



2025 Annual Notices Newsletter

CalOptima Health PACE Participant Bill of Rights

When you join a PACE program, you have certain rights and protections. CalOptima Health PACE, as your PACE program, must fully explain and provide your rights to you or someone acting on your behalf in a way you can understand at the time you join.

At CalOptima Health PACE, we are dedicated to providing you with quality health care services so that you may remain as independent as possible. This includes providing all Medicare-covered items and services and Medicaid services, and other services determined to be necessary by the Interdisciplinary Team across all care settings, 24 hours a day, 7 days a week. Our staff and contractors seek to affirm the dignity and worth of each participant by assuring the following rights:

YOU HAVE THE RIGHT TO TREATMENT

You have the right to treatment that is both appropriate for your health conditions and provided in a timely manner. You have the right:

- To receive all the care and services you need to improve or maintain your overall health condition, and to achieve the highest level of physical, emotional, and social well-being and function
- To get emergency services when and where you need them without the PACE IDT's approval. A medical emergency is when you think your health is in serious danger— when every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse. You can get emergency care anywhere in the United States or its territories and you do not need to get permission from CalOptima Health PACE prior to seeking emergency services.

YOU HAVE A RIGHT TO BE TREATED WITH RESPECT

You have the right to be treated with dignity and respect at all times, to have all of your care kept private and confidential, and to get compassionate, considerate care. You have the right:

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- To get all of your health care in a safe, clean environment, and in an accessible manner.
- To be free from harm. This includes excessive medication, physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms.
- To be encouraged and helped to use your rights in the PACE program.
- To get help, if you need it, to use the Medicare and Medi-Cal complaint and appeal processes, and your civil and other legal rights.
- To be encouraged and helped in talking to PACE staff about changes in policy and services you think should be made.
- To use a telephone while at the CalOptima Health PACE Center.
- To not have to do work or services for the PACE program.
- To have all information about your choices for PACE services and treatment explained to you in a language you understand, and in a way that takes into account and respects your cultural beliefs, values, and customs.

YOU HAVE A RIGHT TO PROTECTION AGAINST DISCRIMINATION

Discrimination is against the law. Every company or agency that works with Medicare and Medi-Cal must obey the law. They cannot discriminate against you because of your:

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| • Race | • Age | • Sexual orientation |
| • Ethnicity | • Sex | • Source of payment for your health care (for example, Medicare or Medi-Cal) |
| • National origin | • Mental or physical disability | |
| • Religion | | |

If you think you have been discriminated against for any of these reasons, contact a staff member at the PACE program to help you resolve your problem. If you have any questions, you can call the Office for Civil Rights at **1-800-368-1019**. TTY users should call **1-800-537-7697**.

YOU HAVE A RIGHT TO INFORMATION AND ASSISTANCE

You have the right to get accurate, easy-to-understand information, to have this information shared with your designated representative, who is the person you choose to act on your behalf, and to have someone help you make informed health care decisions. You have the right:

- To have someone help you if you have a language or communication barrier so you can understand all information given to you.
- To have the PACE program interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you can't speak English well enough to understand the information being given to you.
- To get marketing materials and PACE participant rights in English and in any other frequently used language in your community. You can also get these materials in Braille, if necessary.
- To have the Enrollment Agreement fully explained to you in a manner understood by you.
- To get a written copy of your rights from the PACE program. The PACE program must also post these rights in a public place in the PACE Center where it is easy to see them.

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- To be fully informed, in writing, of the services offered by the PACE program. This includes telling you which services are provided by contractors instead of the PACE staff. You must be given this information before you join, at the time you join and when you need to make a choice about what services to receive.
- To be provided with a copy of individuals who provide care-related services not provided directly by CalOptima Health PACE upon request.
- To look at, or get help to look at, the results of the most recent review of your PACE program. Federal and State agencies review all PACE programs. You also have a right to review how the PACE program plans to correct any problems that are found at inspection.

Before CalOptima Health PACE starts providing palliative care, comfort care, and end-of-life care services, you have the right to have information about these services fully explained to you. This includes your right to be given, in writing, a complete description of these services and how they are different from the care you have been receiving, and whether these services are in addition to, or instead of, your current services. The information must also explain, in detail, how your current services will be impacted if you choose to begin palliative care, comfort care, or end-of-life services, including but not limited to, the impact to the following services. Specifically, it must explain any impact to:

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| ▫ Physician services, including specialist services | ▫ Therapy, including physical, occupational, and speech therapy |
| ▫ Hospital services | ▫ Behavioral health |
| ▫ Long-term care services | ▫ Diagnostic testing, including imaging and laboratory services |
| ▫ Nursing services | ▫ Medications |
| ▫ Social services | ▫ Preventative healthcare services |
| ▫ Dietary services | ▫ PACE Center attendance |
| ▫ Transportation | |
| ▫ Home care | |

You have the right to change your mind and take back your consent to receive palliative care, comfort care, or end-of-life care services at any time and for any reason by letting CalOptima Health PACE know either verbally or in writing.

YOU HAVE A RIGHT TO A CHOICE OF PROVIDERS

You have the right to choose a health care provider, including your primary care provider and specialists, from within the PACE program's network and to get quality health care. Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services.

