

Fidelis Care

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Effective 01/01/2026

Fidelis Care:

For help to translate or understand this, please call **1-888-453-2534** (TTY: **711**).

Si necesita ayuda para traducir o entender este documento, llame al **1-888-453-2534** (TTY: **711**).

Managed Long Term Services & Supports (MLTSS):

For help to translate or understand this, please call **1-855-642-6185** (TTY: **711**).

Si necesita ayuda para traducir o entender este documento, llame al **1-855-642-6185** (TTY: **711**).

Covered Entity's Duties:

Fidelis Care is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Fidelis Care is required by law to maintain the privacy of your Protected Health Information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in effect, and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Fidelis Care reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. Fidelis Care will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice

We will make any revised Notices available on our website or through a separate mailing.

Internal Protections of Oral, Written and Electronic PHI:

Fidelis Care protects your PHI. We are also committed to keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. We have privacy and security processes to help.

These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Permissible Uses and Disclosures of Your PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment** — We may use or disclose your PHI to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.
- **Payment** — We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for claims, and reviewing services for medical necessity.
- **Healthcare Operations** — We may use and disclose your PHI to perform our healthcare operations. These activities may include providing customer service, responding to complaints and appeals, and providing care management and care coordination.

In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- Quality assessment and improvement activities
- Reviewing the competence or qualifications of healthcare professionals
- Case management and care coordination
- Detecting or preventing healthcare fraud and abuse

Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services.

This information helps us to:

- Better understand your healthcare needs.
- Know your language preference when seeing healthcare providers.
- Providing healthcare information to meet your care needs.
- Offer programs to help you be your healthiest.

This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.

- **Group Health Plan/Plan Sponsor Disclosures** — We may disclose your PHI to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI:

- **Fundraising Activities** — We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.

- **Underwriting Purposes** — We may use or disclose your PHI for underwriting purposes, such as to decide about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.
- **Appointment Reminders/Treatment Alternatives** — We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.
- **As Required by Law** — If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
- **Public Health Activities** — We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA. This includes Substance Use Disorder (SUD) records.
- **Victims of Abuse and Neglect** — We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings** — We may disclose your PHI in response to an administrative or court order. We may also be required to disclose your PHI to respond to a subpoena, discovery request, or other similar requests.
- **Law Enforcement** — We may disclose your relevant PHI to law enforcement when required to do so for the purposes of responding to a crime.
- **Substance Use Disorder (SUD) Records** — We will not use or disclose your SUD records in legal proceedings against you unless:
 - We receive your written consent, or
 - We receive a court order, you’ve been made aware of the request and been given a chance to be heard. The court order must include a subpoena or similar legal document requiring a response.
- **Coroners, Medical Examiners and Funeral Directors** — We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- **Organ, Eye and Tissue Donation** — We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking, or transplantation of cadaveric organs, eyes, and tissues.
- **Threats to Health and Safety** — We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions** — If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI to authorized federal officials for national security concerns, intelligence activities, the Department of State for medical suitability determinations, the protection of the President, and other authorized persons as may be required by law.
- **Workers’ Compensation** — We may disclose your PHI to comply with laws relating to workers’ compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

- **Emergency Situations** — We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interest. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- **Inmates** — If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.
- **Research** — Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization:

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

- **Sale of PHI** — We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
- **Marketing** — We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.
- **Psychotherapy Notes** — We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

You have the right to revoke your authorization in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization.

Individuals Rights

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

- **Right to Request Restrictions** — You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment, or healthcare operations, as well as disclosures to people involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restrictions applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications** — You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the means of communication or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where your PHI should be delivered.

- **Right to Access and Receive a Copy of your PHI** — You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you with a written explanation and will tell you if the reasons for the denial can be reviewed. We will also tell you how to ask for such a review or if the denial cannot be reviewed.
 - **Right to Amend your PHI** — You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
 - **Right to Receive an Accounting of Disclosures** — You have the right to receive a list of instances within the last 6-year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.
 - **Right to File a Complaint** — If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.
You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling **1-800-368-1019**, (TTY: **1-800-537-7697**) or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**
- **Right to Receive a Copy of this Notice** — You may request a copy of our Notice at any time by using the contact information listed at the end of the Notice. If you receive this Notice on our website or by electronic mail (email), you are also entitled to request a paper copy of the Notice.

