

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:	Date of birth:	
Address:			
City:	State:	ZIP code:	Member ID number:

Please carefully read the following: At AmeriHealth Caritas New Hampshire, we mail communications containing your PHI 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.):

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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 New Hampshire Privacy Office, 200 Stevens Drive, Philadelphia, PA 19113

www.amerihealthcaritasnh.com

Discrimination is against the law

AmeriHealth Caritas New Hampshire complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of age; race; color; ethnicity; national origin or ancestry; mental or physical disability; sexual or affection orientation or preference; gender identity; marital status; genetic information; source of payment; sex, including sex stereotypes, sex characteristics including intersex traits; pregnancy or related conditions; creed, religion; health or mental health status or history; need for health care services; amount payable to AmeriHealth Caritas New Hampshire on the basis of an eligible person's or member's actuarial class or pre-existing medical/health conditions; whether or not the member has executed an advance directive; or any other status protected by federal or state law.

AmeriHealth Caritas New Hampshire provides free aids and services to people with disabilities. Examples of these aids and services include qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats, other formats). We provide free language services, such as qualified interpreters and information written in other languages, to people with limited English proficiency or whose primary language is not English.

If you need these services, contact AmeriHealth Caritas New Hampshire 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)**.

If you believe that AmeriHealth Caritas New Hampshire has failed to provide these services or has discriminated against you in another way, you or your authorized representative (if we have your written authorization on file) can file a grievance with:

AmeriHealth Caritas New Hampshire Grievances
1557 / Civil Rights Coordinator
P.O. Box 7389
London, KY 40742-7389
Phone: **1-833-704-1177 (TTY 1-855-534-6730)**
Email: **acfcgrievances@amerihealthcaritas.com**

- You can also file a grievance by phone. If you need help filing a grievance, AmeriHealth Caritas New Hampshire Member Services is available to help you. You can contact Member Services 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)**.

You may also file a discrimination complaint through the Department of Health and Human Services (DHHS) Office of the Ombudsman who has been designated to coordinate the efforts of NH DHHS's civil rights compliance for the Department:

State of New Hampshire, Department of Health and Human Services, Office of the Ombudsman
129 Pleasant Street
Concord, NH 03301-3857
1-603-271-6941 or **1-800-852-3345 ext. 16941**
Fax: **1-603-271-4632, (TTY 1-800-735-2964)**
E-mail: **ombudsman@dhhs.nh.gov**

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 (TTY 1-800-537-7697)

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

Attention: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-833-704-1177 (TTY 1-855-534-6730)**.

Atención: se habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-704-1177 (TTY 1-855-534-6730)**.