You have the right to have reasonable and timely access to specialists as indicated by your health condition.

You also have the right to receive care across all care settings, up to and including placement in a long-term care facility when CalOptima Health PACE can no longer maintain you safely in the community.

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YOU HAVE A RIGHT TO PARTICIPATE IN TREATMENT DECISIONS

You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf. You have the right:

- To have all treatment options explained to you in a language you understand, to be fully informed of your health status and how well you are doing, and to make health care decisions. This includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this will affect your health.
- To fully understand CalOptima Health's palliative care, comfort care, and end-of-life care services. Before CalOptima Health can start providing you with palliative care, comfort care, and end-of-life care services, the PACE program must explain all of your treatment options, give you written information about these options, and get written consent from you or your designated representative.
- To have the PACE program help you create an advance directive if you choose. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself. You should give it to the person who will carry out your instructions and make health care decisions for you.
- To participate in making and carrying out your plan of care. You can ask for your plan of care to be reviewed at any time.
- To be given advance notice, in writing, of any plan to move you to another treatment setting, and the reason you are being moved.

YOU HAVE A RIGHT TO HAVE YOUR HEALTH INFORMATION KEPT PRIVATE

- You have the right to talk with health care provider in private and have your personal health care information kept private and confidential, including health data that is collected and kept electronically, as protected under State and Federal laws.
- You have the right to look at and receive copies of your medical records and request amendments.
- You have the right to be assured that your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it.
- You have the right to provide written consent that limits the degree of information and the persons to whom information may be given.

There is a patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about this privacy rule, call the Office for Civil Rights at **1-800-368-1019**. TTY users should call **1-800-537-7697**.

YOU HAVE A RIGHT TO MAKE A COMPLAINT

You have a right to complain about the services you receive or that you need and don't receive, the quality of your care, or any other concerns or problems you have with your PACE program. You have the right to a fair and timely process for resolving concerns with your PACE program. You have the right:

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- To a full explanation of the complaint process.
- To be encouraged and helped to freely explain your complaints to PACE staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened or discriminated against.
- **To contact 1-800-MEDICARE (1-800-633-4227) for information and assistance, including to make a complaint related to the quality of care or the delivery of a service.**

YOU HAVE THE RIGHT TO REQUEST ADDITIONAL SERVICES OR FILE AN APPEAL

You have the right to request services from CalOptima Health PACE, its employees, or contractors, that you believe are necessary. You have the right to a comprehensive and timely process for determining whether those services should be provided.

You also have the right to appeal any denial of a service or treatment decision by the PACE program, staff, or contractors.

YOU HAVE A RIGHT TO LEAVE THE PROGRAM

If, for any reason, you do not feel that the PACE program is what you want, you have the right to leave the program at any time and have such disenrollment be effective the first day of the month following the date CalOptima Health PACE receives your notice of voluntary disenrollment.

*Additional Help: If you feel any of your rights have been violated, or you are dissatisfied and want to file a grievance or an appeal, please report this immediately to your social worker or call our office during regular business hours at: **1-714-468-1100** or **our toll-free line at 1-844-999-PACE (7223)**.*

*If you would like to talk to someone outside of CalOptima Health PACE about your concerns, you may contact **1-800-MEDICARE (1-800-633-4227)**, or **1-888-804-3536** (Health Consumer Alliance-Medi-Cal Ombudsman Program).*

Participant Responsibilities

We believe that you and any family member or caregiver involved in your care play crucial roles in the delivery of your care. To assure that you remain as healthy and independent as possible, please establish an open line of communication with those participating in your care and be accountable for the responsibilities listed below:

- Cooperate with the Interdisciplinary Team in implementing and following your care plan.
- Discuss with your providers if you do not want to accept a treatment or medication your IDT decides you need, and to understand and accept the consequences to your health and well-being if you refuse any recommended treatment.
- Provide the Interdisciplinary Team with a complete and accurate medical history.
- Utilize only those services authorized by CalOptima Health PACE.
- Take all prescribed medications as directed.
- Call the CalOptima Health PACE physician for direction in an urgent situation.
- Notify CalOptima Health PACE within 48 hours or as soon as reasonably possible if you require emergency services whether in or out of the service area.
- Notify CalOptima Health PACE when you wish to initiate the disenrollment process.

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- Notify CalOptima Health PACE of a move or lengthy stay outside of the service area.
- Pay required monthly fees as appropriate.
- Treat our staff with respect and consideration, and without discrimination of any kind.
- Not ask staff to perform tasks that they are prohibited from doing by CalOptima Health PACE or agency regulations.
- Voice any concerns or dissatisfaction you may have with your care.

CalOptima Health PACE will make every reasonable effort to provide a safe and secure environment at the center. However, we strongly advise participants and their families to leave valuables at home. CalOptima Health PACE is not responsible for safeguarding personal belongings.

Organ and Tissue Donation

Donating organs and tissue provides many societal benefits. Organ and tissue donation allows recipients of transplants to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If you are interested in organ donation, please speak with your CalOptima Health PACE primary care provider. Organ donation begins at the hospital when a patient is pronounced brain dead and identified as a potential organ donor. An organ procurement organization helps coordinate the donation.