Contact Information

Questions about this Notice: If you have any questions about this notice, our privacy practices related to your PHI or how to exercise your rights, you can contact us in writing or by phone by using the contact information listed below.

Fidelis Care

Attn: Privacy Official
550 Broad Street, 12th Floor
Newark, NJ 07102

Fidelis Care: 1-888-453-2534 (TTY: **711**)

Managed Long Term Services & Supports: 1-855-642-6185 (TTY: **711**)

Discrimination Is Against the Law

Fidelis Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). **Fidelis Care** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Fidelis Care:

- 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 Member Services at **1-888-453-2534** (TTY: **711**).

If you believe that **Fidelis Care** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator
PO Box 31384, Tampa, FL 33631
Phone: **1-855-577-8234** (TTY: **711**)
Fax: **1-866-388-1769**
Email: **SM_Section1557Coord@centene.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** 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, 1-800-537-7697 (TDD)

Complaint forms are available at **<https://www.hhs.gov/ocr/complaints/index.html>**

This notice is available at Fidelis Care website:

<https://www.fideliscarenj.com/notice-of-non-discrimination.html>

If English is not your first language, we can translate for you. Fidelis Care offers no cost language assistance, auxiliary aids and services, larger font materials, oral translation, and other alternative formats. For assistance call **1-888-453-2534** (TTY: **711**), Monday through Friday, from 8 a.m. to 6 p.m.

Si el español es su idioma principal, podemos traducir para usted. Fidelis Care ofrece asistencia lingüística gratuita, ayudas y servicios auxiliares, materiales con la letra más grande, traducción oral y otros formatos alternativos. Para obtener asistencia, llame al **1-888-453-2534** (TTY: **711**) de lunes a viernes, de 8 a.m. a 6 p.m.

如果中文是您的母語，我們可以為您翻譯。Fidelis Care 提供免費的語言協助、輔助工具和服務、大字體印刷資料、口譯和其他替代格式。如需協助，請撥打 **1-888-453-2534** (TTY **711**)，週一至週五上午 8 點至下午 6 點。

한국어가 모국어인 경우 당사가 번역해 드릴 수 있습니다. Fidelis Care는 언어 보조, 보조 지원 및 서비스, 큰 글씨 자료, 구두 번역 및 기타 대체 형식을 무료 제공합니다. 지원이 필요한 경우 **1-888-453-2534** (TTY **711**)번으로 월요일~금요일, 오전 8시~오후 6시까지 전화해 주십시오.

Se o português for a sua língua materna, podemos traduzir para si. A Fidelis Care oferece assistência, apoios auxiliares e serviços, materiais com tipos de letra de maior dimensão, tradução oral e outros formatos alternativos no seu idioma e sem custos. Para obter assistência, ligue para o número **1-888-453-2534** (TTY: **711**), de segunda-feira a sexta-feira, das 08:00 às 18:00.

જો ગુજરાતી તમારી પ્રથમ (માતૃ) ભાષા હોય, તો અમે તમારા માટે અનુવાદ કરી શકીએ છીએ. Fidelis Care કોઈ પણ ખર્ચ વિનાની ભાષા સંબંધી સહાયતા, સહાયક સહાય અને સેવાઓ, વધુ મોટા ફોન્ટની સામગ્રીઓ, મૌખિક અનુવાદ અને અન્ય વૈકલ્પિક ફોર્મેટ ઓફર કરે છે. સહાયતા માટે, સોમવારથી શુક્રવાર, સવારે 8 વાગ્યાથી સાંજે 6 વાગ્યા સુધીમાં, **1-888-453-2534** (TTY: **711**) પર કોલ કરો.

Jeśli język polski jest Twoim językiem ojczystym, możemy zapewnić Ci tłumaczenie. Firma Fidelis Care oferuje bezpłatne wsparcie językowe, dodatkowe pomoce i usługi, materiały z większą czcionką, tłumaczenia ustne oraz inne alternatywne formaty. Aby uzyskać pomoc, zadzwoń pod numer **1-888-453-2534** (TTY: **711**), telefon czynny od poniedziałku do piątku w godzinach od 8:00 do 18:00.

