

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**

<p><b>As a member, you have the right to:</b></p>	<ul style="list-style-type: none"> <li>• Get a copy of your health and claims records.</li> <li>• Correct your health and claims records.</li> <li>• Request confidential communication.</li> <li>• Ask us to limit the information we share.</li> </ul>	<ul style="list-style-type: none"> <li>• Get a list of those with whom we've shared your information.</li> <li>• Get a copy of this privacy notice.</li> <li>• Choose someone to act for you.</li> <li>• File a complaint if you believe your privacy rights have been violated.</li> </ul>
<p>See page 2 for more information on these rights and how to exercise them.</p>		

 **Your choices**

<p><b>You have choices in the way that we use and share information as we:</b></p>	<ul style="list-style-type: none"> <li>• Answer coverage questions from your family and friends whom you authorize to receive information.</li> <li>• Provide disaster relief.</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate through mobile and digital technologies.</li> <li>• Market our services.</li> </ul>
<p>See page 3 for more information on these choices and how to exercise them.</p>		

 **Our uses and disclosures**

<p><b>We may use and share your information as we:</b></p>	<ul style="list-style-type: none"> <li>• Help manage the health care treatment you receive.</li> <li>• Run our organization.</li> <li>• Pay for your health services.</li> <li>• Administer your health plan.</li> <li>• Coordinate your care among various health care providers.</li> <li>• Help with public health and safety issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Do research.</li> <li>• Comply with the law.</li> <li>• Respond to organ and tissue donation requests and work with a medical examiner or funeral director.</li> <li>• Address workers' compensation, law enforcement and other government requests.</li> <li>• Respond to lawsuits and legal actions.</li> </ul>
<p>See pages 4 and 5 for more information on these uses and disclosures.</p>		

Please note information on **page 6** about your civil rights. You can learn about aids and services for those with disabilities. You can learn about language services.



## 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. We may charge a reasonable, cost-based fee.</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.</li> <li>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, a home or office phone) or to send mail to a different address.</li> <li>We will consider all reasonable requests, and we 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 (an accounting) of the times we’ve shared your health information for six years prior to the date you ask, whom 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 at no cost to you but will charge a reasonable, cost-based fee if you ask for another one 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 have been violated.</b></p>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights. To do so, contact us at <b>1-833-983-7272 (TTY 711)</b>.</li> <li>You can also 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 <a href="https://www.hhs.gov/hipaa/filing-a-complaint/index.html">https://www.hhs.gov/hipaa/filing-a-complaint/index.html</a>.</li> <li><b>We will not retaliate against you for filing a complaint.</b></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 your 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></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.</p> <p>We will not use mobile and digital technologies to send you health information unless you agree to let us do so. The use of mobile and digital technologies (such as text message, email, or mobile app) 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>• Selling your information for marketing purposes</li></ul>



## Our uses and disclosures

### How do we typically use or share your health information?

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

<b>To help manage the health care treatment you receive</b>	We can use your health information and share it with professionals who are treating you.	<b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
<b>Health care Operations</b>	We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.	<b>Example:</b> We use health information about you to develop better services for you.
<b>To pay for your health services</b>	We can use and disclose your health information as we pay for your health services.	<b>Example:</b> We share information about you to coordinate payment for your health services.
<b>To coordinate your care among various health care providers</b>	<p>Our contracts with various programs require that we participate in certain electronic health information networks (HINs) and/or health information exchanges (HIEs) so that we are able to more efficiently coordinate the care you are receiving from various health care providers.</p> <p>If you are enrolled or enrolling in a government-sponsored program, such as Medicaid or Medicare, please review the information provided to you by that program to determine your rights with respect to participating in an HIN or HIE.</p>	<b>Example:</b> We share health information through an HIN or HIE to provide timely information to providers rendering services to you.

**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 <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

<p><b>To help with public health and safety issues</b></p>	<p>We can share health information about you for certain situations such as:</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>To 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>To 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 in order to document that we’re complying with state and federal privacy law.</li> </ul>
<p><b>To 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>To address workers’ compensation, law enforcement, and other government requests</b></p>	<p>We can use or share health information about you:</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>To 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, mental health, alcohol and/or substance use, genetic testing, sexually transmitted diseases, and reproductive health.</li> </ul>

## Our responsibilities

First Choice Next takes our members' right to privacy seriously. To provide you with your benefits, First Choice Next creates and/or receives personal information about your health. This information comes from you, your physicians, hospitals, and other health care services providers. This information, called protected health information (PHI), can be oral, written, or electronic.