Information About the Grievance Process

A grievance is a complaint, made either in writing or verbally, expressing dissatisfaction with the delivery of your services or the quality of your care regardless of whether you are requesting any action be taken as a result. Grievances may be between you and CalOptima Health PACE, or between you and one of your other service providers through the PACE program. You will receive written information of the grievance process when you enroll and at least annually thereafter.

A grievance may include, but is not limited to: The quality of services your receive in your home, at the PACE Center, or in an inpatient stay (hospital, rehabilitation facility, skilled nursing facility, intermediate care facility or residential care facility); waiting times on the telephone, in the waiting room or exam room; adequacy of center facilities; behavior of any of the care providers or program staff; quality of the food provided; transportation services; a violation of your rights; and discrimination by any PACE Center staff, contracted providers, and/or contracted provider staff.

Submission of Grievances

A grievance can be made by you, your family member or caregiver, or your designated representative. The information below describes the grievance submission process.

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1. You can verbally discuss your grievance either in person or by telephone with PACE program staff of the center you attend or with any CalOptima Health PACE contracted provider, including your driver, and the providers who care for you in your home. If you discuss your grievance with a contracted provider, they will let a CalOptima Health PACE staff person know the details of your complaint. The staff will make sure that your grievance is documented. You will need to provide complete information of your grievance so the appropriate staff person can respond and help to resolve your grievance in a timely and efficient manner. If you wish to submit your grievance in writing, please send your written grievance to:

CalOptima Health PACE
Quality Improvement Department
13300 Garden Grove Blvd.
Garden Grove, CA 92843

While not required, you may request a Grievance Report form to use when submitting a written grievance.

You may also contact our Quality Improvement department at **1-714-468-1100** or toll-free at **1-844-999-PACE (7223)** to request a Grievance Report form and receive assistance in filing a grievance. For the hearing impaired please call **1-714-468-1063 (TTY)**. Our Quality Improvement department will provide you with written information on the grievance process. You may also access our website at **www.caloptima.org** to receive information about the grievance process.

2. The staff member who receives your grievance will coordinate the investigation when the cause of your issue is not already known, and an investigation of your grievance will be conducted to find solutions and take appropriate action. All information related to your grievance will be kept strictly confidential, including from other CalOptima Health PACE staff and contracted providers when appropriate. Please note, if you do not wish to be notified of the grievance resolution, let CalOptima Health PACE know at the time you make your grievance. CalOptima Health PACE will still investigate but will note your wishes and will not send you any further notifications.
3. CalOptima Health PACE will continue to furnish all required services to you during the grievance process.
4. CalOptima Health PACE staff will take action to resolve your grievance as quickly as your case requires, but no later than thirty (30) calendar days after receipt of your grievance.

Resolution of Grievances

1. CalOptima Health PACE will notify you of the resolution of your grievance as quickly as your case requires, but no later than three (3) calendar days after the date we resolve your grievance.
2. CalOptima Health PACE will notify you either verbally or in writing based on your preference. The exception is for grievances related to quality of care, for which we will always provide written notification of the grievance resolution.
3. The notification CalOptima Health PACE provides will include a summary of your grievance, what steps we have taken to investigate the grievance, what we found as a result of our investigation, what actions we have taken or are going to take to resolve the issue, and when you can expect those actions to occur.

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Grievance Review Options

1. If you are not satisfied with the resolution, please let us know so that we can continue to work towards a resolution that is acceptable.
2. You also have the option of contacting 1-800-MEDICARE (1-800-633-4227) to make a complaint related to the quality of your care or the delivery of a service.
3. If you have Medicare and your grievance is related to Medicare covered services, you, your family or caregiver, or your designated representative have the right to file a written complaint with the quality improvement organization (QIO). If you submit a complaint to the QIO, CalOptima Health must cooperate with them to resolve the complaint. This information will also be included in the resolution notification you receive if you have submitted your grievance to CalOptima Health PACE as an additional option available to you.
4. In the event that CalOptima Health PACE is unable to provide a satisfactory resolution, you are entitled to pursue your grievance with the California Department of Health Care Services, by contacting:

Health Consumer Alliance-Medicare
Medi-Cal Ombudsman Program
www.healthconsumer.org

Telephone: **1-888-804-3536**
TTY: **1-877-735-2929**

Information About the Appeals Process

When CalOptima Health PACE decides not to cover or pay for a service you want, you may take action to change our decision. The action you take — whether verbally or in writing — is called an “**appeal**”. You have the right to appeal any decision we have made to deny, reduce, or stop what you believe are covered services or to pay for services that you believe we are required to pay. You will receive written information of the appeals process when you enroll, at least annually after that, and any time that the Interdisciplinary Team denies a request for services or for payment of services.

Standard and Expedited Appeals Processes: There are two types of appeals processes: standard and expedited. Both of these processes are described below.

If you request a **standard appeal**, your appeal must be filed within one-hundred-and eighty (180) calendar days of when your request for service or payment of service was denied, reduced, or stopped. This is the date that appears on the Notice of Action for Service or Payment Request. (The 180-day limit may be extended for good cause.) We will respond to your appeal as quickly as your health requires, but no later than thirty (30) calendar days after we receive your appeal.

