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Keep confidential your protected health information while providing for the uses and disclosures described here which are necessary to administer your health care benefits;

Provide you with this Notice of our legal duties and privacy practices pertaining to your protected health information; and

Abide by the terms of our privacy notice currently in effect.

For more information, please:

Download the Printable [Notice of Privacy Practices Policy \(PDF\)**](#)

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CCHP and Covered California and their affiliates, such as CalHEERs, subsidiaries, agents, contractors, or vendors (“**CCA**”) may contact you when you provide prior express consent to receive text messages. Text messaging from us may include “one-time or recurring texts related to your important health benefits, bills, my benefits plan and claims information, and/or general health information that may help me and my dependents”

By consenting to receive any electronic information from CCHP and/or CCA via text message, you understand these methods of communication may not be secure and there may be some level of risk that the information in the email or text message could be read by a third party or be otherwise subject to unauthorized access or use. You are advised not to share personal health information via insecure text message. You understand you have these choices and have elected to opt-in for texting.

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Discrimination is Against the Law

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Chinese Community Health Plan:

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 CCHP Member Services.

If you believe that CCHP 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 us in person, by phone, by mail, or by fax at:

CCHP Member Services

445 Grant Ave
San Francisco, CA 94108
1-888-775-7888
TTY 1-877-681-8898
Fax 1-415-397-2129

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](#). (By clicking on this link, you will leave CCHP's website), 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,
1-800-868-1019, 800-537-7697 (TDD)

[Health & Human Services Complaint Form](#) (By clicking on this link, you will leave CCHP's website)
The following PDF links open in a new window.

[CCHP Non-Discrimination Notice \(PDF\)](#)

[CCHP Multi Language Interpreter Services \(PDF\)](#)

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