



To: Commercial Members

## **YOUR PHI PRIVACY RIGHTS**

As a Commercial Member of AmericasHealth Plan, you have the rights to have all your communications (written, verbal, or electronic communications) mailed to an alternative mailing address, email address or telephone number for all sensitive services.

### **WHAT ARE SENSITIVE SERVICES?**

All health care services related to mental health, reproductive health, sexually transmitted infections, substance use disorder, transgender health, including gender affirming care, and intimate partner violence, and included services, as specified.

### **WHO ARE PROTECTED INDIVIDUALS?**

A covered adult or a minor who can consent to a health care service without the consent of a parent or legal guardian. This does not include an individual that lacks the capacity to give informed consent for health care pursuant to existing law.

### **WHAT DOES THIS MEAN?**

All communications regarding a protected individual's (including a minor) receipt of sensitive health care services are sent directly to the protected individual and prohibits the disclosure of that information to the policyholder, primary subscriber, or any plan Member or insureds without the authorization of the protected individual, as provided.

### **WHAT COMMUNICATIONS ARE INCLUDED?**

Communications (written, verbal or electronic communications) regarding a protected individual's receipt of sensitive services include:

- Bills and attempts to collect payment.
- A notice of adverse benefits determinations.
- An explanation of benefits notice.
- A plan's request for additional information regarding a claim.
- A notice of a contested claim.
- The name and address of a provider, description of services provided, and other information related to a visit.



- Any written, oral, or electronic communication from a plan that contains protected health information.

#### WHAT WILL BE EXPECTED OF AHP AND PROVIDERS?

- Providers must accommodate requests for confidential communication of medical information (“CCR”) if they involve sensitive services.
- AHP must notify Members that they may submit a CCR, how they may submit a CCR, and provide required information about CCRs upon initial enrollment, annually upon renewal, and on the health plan’s website.

*Please contact Member Services at 1-800-633-3313 (TTY: 711). All confidential communications request within 7 calendar days of receipt of an electronic or telephonic requests or within 14 calendar days of receipt by first-class mail. Mail your written request to:*

AmericasHealth Plan  
1000 Town Center Dr. Suite 410  
Oxnard, CA 93036