

Request for Alternate Means of Confidential Communications



Use this form so that communications of your protected health information (PHI) are carried out by alternative means or at an alternate location. We will not disclose the PHI of our members to any individuals who may contact us on your behalf unless written authorization has been submitted or the disclosure is otherwise allowable under law.

Please complete the following with the information we currently have on file for you:

Name:		Phone:	
Address:			
City:	State:	ZIP code:	Member ID number:

Please carefully read the following: At AmeriHealth Caritas VIP Care Plus (Medicare-Medicaid Plan), we mail communications containing your PHI, such as an Explanation of Benefits, to the subscriber (the person whose name appears on your ID card). These communications are sent to the address listed in our membership records for you. We also rely upon telephone information in your membership records when we contact you by phone.

If you believe the above methods of communication could endanger you, you have the right to request that we:

- Use a reasonable alternate means for communicating your PHI.
- Send your PHI to an alternate address.
- Contact you at an alternate phone number.

We will not accommodate requests for communications to alternate addresses made solely for reasons of convenience.

Please sign and date: I attest that I have read the above statement and that I require communication about my PHI by an alternate means or at an alternate address indicated below because I believe any other method of communication could endanger me.

Signature:	Date:
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Alternate contact information (please provide full information regarding the alternate means, address, phone number, etc., that you want us to use):

Personal representative: If you are not the member, please sign and date below. Check the box that describes your relationship to the member. **If you are not the parent or legal guardian, please attach proof of your relationship to the member (e.g., power of attorney, personal representative documentation, etc.).**

Print name of personal representative:
Signature of personal representative and date:

Parent or legal guardian Power of attorney Executor Other: _____

Please return this form to: AmeriHealth Caritas VIP Care Plus
Medicare Compliance
3875 West Chester Pike
Newtown Square, PA 19073

Discrimination is Against the Law

AmeriHealth Caritas VIP Care Plus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AmeriHealth Caritas VIP Care Plus does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas VIP Care Plus:

- 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, other formats)
- 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 AmeriHealth Caritas VIP Care Plus Member Services at 1-888-667-0318 (TDD/TTY: 711). We are available from 8 am to 8 pm, 7 days a week.

If you believe that AmeriHealth Caritas VIP Care Plus 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:

- AmeriHealth Caritas VIP Care Plus Grievances and Complaints Department, P.O. Box 7140, London, KY 40742-7140, Phone: 1-888-667-0318 (TDD/TTY 711), Fax: 1-855-226-7301 .
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance or complaint, AmeriHealth Caritas VIP Care Plus 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

AmeriHealth Caritas VIP Care Plus is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.



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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-667-0318 (TTY 711)** de 8 a.m. a 8 p.m., los siete días de la semana. La llamada es gratuita.

تنويه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجانًا. يُرجى الاتصال بالرقم **1-888-667-0318 (TTY 711)**، من 8 صباحًا إلى 8 مساءً، سبعة أيام في الأسبوع. المكالمات مجانية.

You can also get this information for free in other formats, such as large print, braille, or audio. Call **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free.