

Revocation of Alternate Means of Confidential Communications



Use this form to revoke a confidential communications request previously given.

Section A: Individual revoking confidential communications

Please complete the following:

Name:	Phone:	Date of birth:	
Address:			
City:	State:	ZIP code:	Member ID:

Section B: Revocation

I revoke my request that AmeriHealth Caritas New Hampshire communicate with me about my protected health information (PHI) by alternate means, to send such communications to an alternate address that I may have provided, and/or to contact me at an alternate phone number.

I understand that this revocation **will not** affect actions taken in accordance with my original confidential communications request prior to receipt of this written revocation. I also understand that when my confidential communications indicator is removed, AmeriHealth Caritas New Hampshire will mail communications containing my protected health information to the subscriber (the person whose name appears on my ID card). AmeriHealth Caritas New Hampshire will send communications to my address as listed in my membership records. AmeriHealth Caritas New Hampshire will also rely upon telephone information in my membership records when I am contacted by telephone.

Section C: Signature

I have read the above statement and attest that I no longer require communications about my PHI to be sent by alternate means or to the alternate address indicated in my previous request.

Signature:	Date:
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Section D: Personal representative

If you are not the member, please sign and date this form below. Check the box that describes your relationship to the patient. 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:	Date:

Parent or legal guardian Power of attorney Executor Other

Please return this form to: AmeriHealth Caritas New Hampshire
Compliance and 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)**.