If you believe that your life, health, or ability to get well or stay well is in danger without the service you want, you or any treating physician may ask for an expedited appeal. We will automatically decide on your appeal as quickly as your health requires, but no later than seventy-two (72) hours after we receive your request for an **expedited appeal**. We may extend this time frame up to fourteen (14) calendar days if you ask for the extension or if we justify to the California Department of Health Care Services the need for more information and how the delay benefits you.

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Note: If you have Medi-Cal and the reason for your appeal is that CalOptima Health PACE decided to reduce or stop service(s) you were receiving, you may choose to request to continue receiving the disputed service(s) until the appeals process is completed. If our initial decision to reduce or stop services is upheld, you may be financially responsible for the payment of disputed service(s) provided during the appeals process.

The information below describes the appeals process for you or your representative to follow should you or your representative wish to file an appeal:

1. If CalOptima Health PACE denies a service or payment for a service that you or your representative has requested or reduces or stops a service you were already receiving, you may appeal the decision. A written notification will be provided to you and/or your representative that will explain the reason for the denial of your service request or request for payment, and you will also receive verbal notification.
2. You can make your appeal either verbally, in person, by telephone or in writing with PACE program staff of the center you attend. The staff person will make sure that you are provided with written information on the appeals process, and that your appeal is documented on the appropriate form. You will need to provide complete information of your appeal so the appropriate staff person can help to resolve your appeal in a timely and efficient manner. You or your representative may present or submit relevant facts and/or evidence for review, in person as well as in writing, at the address listed below. If more information is needed, you will be contacted by the PACE Center Manager or the Quality Improvement department, who will assist you in obtaining the missing information.
3. If you wish to make your appeal by telephone, you may contact our PACE Center Manager or Quality Improvement department at **1-714-468-1100** from 8 a.m. to 4:30 p.m., Monday through Friday, to request an appeal form and/or to receive assistance in filing an appeal. For the hearing impaired (TTY/TDD, please call **1-714-468-1063**.
4. If you wish to submit your appeal in writing, please ask a staff person for an appeal form. Please send your written appeal to:
Quality Improvement Department
CalOptima Health PACE
13300 Garden Grove Blvd.
Garden Grove, CA 92843
5. You will be sent a written acknowledgement of receipt of your appeal within five (5) business days for a standard appeal. For an expedited appeal, we will notify you or your representative within one (1) business day by telephone or in person that the request for an expedited appeal has been received.
6. The reconsideration of a CalOptima Health PACE decision will be made by a person(s) not involved in the initial decision-making process in consultation with the Interdisciplinary Team and who does not have a stake in the outcome of your appeal. We will ensure that this person(s) is both impartial and appropriately credentialed in the field(s) or discipline(s) related to the services you requested.
7. Upon CalOptima Health PACE's completion of the review of your appeal, you and your representative will be notified in writing of the decision on your appeal. As necessary and depending on the outcome of the decision, CalOptima Health PACE will inform you and/or your representative of other appeal rights you may have if the decision is not in your favor. Please refer to the information described below.

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The Decision on Your Appeal:

If we decide fully in your favor, we are required to provide or arrange for services as quickly as your health condition requires. **If we decide fully in your favor on a request for payment**, we are required to make the requested payment within sixty (60) calendar days after receiving your request for an appeal.

If we do not decide fully in your favor, we will provide you with written notification that will include the specific reason(s) for the denial, why the service would not improve or maintain your overall health, your right to appeal the decision, and a description of your external appeal rights through either the Medicare or Medi-Cal program (**see Additional Appeal Rights, below**). We also are required to notify the federal Centers for Medicare & Medicaid Services and the California Department of Health Care Services.

Additional Appeal Rights Under Medi-Cal and Medicare

If CalOptima Health PACE makes a decision that is not fully in your favor, you have additional appeal rights called external appeal rights. An external appeal involves a new and impartial review of your appeal request through either the Medicare or Medi-Cal program. If you are enrolled in both Medicare and Medi-Cal, you may choose which appeals process you wish to use. If you are not sure which program you are enrolled in, ask us. We can explain how the processes differ, and whether one would be more appropriate. The external appeal may only be made to one or the other (Medicare or Medi-Cal), but not both. We also will send your appeal on to appropriate external program for review if you would like.

The Medicare and Medi-Cal external appeal processes are described below.

Medi-Cal External Appeals Process

The Medi-Cal program conducts their next level of appeal through the State hearing process.

If you are enrolled in both Medicare and Medi-Cal OR Medi-Cal only and choose to appeal our decision using Medi-Cal's external appeals process, we will send your appeal to the California Department of Social Services. At any time during the appeals process, you may request a State Hearing through:

California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430

Telephone: 1-800-952-5253
Fax: 1-916-229-4410
TTY: 1-800-952-8349

If you choose to request a State Hearing, you must ask for it within ninety (90) calendar days from the date of the decision by the third-party reviewer. If the decision is not in your favor of your appeal, there are further levels of appeal, and we will assist you in pursuing your appeal.

Medicare External Appeals Process

The **Medicare program** contracts with an "Independent Review Entity" (IRE) to provide external review on appeals involving PACE programs. This review entity is completely independent of our PACE organization.