- We are required by law to maintain the privacy and security of your PHI.
- Our staff is trained to adhere to all of our company privacy and security processes.
- Our business associates are also required to follow documented privacy and security processes.
- We are required by law to ensure that third parties who assist with your treatment, our payment of claims, or health care operations maintain the privacy and security of your PHI 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 <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, and the changes will apply to all information we have about you, as well as any information we receive about you in the future. The new notice will be available upon request by calling our member services department at **1-833-983-7272 (TTY 711)**, on our web site, we will mail a copy to you, and will include in our annual open enrollment materials.

## Contact Information

If you have any questions about this Notice, our privacy practices related to your information, or how to exercise your rights, you can contact us in writing or by phone using the contact information listed below.

AmeriHealth Caritas  
Attn: Privacy Officer  
3875 West Chester Pike  
Newtown Square, PA 19073  
Phone: **610-723-4448**

## Notice of Nondiscrimination

First Choice Next complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. First Choice Next does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, marital status or lawful occupation or sexual orientation.

First Choice Next provides free aids and services to 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)

First Choice Next provides free 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 Member Services at **1-833-983-7272 (TTY 711)**, Monday to Friday, 8 a.m. to 8 p.m.

If you believe that First Choice Next has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, gender identity or expression, or sex, you can file a grievance with:

### First Choice Next

Attention: Member Grievances  
P.O. Box 7202  
London, KY 40742-7202  
Fax: **1-833-726-7329**

South Carolina Department of Insurance  
Office of Consumer Services  
Street Address: 1201 Main Street, Suite 1000,  
Columbia SC 29201

Mailing Address: P.O. Box 100105,  
Columbia, SC 29202-3105

Telephone: **(803) 737-6180** or **1-800-768-3467**

Fax: **(803) 737-6231**

Email: **consumers@doi.sc.gov**

Complaint form: **<https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=SC&dswid=3785>**

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>**
- By mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW,  
Room 509F, HHH Building  
Washington, DC 20201
- By phone at **1-800-368-1019 (TTY 1-800-537-7697)**

Complaint forms are available at **[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)**.

English: You can get this material and other plan information in large print for free. To get materials in large print, call Member Services at **1-833-983-7272 (TTY 711)**.

If English is not your first language, we can help. Call **1-833-983-7272 (TTY 711)**. You can ask us for the information in this material in your language. We have access to interpreter services and can help answer your questions in your language.

Spanish: Puede obtener esta publicación y otra información del plan en letra grande de forma gratuita. Para recibir información en letra grande, llame a Servicios al Miembro al **1-833-983-7272 (TTY 711)**.

Si el inglés no es su lengua materna, podemos ayudar. Llame al **1-833-983-7272 (TTY 711)**. Puede solicitarnos la información que se encuentra en esta publicación en su idioma. Tenemos acceso a los servicios de interpretación y podemos ayudarlo a responder sus preguntas en su idioma.

Simplified Chinese: 您可以免费获取本资料内容及其他计划相关信息的大号字体版。如需获取以大号字体印刷的资料，请致电会员服务部 **1-833-983-7272 (TTY 711)**。

如果英语不是您的第一语言，我们可以提供帮助。请致电 **1-833-983-7272 (TTY 711)**。您可以使用您的语言向我们索取本资料内容中的信息。我们可以提供口译服务，可以用您的语言解答您的问题。

Vietnamese: Quý vị có thể nhận được tài liệu này và các thông tin khác về chương trình ở dạng bản in chữ lớn miễn phí. Để nhận được tài liệu ở dạng bản in chữ lớn, vui lòng gọi tới Dịch Vụ Hội Viên theo số **1-833-983-7272 (TTY 711)**.

Nếu tiếng Anh không phải là tiếng mẹ đẻ của quý vị, chúng tôi có thể hỗ trợ. Vui lòng gọi **1-833-983-7272 (TTY 711)**. Quý vị có thể yêu cầu chúng tôi cung cấp thông tin trong tài liệu này bằng ngôn ngữ của quý vị. Chúng tôi có quyền tiếp cận các dịch vụ thông dịch và có thể giúp giải đáp thắc mắc bằng ngôn ngữ của quý vị.



