. Les utilisateurs du service TTY peuvent composer le **1-855-362-5769**. Pour les services de pharmacie, composez le **1-855-294-7048**. Pour contacter notre service d'infirmiers, qui est disponible 24 heures sur 24, 7 jours sur 7, composez le **1-844-897-5021**.

Korean: 이 정보를 타 언어 또는 확대 문자나 점자, 음성 자료와 같은 타 형태로도 무료로 제공받을 수 있습니다. 또한 이 정보를 어떠한 언어로도 전화상으로 통역 서비스를 통해 전달받을 수 있습니다. 언어 서비스나 타 자료 형태를 요청하려면 주 7일 24시간 언제든지 회원 서비스 1-855-777-6617번으로 연락하시기 바랍니다. TTY 사용자는 1-855-362-5769번으로 연락하십시오. 약국 서비스는 1-855-294-7048번으로 연락하십시오. 주 7일 24시간 언제든지 간호사와 상담하려면 1-844-897-5021번으로 연락하십시오.

Italian: Queste informazioni sono disponibili gratuitamente in altre lingue e formati, ad esempio in caratteri grandi, Braille e audio. È possibile anche farle tradurre in qualsiasi lingua tramite un servizio di interpretariato telefonico. Per richiedere servizi linguistici o altri formati, chiamare Member Services 24 ore al giorno, 7 giorni alla settimana al numero 1-855-777-6617. Per TTY, chiamare 1-855-362-5769. Per i servizi di farmacia, chiamare 1-855-294-7048. Per parlare con un infermiere 24 ore su 24, 7 giorni su 7, chiamare 1-844-897-5021.

Vietnamese: Quý vị có thể nhận thông tin này bằng các định dạng và ngôn ngữ khác như bản in khổ lớn, chữ nổi Braille, và bản âm thanh miễn phí. Quý vị cũng có thể nghe diễn giải thông tin này qua điện thoại bằng bất cứ ngôn ngữ nào. Để yêu cầu các dịch vụ ngôn ngữ hoặc các định dạng khác, hãy gọi Ban Dịch Vụ Hội Viên 24 giờ trong ngày, 7 ngày một tuần theo số 1-855-777-6617. Người dùng TTY xin gọi số 1-855-362-5769. Đối với các dịch vụ dược phẩm, xin gọi số 1-855-294-7048. Để trao đổi với y tá 24/7, xin gọi số 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 1-855-777-6617; dieser Service wird rund um die Uhr, 7 Tage die Woche angeboten. Wählen Sie 1-855-362-5769 bzgl. TTY. Unter 1-855-294-7048 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 1-855-777-6617. Para sa TTY, tumawag sa 1-855-362-5769. Para sa mga serbisyo ng parmasya, tumawag sa 1-855-294-7048. 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 निःशुल्क 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 1-855-777-6617 पर कॉल करें, दिन में 24 घंटे, साप्ताह के 7 दिन। TTY के लिए 1-855-362-5769 पर कॉल करें। फार्मसी सेवाओं के लिए 1-855-294-7048 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 پر کال کریں۔ دن میں 24 گھنٹے، ہفتے کے 7 دن۔ TTY کے لئے 1-855-362-5769 پر کال کریں۔ فارمیسی خدمات کے لئے 1-855-294-7048 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 1-855-777-6617. رقم الهاتف النصي 1-855-362-5769. لخدمات الصيدلية اتصل بالرقم 1-855-294-7048. 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, బ్రైయిలీ 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 1-855-777-6617 కు కాల్ చేయండి. టిటివై కోసం, 1-855-362-5769 కు కాల్ చేయండి. ఫార్మసీ సేవల కోసం 1-855-294-7048 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 1-855-777-6617, 24 uur per dag en 7 dagen per week. Voor telex belt u 1-855-362-5769. Voor apotheekdiensten belt u 1-855-294-7048. Als u met een verpleegkundige wilt spreken, 24 uur per dag, 7 dagen per week, belt u 1-844-897-5021.