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If you are **enrolled in both Medicare and Medi-Cal OR Medicare only** and choose to appeal our decision using Medicare's external appeals process, we will send your appeal to the IRE to impartially review your appeal. A written request for reconsideration must be filed with the IRE within sixty (60) calendar days from the date of the decision by the impartial reviewer of the internal appeal. The IRE will contact us with the results of their review. The IRE will either maintain our original decision or change our decision and rule in your favor.

For more information regarding the appeals process or to request forms, please call **1-714-468-1100**. For the hearing impaired, please call **1-714-468-1063** (TTY) from 8 a.m. to 4:30 p.m., Monday through Friday. Or contact the PACE Center Manager or Quality Improvement department at:

CalOptima Health PACE
13300 Garden Grove Blvd.
Garden Grove, CA 92843

Notice of Privacy Practices

Effective: April 14, 2003 | Updated: July 22, 2025

CalOptima Health offers you access to health care through our Medi-Cal plan, our OneCare (HMO D-SNP) Medicare Advantage Special Needs Plan and our Program of All-Inclusive Care for the Elderly (PACE). We are required by state and federal law to protect your health information. After you become eligible and enroll in one of our health plans, Medicare or Medi-Cal sends your information to us. We also get medical information from your doctors, clinics, labs and hospitals to approve and pay for your health care.

This notice explains how medical information about you may be used and shared, and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

How we protect your information	<ul style="list-style-type: none">• We have controls in place for physical and electronic access to your information, which include race, ethnicity, language, gender identity and sexual orientation.• Our policies and procedures outline what is allowed and what is not allowed when using your personal health information, including race, ethnicity, language, gender identity and sexual orientation.• Electronic access may include media formats, devices and hardware, and data storage.• We do not discriminate against members based on any sensitive information.
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<p>Get a copy of your health and claims records</p>	<ul style="list-style-type: none"> • You can ask to see or get a copy of your health and claims records and other health information we have about you. You must make this request in writing. We will send you a form to fill out, and we may charge a fair fee for the costs of copying and mailing records. You must provide a valid form of ID to view or get a copy of your health records. • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. • We may keep you from seeing certain parts of your records for reasons allowed by law. • CalOptima Health does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.
<p>Ask us to correct health and claims records</p>	<ul style="list-style-type: none"> • You have the right to send a written request to change information in your records if it's not correct or complete. You must make your request in writing. • We may refuse your request if the information is not created or kept by CalOptima Health, or if we believe it is correct and complete, but we will tell you why in writing within 60 days. • If we don't make the changes you asked for, you may ask us to review our decision. You may also send a statement saying why you disagree with our records, and your statement will be kept with your records.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> • You can ask us to contact you by your preferred method of contact (for example, home or work phone) or to send mail to a different address. • We will consider all fair requests. We must say "yes" if you tell us you would be in danger if we do not.
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> • You can ask us not to use or share certain health information for treatment, payment or our health care operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.
<p>Get a list of who we shared information with</p>	<ul style="list-style-type: none"> • You can ask for a list of the times we shared your health information during the past 6 years before the date you asked. • You have the right to request a list of what information was shared, who it was shared with, when it was shared and why. • We will include all disclosures, except for those about your treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

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Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to accept the notice electronically. We will offer you a paper copy in good time.• You can also find this notice on our website at www.caloptimahealth.org.
Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, this person can use your rights and make choices about your health information.• We will make sure this person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• If you feel we have violated your rights, you can complain by contacting us using the information in this notice.• We will not retaliate against you for filing a complaint.
Use a self-pay restriction	<ul style="list-style-type: none">• If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us. If you or your provider submits a claim to CalOptima Health, we do not have to agree to a restriction. If a law requires the disclosure, CalOptima Health does not have to agree to your restriction.

For certain health information, you can tell us your choices about what we share.

If you have a preference for how we share your information in the situations below, please contact us. In most cases, if we use or share your Protected Health Information (PHI) outside of treatment, payment or health care operations, we must get your written permission first. If you give us your permission, you may take it back in writing at any time. We cannot take back what we used or shared when we had your written permission, but we will stop using or sharing your PHI in the future.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none">• Share information with your family, close friends or others involved in payment for your care.• Share information in a disaster-relief situation.
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In these cases, we <i>never</i> share your information unless you give us written permission:	<ul style="list-style-type: none">• Substance use disorder (SUD) information: We must get your permission for any use or disclosure of SUD information.• Psychotherapy notes: We must get your permission for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment or health care operations.• Your race, ethnicity, language, gender identity and sexual orientation information, except to carry out treatment, payment or health care operations.• Your race, ethnicity, language, gender identity and sexual orientation information for underwriting, denial of services and coverage, or for benefit determinations.• Marketing needs.• Sale of your information.
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Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know as soon as possible if a breach happens that may have affected the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Our Uses and Disclosures

Your information may be used or shared by CalOptima Health only for treatment, payment and health care operations related to the Medi-Cal, Medicare (OneCare) or PACE programs in which you are enrolled. We may use and share your information in health information exchanges with providers involved in the care you receive. The information we use and share includes, but is not limited to:

- Your name
- Address
- History of care and treatment given to you
- Cost or payment for care

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Some examples of how we share your information with those involved with your care:

Help manage the health care treatment you receive	<ul style="list-style-type: none">• We can use your health information and share it with professionals who are treating you. This may include your race, ethnicity, language, gender identity and sexual orientation to provide services that best fit your needs.	Example: A doctor sends us information about your diagnosis and treatment plan so we can set up additional services. We will share this information with doctors, hospitals and others to get you the care you need.
Run our organization (health care operations)	<ul style="list-style-type: none">• We can use and share your information to run our organization and contact you when needed.• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.	Example: We use your health information to develop better services for you, which may include reviewing the quality of care and services you receive. We may also use this information in audits and fraud investigations.
Pay for your health services	<ul style="list-style-type: none">• We can use and share your health information as we pay for your health services.	Example: We share information with the doctors, clinics and others who bill us for your care. We may also forward bills to other health plans or organizations for payment.
Administer your plan	<ul style="list-style-type: none">• We may share your health information with the Department of Health Care Services (DHCS) or the Centers for Medicare & Medicaid Services (CMS) for plan administration.	Example: DHCS contracts with us to provide a health plan, and we provide DHCS with certain information.

How Else Can We Use or Share Your Health Information?

We are allowed or required to share your information in other ways, usually to promote the public good, like public health and research. We have to meet many conditions in the law before we can share your information for these reasons.

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Help with public health and safety issues	<p>We can share health information about you for certain situations like:</p> <ul style="list-style-type: none"> • Preventing disease. • Helping with product recalls. • Reporting adverse reactions to medicines. • Reporting suspected abuse, neglect or domestic violence. • Preventing or reducing a serious threat to anyone's health or safety.
Comply with the law	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers' compensation, law enforcement and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers' compensation claims. • For law enforcement reasons or with a law enforcement official. • With health oversight agencies for activities authorized by law. • For special government functions, such as military, national security and presidential protective services.
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Comply with special laws	<ul style="list-style-type: none"> • There are special laws that protect some types of health information, such as mental health services, treatment for substance use disorders and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice. • There are also laws that limit our use and disclosure to reasons directly connected to the administration of CalOptima Health's programs.

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Confidentiality of Sensitive Services

CalOptima Health is committed to protecting the privacy and confidentiality of information related to sensitive services you receive. Sensitive services are any health care services related to mental or behavioral health care; substance use disorder; gender-affirming care; sexual and reproductive health; sexually transmitted infections; rape or sexual assault; infectious, contagious, or communicable diseases; HIV/AIDs-related care; or intimate partner violence, as defined in California Civil Code § 56.05(s).

CalOptima Health will send communications about sensitive services to a mailing address, email address or phone number of your choice, or we will use the mailing address, phone number, or email address on file if you did not give us a different one. CalOptima Health will not share medical information about your sensitive services with any other person without your written approval. CalOptima Health will honor your requests for confidential communication in the form and format you want if it can be done in your requested form and format.

Your request for confidential communication related to sensitive services will be valid until you take back the request or make a new request for confidential communications. Please call us toll-free at **1-888-587-8088 (TTY 711)**, or write to us to find out how to request sensitive services information. You will need to submit your request in writing and give us certain information. We can send you the form(s) for the request. We will carry out your request within 7 calendar days after we receive your phone call or within 14 calendar days after we get your request by first-class mail.

Changes to the Terms of This Notice

CalOptima Health reserves the right to change its privacy notice and the ways we keep your PHI safe. If this happens, we will update the notice and notify you. We will also post the updated notice on our website.

Potential for Redisclosure

Information disclosed by CalOptima Health, either authorized by you (or your personal representative) or permitted by applicable privacy laws, may be redisclosed by the person receiving your information if they are not required by law to protect your information.

How to Contact Us to Use Your Rights

If you want to use any of the privacy rights explained in this notice, please write to us at:

CalOptima Health
Privacy Officer
505 City Parkway West
Orange, CA 92868
1-888-587-8088 (TTY 711)

Or call CalOptima Health Customer Service **toll-free at 1-888-587-8088 (TTY 711)**.
We have staff who speak your language.

If you believe that we have not protected your privacy and wish to file a complaint or grievance, you may write or call CalOptima Health at the address and phone number above. You may also contact these agencies:

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California Department of Health Care Services

Privacy Officer

C/O: Office of HIPAA Compliance

P.O. Box 997413, MS 4721

Sacramento, CA 95899-7413

Email: DHCSPrivacyOfficer@dhcs.ca.gov

Phone: 1-916-445-4646

Fax: 1-916-440-7680

U.S. Department of Health and Human Services

Office for Civil Rights Regional Manager

90 Seventh St., Suite 4-100

San Francisco, CA 94103

Email: ocrmail@hhs.gov

Phone: 1-800-368-1019

Fax: 1-202-619-3818

TDD: 1-800-537-7697

Use Your Rights Without Fear

CalOptima Health cannot take away your health care benefits, nor do anything to hurt you in any way, if you choose to file a complaint or use any of the privacy rights in this notice. This notice applies to all CalOptima Health's health care programs.