Korean: 본 자료 및 기타 플랜 정보를 큰 활자체로 무료로 제공받을 수 있습니다. 큰 활자체의 자료를 제공받으려면 **1-833-983-7272 (TTY 711)** 으로 회원 서비스에 문의하십시오. 영어가 모국어가 아닌 경우, 저희가 도와드릴 수 있습니다. **1-833-983-7272 (TTY 711)** 으로 문의하십시오. 귀하의 언어로 된 본 자료의 정보를 요청하실 수 있습니다. 통역 서비스를 통해서 귀하의 질문에 대한 답변을 귀하의 언어로 제공하는 데 도움을 드릴 수 있습니다.

French: Vous pouvez obtenir gratuitement ce document et d'autres informations sur le plan en gros caractères. Pour ce faire, appelez l'équipe service aux membres au **1-833-983-7272 (TTY 711)**.

Si l'anglais n'est pas votre langue maternelle, nous pouvons vous aider. Appelez au **1-833-983-7272 (TTY 711)**. Vous pouvez nous demander les informations figurant dans ce document dans votre propre langue. Nous avons accès à des services d'interprétation et nous pouvons répondre à vos questions dans votre propre langue.

Arabic: يمكنك الحصول على هذه المادة ومعلومات أخرى عن الخطة في مطبوعة كبيرة مجاناً. للحصول على مواد مطبوعة كبيرة اتصل بخدمات الأعضاء على **1-833-983-7272 (TTY 711)**.

إذا لم تكن اللغة الإنجليزية لغتك الأولى، فيمكننا مساعدتك. اتصل بالرقم **1-833-983-7272 (TTY 711)**. يمكنك أن تطلب منا المعلومات الموجودة في هذه المادة بلغتك. لدينا إمكانية الوصول إلى خدمات مترجمين فوريين ويمكننا المساعدة في الإجابة عن أسئلتك بلغتك.

Hmong: Koj muaj peev xwm tau txais cov ntaub ntawv no thiab lwm cov lus qhia txog pawg kho mob sau ua ntawv luam loj pub dawb. Yog koj xav tau cov ntaub ntawv sau ua ntawv luam loj, hu rau Lub Thawj Fab Saib Xyuas Hauj Lwm Kev Pab Cuam Rau Tswv Cuab ntawm **1-833-983-7272 (TTY 711)**.

Yog tias lus As Kiv tsis yog koj thawj hom lus, peb muaj peev xwm pab tau. Hu rau **1-833-983-7272 (TTY 711)**. Koj muaj peev xwm nug peb tau txog rau cov lus qhia nyob rau hauv cov ntaub ntawv no hais ua koj hom lus. Peb muaj kev txuas cuag tau rau cov kev pab cuam fab kev txhais lus thiab muaj peev xwm pab teb tau koj cov lus nug hais ua koj hom lus.

Russian: Крупношрифтовые издания как данного печатного материала, так и другой информации о страховом плане вы можете получить бесплатно. Чтобы получить материалы, напечатанные крупным шрифтом, обратитесь в отдел обслуживания членов плана по телефону **1-833-983-7272 (TTY 711)**.

Если ваш родной язык не английский, мы можем помочь. Позвоните по телефону **1-833-983-7272 (TTY 711)**. Вы можете попросить предоставить вам информацию, изложенную в данном печатном материале, на вашем языке. Мы имеем доступ к услугам переводчиков и можем ответить на ваши вопросы на вашем родном языке.

Tagalog: Maaari mong makuha ang babasahing na ito at iba pang impormasyon sa plano sa malaking print nang libre. Upang makakuha ng mga babasahin sa malaking print, tumawag sa Member Services (Mga Serbisyo para sa Miyembro) sa **1-833-983-7272 (TTY 711)**.

Kung hindi mo unang wika ang Ingles, maaari kaming makatulong. Tumawag sa **1-833-983-7272 (TTY 711)**. Maaari kang humingi ng impormasyon sa amin sa babasahing ito sa iyong wika. Mayroon kaming access sa mga serbisyo ng tagapagsalin at maaaring tumulong sa pagsagot sa iyong mga katanungan sa iyong wika.

Gujarati: તમે આ સાહિત્ય અને યોજનાની અન્ય માહિતી વિના મૂલ્ય મોટી પ્રિન્ટમાં મેળવી શકો છો. મોટી પ્રિન્ટમાં સાહિત્ય મેળવવા માટે, મેમ્બર સર્વિસીસને **1-833-983-7272 (TTY 711)** પર કોલ કરો.

