

# Media Release Form



**Please read this notice carefully before signing this Authorization.**

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## The purpose of this Authorization

**We want to know if it is OK to use your name, photo, and story. We want to make sure it is also OK to use any comments you share with us. This may include information about your health history.**

**Legal language:** If you choose to provide this Authorization, you will be permitting AmeriHealth Caritas and its affiliates\* to use and disclose your protected health information (PHI) and non-protected health information (non-PHI) to communicate your experiences and other information about the services you received from AmeriHealth Caritas. The PHI and non-PHI that might be used and disclosed include your name, age, photograph, video, and/or statements and testimonials about the services you received or the progress of your health or health condition (referred to collectively as "Photographs and Stories"). If you provide this Authorization, AmeriHealth Caritas and its affiliates may use or disclose your Photographs and Stories for the following purposes:

- To illustrate the nature or progress of your medical conditions in print or broadcast media, internet publications, or journals.
- For scientific presentations and publications.
- For educational materials.
- For promotional materials and company publications to publicize the clinical benefits of receiving treatment for certain health conditions.

## This Authorization is voluntary

**It's your choice to sign this form. By signing, you agree we can use your photographs and stories without payment. Your AmeriHealth Caritas benefits will not change.**

**Legal language:** This Authorization is voluntary, and you are not required to sign it. If you choose not to sign this Authorization, we will not condition your enrollment in or participation with AmeriHealth Caritas; your eligibility for benefits or payments; or the payment of benefits or compensation based on whether or not you sign this Authorization. You understand that you will not be entitled to any payment or compensation as a result of AmeriHealth Caritas and/or its affiliates using or disclosing your Photographs and Stories for the purposes outlined in this Authorization. If you are an employee of AmeriHealth Caritas or its affiliates, your information can be used after your employment with AmeriHealth Caritas or its related entities has ended.

## This Authorization may be canceled

**Even if you sign the form, you can still change your mind. Just let us know. You can tell us by mailing a letter to our office. The address is: AmeriHealth Caritas, Attn: Corporate Communications, 200 Stevens Drive, Philadelphia, PA 19113. Your notice must note the date your Authorization was signed. It must also include the date you want this Authorization to end. Once we receive the cancellation, we will stop using your information. Your information may still be used by those it was released to before your cancellation. This is because it was already made public. Please know, we cannot take back any information we shared before your cancellation.**

**Legal language:** Even if you sign this Authorization now, you may cancel this Authorization if you change your mind and no longer want your Photographs and Stories used or disclosed for the purposes identified in this Authorization. You must send written notice of your cancellation to AmeriHealth Caritas. Any cancellation will be effective only for future uses and disclosures of your Photographs and Stories. Your cancellation will not be effective for any uses, disclosures, and/or publications that we already made relying on this Authorization. In addition, you understand that your Photographs and Stories used or disclosed pursuant to this Authorization may be re-disclosed by persons receiving this information (for example, in a publication), and your Photographs and Stories will no longer be protected by federal privacy laws (the HIPAA Privacy Rule) and other applicable federal and state law. Even after cancellation of this Authorization, we may retain copies of any electronic or printed versions of publications using your Photographs and Stories. Your cancellation will extend only to versions of this information within our control that have not been previously published.

The PHI and non-PHI you are authorizing AmeriHealth Caritas and its affiliates to use and/or disclose is as follows:

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|------------------------|-----------------------|--------------------------------|
| • Your name.           | • Computerized image. | • Statements and testimonials. |
| • Photograph or image. | • Video.              | • Age.                         |

**Please read carefully and check the three check boxes below. If all three boxes are not checked, we will not be able to use your photographs and stories.**

☐ **It is OK to use my photo and information for your company's personal business.**

**Legal language:** I authorize AmeriHealth Caritas and its affiliates to use the PHI and non-PHI information described above in communications and publications produced by or on behalf of AmeriHealth Caritas and its affiliates. This Authorization extends to electronic versions of publications, websites, and other internet/electronic applications of AmeriHealth Caritas and its affiliates, as well as to printed, filmed, and taped versions.

☐ **It is OK to share my photo and information with the general public.**

**Legal language:** I authorize AmeriHealth Caritas and its affiliates to disclose my PHI and non-PHI described above to the general public, including but not limited to news and electronic media, internet/online publications, TV, radio, newspapers, and/or magazines.

☐ **It is OK if you use my photo and information. I know you cannot control how my photo and information are used when they are made public.**

**Legal language:** I hereby release, hold harmless, and forever discharge AmeriHealth Caritas and its affiliates, including their officers, directors, associates, agents, and contractors, from any and all liability, claims, or damages of whatever nature arising from or in connection with any unauthorized reproduction, publication, or other use or disclosure of the PHI and non-PHI identified above by any person or entity other than AmeriHealth Caritas and its affiliates, as well as their officers, directors, associates, agents, and contractors.

**Please read carefully and check the check box that best applies to you.**

**This form is good for 10 years from today. You can cancel before 10 years by sending a letter asking AmeriHealth Caritas to stop using your photographs and stories.**

- ☐ I am an AmeriHealth Caritas member.
- ☐ I am an employee or former employee of AmeriHealth Caritas or its affiliates.
- ☐ I am a health care provider.
- ☐ I am a member of the general public, with no affiliation to AmeriHealth Caritas and its affiliates.