Se l'italiano è la tua prima lingua, possiamo occuparci della traduzione per te. Fidelis Care offre gratuitamente assistenza linguistica, supporti e servizi ausiliari, materiali con caratteri più grandi, traduzione orale e altri formati alternativi. Per assistenza chiama il numero **1-888-453-2534** (TTY: **711**), dal lunedì al venerdì, dalle 8:00 alle 18:00.

إذا كانت العربية لغتك الأولى، فيمكننا توفير خدمة الترجمة لك. تقدم Fidelis Care خدمات مساعدة لغوية ومساعدات وخدمات إضافية ومواد بخط أكبر وترجمة شفوية وغيرها من التنسيقات البديلة مجانًا. للحصول على المساعدة، اتصل على الرقم **1-888-453-2534** (TTY: **711**)، من الاثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 6 مساءً.

Kung Tagalog ang pangunahin ninyong wika, puwede kaming magsalin para sa inyo. Nag-aalok ang Fidelis Care ng libreng tulong sa wika, mga karagdagang tulong at serbisyo, mga materyal sa mas malalaking font, pasalitang pagsasalin, at iba pang alternatibong format. Para sa tulong, tumawag sa **1-888-453-2534** (TTY: **711**), Lunes hanggang Biyernes, mula 8 a.m. hanggang 6 p.m.

Если вашим родным языком является русский язык, мы можем выполнить для вас перевод. Fidelis Care предлагает бесплатные услуги языковой поддержки, вспомогательные средства и услуги, включая услуги устного перевода, а также материалы крупным шрифтом и в других альтернативных форматах. Для получения помощи позвоните по номеру **1-888-453-2534** (TTY: **711**) с понедельника по пятницу с 8 a.m. до 6 p.m.

Si Kreyòl Ayisyen se lang matènèl ou, nou kapab tradui pou ou. Fidelis Care ofri asistans lang gratis, èd ak sèvis oksilyè, dokiman ki nan gwo karaktè, tradiksyon oral, ak lòt fòm altènatif yo. Pou jwenn asistans rele **1-888-453-2534** (TTY: **711**), Lendi jiska Vandredi, soti 8 a.m. rive 6 p.m.

अगर हिंदी आपकी पहली भाषा है तो हम आपके लिए अनुवाद कर सकते हैं. Fidelis Care निःशुल्क भाषा सहायता, सहायक साधन और सेवाएं, बड़े फॉन्ट वाली सामग्री, मौखिक अनुवाद और अन्य वैकल्पिक फॉर्मेट प्रदान करता है. सहायता के लिए **1-888-453-2534** (TTY: **711**) पर सोमवार से शुक्रवार, सुबह 8 बजे से शाम 6 बजे तक कॉल करें.

Nếu tiếng Việt là ngôn ngữ mẹ đẻ của quý vị, chúng tôi có thể phiên dịch cho quý vị. Fidelis Care cung cấp miễn phí hỗ trợ ngôn ngữ, dịch vụ hỗ trợ và trợ giúp phụ trợ, tài liệu phong chữ lớn hơn, phiên dịch và các định dạng thay thế khác. Để được hỗ trợ, hãy gọi số **1-888-453-2534** (TTY: **711**), Thứ Hai đến Thứ Sáu từ 8 a.m. đến 6 p.m.

Si le français est votre langue principale, nous pouvons vous fournir une traduction. Fidelis Care propose une assistance linguistique gratuite, des aides et services auxiliaires, des polices de caractères plus grandes, une traduction orale et d'autres formats. Pour obtenir de l'aide, appelez le **1-888-453-2534** (TTY : **711**), du lundi au vendredi, de 8 h à 18 h.

اگر اردو آپ کی مادری زبان ہے، تو ہم آپ کے لیے ترجمہ کر سکتے ہیں۔ Fidelis Care مفت میں زبان کی معاونت، اضافی امداد اور خدمات، بڑے فونٹ کے مواد، زبانی ترجمہ، اور دیگر متبادل فارمیٹس فراہم کرتا ہے۔ مدد کے لیے **1-888-453-2534** (TTY: **711**) پر کال کریں، پیر تا جمعہ، صبح 8 بجے سے شام 6 بجے تک۔