NONDISCRIMINATION NOTICE

Discrimination is against the law. CalOptima Health PACE follows State and Federal civil rights laws. CalOptima Health PACE does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

CalOptima Health PACE provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services in a timely manner to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

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If you need these services, contact CalOptima Health PACE, 24 hours a day, 7 days a week, by calling **1-844-999-7223**. If you cannot hear or speak well, please call TTY at **1-714-468-1063**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

CalOptima Health PACE
13300 Garden Grove Boulevard
Garden Grove, CA 92843
1-844-999-7223 (TTY 1-714-468-1063)

HOW TO FILE A GRIEVANCE

If you believe that CalOptima Health PACE has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with CalOptima Health PACE Quality Improvement Grievance & Appeals Resolution Services. You can file a grievance by phone, in writing, in person or electronically:

- **By phone:** Contact CalOptima Health PACE, 24 hours a day, 7 days a week, by calling **1-844-999-7223**. Or, if you cannot hear or speak well, please call TTY at **1-714-468-1063**.
- **In writing:** Fill out a complaint form or write a letter and send it to:
CalOptima Health PACE Quality Improvement - Grievance and Appeals
13300 Garden Grove Boulevard
Garden Grove, CA 92843
- **In person:** Visit your doctor's office or CalOptima Health PACE and say you want to file a grievance.
- **Electronically:** Visit CalOptima Health PACE's website at **www.caloptima.org/PACE**.

OFFICE OF CIVIL RIGHTS - **CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **916-440-7370**. If you cannot speak or hear well, please call **711** (Telecommunications Relay Service).
- **In writing:** Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

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Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY **1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language, call **1-844-999-7223** (TTY **1-714-468-1063**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-844-999-7223** (TTY **1-714-468-1063**). These services are free of charge.

العربية (Arabic)

تنبيه: إذا كنت بحاجة إلى مساعدة في لغتك، اتصل بالرقم **1-844-999-7223** (TTY **1-714-468-1063**) تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والطباعة الكبيرة. اتصل بالرقم **1-844-999-7223** (TTY **1-714-468-1063**) هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեր լեզվով օգնության կարիք ունեք, զանգահարեք **1-844-999-7223** (TTY **1-714-468-1063**) հեռախոսահամարով: Հաշմանդամ մարդկանց տրամադրվող աջակցությունները և ծառայությունները, ինչպիսիք են բրայլյան այբուբենով և խոշոր տպագիր փաստաթղթերը, նույնպես հասանելի են: Զանգահարեք **1-844-999-7223** (TTY **1-714-468-1063**) հեռախոսահամարով: Այս ծառայություններն անվճար են:

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ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-844-999-7223 (TTY 1-714-468-1063)** ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធុន សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ព ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-844-999-7223 (TTY 1-714-468-1063)** ។ សេវាកម្មទាំងនេះ មិនគិតថ្លៃឡើយ។

简体中文 (Simplified Chinese)

注意: 如果您需要以您的语言获得帮助, 请致电 **1-844-999-7223 (TTY 1-714-468-1063)**。也为残障人士提供帮助和服务, 例如盲文和大字体的文件。请致电 **1-844-999-7223 (TTY 1-714-468-1063)**。这些服务是免费的。

简体中文 (Simplified Chinese)

注意: 如果您需要以您的语言获得帮助, 请致电 **1-844-999-7223 (TTY 1-714-468-1063)**。也为残障人士提供帮助和服务, 例如盲文和大字体的文件。请致电 **1-844-999-7223 (TTY 1-714-468-1063)**。这些服务是免费的。

(Farsi) فارسی

توجه: اگر به زبان خود نیاز به کمک دارید, با شماره **1-844-999-7223 (TTY 1-714-468-1063)** تماس بگیرید. کمک‌ها و خدمات برای افراد دارای معلولیت, مانند مطالب با خط بریل و چاپ بزرگ نیز در دسترس است. شماره تماس **1-844-999-7223 (TTY 1-714-468-1063)**. این خدمات رایگان هستند.

ગુજરાતી (Gujarati)

ધ્યાન આપો: જો તમને તમારી ભાષામાં મદદની જરૂર હોય તો આ નંબર પર કોલ કરો: **1-844-999-7223 (TTY 1-714-468-1063)**. વિકલાંગ લોકો માટે સહાય અને સેવાઓ, જેમ કે બ્રેઇલ અને મોટી પ્રિન્ટમાં પણ દસ્તાવેજો ઉપલબ્ધ છે. કોલ કરો: **1-844-999-7223 (TTY 1-714-468-1063)**. આ સેવા વિનામૂલ્યે ઉપલબ્ધ છે.

हिंदी (Hindi)

ध्यान दें: अगर आपको हिन्दी भाषा में सहायता चाहिए, तो **1-844-999-7223 (TTY 1-714-468-1063)** पर कॉल करें। विकलांगता वाले लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज़ जैसी सहायताएं और सेवाएं भी उपलब्ध हैं। **1-844-999-7223 (TTY 1-714-468-1063)** पर कॉल करें। ये सेवाएं मुफ्त हैं।

Hmoob (Hmong)

CEEB TOOM: Yog tias koj xav tau kev pab ua yog lus Hmong, hu rau **1-844-999-7223 (TTY 1-714-468-1063)**. Cov kev pab thiab kev pabcuam rau cov neeg tsis taus, zoo li cov ntaub ntawv nyob rau hauv daim ntawv Braille thiab luam ntawv loj, kuj muaj. Hu rau **1-844-999-7223 (TTY 1-714-468-1063)**. Cov kev pab cuam no pub dawb.