First name:	Middle initial:	Last name:
Member ID (if applicable):	Date of birth (MM/DD/YYYY):       /       /	
Phone number:	Email:	
Parent, guardian, or legal representative's first name (if applicable):		Last name:
Signature (self or parent, guardian, or legal representative if subject is a minor):		
Today's date (MM/DD/YYYY):       /       /		
Today's event, if applicable: <b>All AmeriHealth Caritas Ohio Events</b>		

\* Affiliates include the AmeriHealth Caritas Family of Companies, all existing and future lines of business, affiliated third parties, and subsidiaries.



## Discrimination is Against the Law

AmeriHealth Caritas Ohio complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). AmeriHealth Caritas Ohio does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas Ohio provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, etc.). AmeriHealth Caritas Ohio provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact AmeriHealth Caritas Ohio Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

If you believe that AmeriHealth Caritas 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 the Civil Rights Coordinator by mail, phone, or online.

Mail: AmeriHealth Caritas Ohio  
Attn: Civil Rights Coordinator  
P.O. Box 7133  
London, KY 40742

Phone: **1-833-764-7700 (TTY 1-833-889-6446)**

Online: <https://apps.amerihealthcaritasoh.com/securecontact/index.aspx>

If you need help filing the grievance, the AmeriHealth Caritas Civil Rights 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

Mail: U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Phone: **1-800-368-1019 (TDD 1-800-537-7697)**

Online: [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)

This notice is also available at AmeriHealth Caritas Ohio's website [www.amerihealthcaritasoh.com](http://www.amerihealthcaritasoh.com).

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AmeriHealth Caritas Ohio is committed to maintaining the privacy and security of the personal information of its plan members. Read more on our privacy practices at [www.amerihealthcaritasoh.com/privacy-notice.aspx](http://www.amerihealthcaritasoh.com/privacy-notice.aspx)

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If you have a problem reading or understanding this information or any other AmeriHealth Caritas Ohio information, please contact our Member Services toll-free at 1-833-764-7700 (TTY 1-833-889-6446), 24 hours a day, seven days a week for help at no cost (free) to you. Call if you would like:

- Oral interpretation, oral translation
- Auxiliary aids and services
- Written information in your non-English primary language
- Written information in other formats, such as braille or large print

**English** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-833-764-7700** (TTY **1-833-889-6446**).

**Spanish** ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al **1-833-764-7700** (TTY **1-833-889-6446**).

**Haitian French Creole** ATANSYON: Si w pale kreyòl ayisyen, genyen sèvis pou ede w nan lang pa w ki disponib gratis pou ou. Rele nan **1-833-764-7700** (TTY **1-833-889-6446**).

**Ukrainian** УВАГА: Якщо ви говорите українською мовою, ви маєте право на безкоштовні мовні послуги. Телефонуйте за номером **1-833-764-7700** (TTY **1-833-889-6446**).

**Nepali/Nepalese (Nepal)** ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका निम्ति भाषासम्बन्धी सहयोग सेवाहरू निःशुल्क रूपमा उपलब्ध हुन्छन् । **1-833-764-7700** (TTY **1-833-889-6446**) मा फोन गर्नुहोस् ।

**Arabic** تنبيه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجاناً. اتصل بالرقم **1-833-764-7700** (TTY **1-833-889-6446**).

**Somali** FIIRO GAAR AH: Haddii aadan ku hadlin Af-Soomaali, adeegyada caawimaada luqadda oo bilaash ah, ayaa diyaar kuu ah. Wac **1-833-764-7700** (TTY **1-833-889-6446**).

**Russian** ВНИМАНИЕ: если вы говорите по-русски, в вашем распоряжении бесплатные услуги переводчика. Позвоните по тел. **1-833-764-7700** (TTY **1-833-889-6446**).

**Swahili** TAHADHARI: Ikiwa huzungumzi Kiswahili, utapokea huduma za usaidizi wa lugha, bila malipo. Piga simu kupitia **1-833-764-7700** (TTY **1-833-889-6446**).

**French** ATTENTION : Si vous parlez français, des services d'aide linguistique sont mis à votre disposition gratuitement. Appelez-nous au **1-833-764-7700** (TTY **1-833-889-6446**).

**Kinyarwanda (Burundi)** MENYA NEZA: Nimba uvuga Ikirundi (Burundi), ama seruvise afasha mu vy'indimi, atangwa ku buntu, arahari ku bwanyu. Hamagara kuri **1-833-764-7700** (TTY **1-833-889-6446**).

**Uzbek (Uzbekistan)** DIQQAT: Agar ingliz tilida gapirmasangiz, siz uchun bepul til yordam xizmatlari mavjud. **1-833-764-7700** (TTY **1-833-889-6446**) ga qo'ng'iroq qiling.

**Pashtu (Afghanistan)**

توجه: که تاسې په پښتو ژبه غږېږئ، د ژبې د مرستې وړیا خدمتونه ستاسې لپاره موجود دي. دې **1-833-764-7700** (TTY **1-833-889-6446**) شمېرې ته زنگ ووهئ.

**Vietnamese** CHÚ Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi **1-833-764-7700** (TTY **1-833-889-6446**).

**Tigrinya** ኣስተውዕል :- ቋንቋ ትግርኛ ዘይትዛረብ እንተደኣ ኾንካ ብናጻ ዝወሃብ ኣገልግሎት ሓገዝ ንዓኻ ክፋት እዩ። ናብ **1-833-764-7700** (TTY **1-833-889-6446**) ደውል።

**Dari (Afghanistan)**

توجه: اگر به لسان افغانی گپ میزنید، خدمات مساعدت لسانی به صورت رایگان به شما ارایه میشود. با نمبر **1-833-764-7700** (TTY **1-833-889-6446**) به تماس شوید.