જો ઇંગ્લીશ તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. **1-833-983-7272 (TTY 711)** પર કોલ કરો. તમે આ સાહિત્યની માહિતી તમારી ભાષામાં મેળવવા અમને પૂછી શકો છો. અમારી પાસે દુભાષિયા સેવાઓ ઉપલબ્ધ છે અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં અમે મદદ કરી શકીએ છીએ.

Mon-Khmer: អ្នកអាចទទួលបានឯកសារនេះនិងព័ត៌មានគម្រោងផ្សេងៗទៀតជាអក្សរព័ត៌មានដោយមិនគិតថ្លៃ។ ដើម្បីទទួលបានឯកសារជាអក្សរព័ត៌មាន សូមហៅទៅកាន់សេវាកម្មសមាជិកតាមរយៈលេខ **1-833-983-7272 (TTY 711)**។

ប្រសិនបើភាសាអង់គ្លេសមិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយបាន។ ហៅទូរស័ព្ទទៅលេខ **1-833-983-7272 (TTY 711)**។ អ្នកអាចស្នើសុំយើងខ្ញុំនូវព័ត៌មាននៅក្នុងឯកសារនេះជាភាសារបស់អ្នក។ យើងមានសិទ្ធិចូលប្រើសេវាបកប្រែ និងអាចជួយអ្នកឆ្លើយសំណួររបស់អ្នកជាភាសារបស់អ្នក។

German: Dieses Material und andere Plan-Informationen sind kostenlos erhältlich. Um Materialien in großen Buchstaben zu bestellen, wenden Sie sich bitte unter **1-833-983-7272 (TTY 711)** an den Mitglieder-Service.

Falls Englisch nicht Ihre Muttersprache ist, helfen wir Ihnen gerne. Rufen Sie an: **1-833-983-7272 (TTY 711)**.

Sie können die Informationen in diesem Material bei uns in Ihrer Sprache erhalten. Wir haben Zugang zu Dolmetscher-Diensten und können Ihre Fragen in Ihrer Sprache beantworten.

Hindi: आप को यह साहित्य और अन्य योजना जानकारी बड़े प्रिंट में मुफ्त प्राप्त हो सकती है। बड़े प्रिंट में यह साहित्य प्राप्त करने के लिए, **1-833-983-7272 (TTY 711)** पर सदस्य सेवाओं को कॉल करें।

यदि अंग्रेजी आपकी मातृभाषा नहीं है, हम आपकी सहाय्यता कर सकते हैं। **1-833-983-7272 (TTY 711)**।

पर कॉल करें। आप अपनी भाषा में इस साहित्य की जानकारी मांग सकते हैं। हमारे पास दुभाषिया सेवाएं उपलब्ध हैं और आपकी भाषा में आपके सवालों के जवाब देने में सहाय्यता कर सकते हैं।

Laotian: ທ່ານສາມາດຮັບເອກະສານນີ້ ແລະຂໍ້ມູນແຜນການອື່ນໆ ໃນແບບ ພິມໃຫຍ່ໄດ້ຟີ. ເພື່ອຈະຮັບເອກະສານ ໃນຂະໜາດໃຫຍ່, ກະລຸນາໂທຫາສູນ ບໍລິການສະມາຊິກທີ **1-833-983-7272 (TTY 711)**.

ຖ້າພາສາອັງກິດບໍ່ແມ່ນພາສາທຳອິດ ຂອງທ່ານ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາ **1-833-983-7272 (TTY 711)**.

ທ່ານສາມາດຂໍຂໍ້ມູນໃນເອກະສານນີ້ ຈາກພວກເຮົາໃນພາສາຂອງທ່ານໄດ້. ພວກເຮົາສາມາດຂໍໃຫ້ມີບໍລິການນາຍ ພາສາແລະສາມາດຊ່ວຍຕອບຄໍາຖາມ ຂອງທ່ານໃນພາສາຂອງທ່ານ.

Japanese: この資料とその他のプラン情報は拡大版で無料にて提供致します。拡大版を請求するには、メンバーサービス **1-833-983-7272 (TTY 711)** までお電話ください。

英語が母国語でない方には、サポート致します。こちらにお電話下さい。 **1-833-983-7272 (TTY 711)** 資料に関する情報をご自分の言語で請求することができます。また、通訳サービスによる質問対応が可能です。



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