

**REQUEST TO RESTRICT THE USE AND/OR DISCLOSURE  
OF PROTECTED HEALTH INFORMATION**



Use this form to ask us to restrict the use and/or disclosure of your protected health information (PHI) in records that we or our business associates maintain in designated record sets.

Member Name:			
Member Address:			
Member Phone Number:			
Member/Health Plan Identification Number:			
<p>Please read the statements in this form and tell us the requested information. You have the right to ask us to restrict the use and/or disclosure of PHI in the designated record set that we or our business associates maintain. We may not agree to your request if we did not create the records, the records are not part of our designated record set, or the law does not give you the right to access the records.</p> <p>Please tell us which records you want to restrict and whether you want to restrict the use of those records or if you wish to restrict further disclosure of those records:</p>			
Please provide the dates of the records you want to restrict:			
Please tell us why you want us to restrict the use and/or disclosure of the records:			
Please sign and date:			
Signature:		Date	
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:		Date:	
Parent or legal guardian	Power of attorney	Executor	Other:

Please return this form to:

AmeriHealth Caritas VIP Care Plus  
Medicare Compliance Department  
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.