日本語 (Japanese)

注:お客様の言語でのお手伝いが必要な場合は、**1-844-999-7223 (TTY 1-714-468-1063)** までお電話ください。障害をお持ちの方のために、点字や大きな文字での文書など支援とサービスをご用意しています。**1-844-999-7223 (TTY 1-714-468-1063)** までお電話ください。これらのサービスは無料でご利用いただけます。

한국어 (Korean)

주의: 귀하의 언어로 도움이 필요하시면 번호 **1-844-999-7223 (TTY 1-714-468-1063)** 번으로 전화하십시오. 점자 및 큰 글자 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다. 번호 **1-844-999-7223 (TTY 1-714-468-1063)** 번으로 전화하십시오. 이 서비스는 무료입니다.

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ພາສາລາວ (Laotian)

ການເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາລາວ, ໂທຫາ **1-844-999-7223** (TTY **1-714-468-1063**). ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ເປັນຕົວພິມໃຫຍ່, ແມ່ນ ຍັງມີຢູ່. ໂທຫາ **1-844-999-7223** (TTY **1-714-468-1063**). ການບໍລິການແມ່ນບໍ່ເສຍຄ່າ.

Mien

CAU FIM JANGX LONGX: Se gorngv meih qiemx longc mienh tengx faan benx meih nyei waac, douc waac lorz taux **1-844-999-7223** (TTY **1-714-468-1063**). Ninh mbuo mbenc duqv maaih jaa-dorngx aengx caux gong-bou jau-louc tengx ziux goux waaic fangx mienh, dorh sou zoux benx braille, ngaapv bieqc domh zei-linh. Douc waac lorz taux **1-844-999-7223** (TTY **1-714-468-1063**). Naaiv deix gong-bou jau-louc benx wangv-henh tengx hnangv oc.

Português (Portuguese)

ATENÇÃO: Se você precisar de ajuda no seu idioma, ligue para **1-844-999-7223** (TTY **1-714-468-1063**). Serviços e auxílio para pessoas com incapacidades, como documentos em braille ou impressos com letras grandes, também estão disponíveis. Ligue para **1-844-999-7223** (TTY **1-714-468-1063**). Esses serviços são gratuitos.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਇੱਥੇ ਕਾਲ ਕਰੋ **1-844-999-7223** (TTY **1-714-468-1063**)। ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਾੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰ **1-844-999-7223** (TTY **1-714-468-1063**)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Română (Romanian)

ATENȚIE: În cazul în care aveți nevoie de ajutor în limba dvs., sunați la **1-844-999-7223** (TTY **1-714-468-1063**). Sunt disponibile, de asemenea, ajutoare și servicii pentru persoanele cu dizabilități, precum documente în limbaj Braille și cu caractere mărite. Sunați la **1-844-999-7223** (TTY **1-714-468-1063**). Aceste servicii sunt gratuite.

Русский (Russian)

ВНИМАНИЕ. Если вы хотите получить поддержку на своем языке, звоните по тел. **1-844-999-7223** (TTY **1-714-468-1063**). Также доступны вспомогательные устройства и услуги для людей с ограниченными возможностями, например, документы, напечатанные шрифтом Брайля или крупным шрифтом. Обращайтесь по тел. **1-844-999-7223** (TTY **1-714-468-1063**). Услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1-844-999-7223** (TTY **1-714-468-1063**). También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille y letra grande. Llame al **1-844-999-7223** (TTY **1-714-468-1063**). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-844-999-7223** (TTY **1-714-468-1063**). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumentong nasa braille at malaking print. Tumawag sa **1-844-999-7223** (TTY **1-714-468-1063**). Libre ang mga serbisyonang ito.

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ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ ให้โทรศัพท์ไปที่ **1-844-999-7223** (TTY **1-714-468-1063**) การให้ความช่วยเหลือและบริการต่าง ๆ สำหรับผู้พิการ เช่น เอกสารในภาษาเบรลล์ และเอกสารที่มีตัวพิมพ์ขนาดใหญ่ ยังมีให้บริการ โทรศัพท์ **1-844-999-7223** (TTY **1-714-468-1063**) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Türkçe (Turkish)

DIKKAT: Kendi dilinizde yardıma ihtiyacınız varsa **1-844-999-7223** (TTY **1-714-468-1063**) numaralı telefonu arayın. Braille alfabesi ve büyük harflerle yazılmış belgeler gibi engellilere yönelik yardım ve hizmetler de mevcuttur. Call: **1-844-999-7223** (TTY **1-714-468-1063**). Bu hizmetler ücretsizdir.

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою мовою, зателефонуйте на номер **1-844-999-7223** (телетайп **1-714-468-1063**). Доступні допоміжні засоби й послуги для людей з обмеженими можливостями, зокрема документація, надрукована шрифтом Брайля, а також із великим розміром тексту. Телефонуйте на номер **1-844-999-7223** (телетайп **1-714-468-1063**). Ці послуги надаються безкоштовно.

(Urdu) اردو

توجہ: اگر آپ کو اپنی زبان میں مدد کی ضرورت ہے تو کال کریں **1-844-999-7223** (TTY **1-714-468-1063**)۔ معذور افراد کے لئے امداد اور خدمات، جیسے بریل اور بڑے پرنٹ میں دستاویزات، بھی دستیاب ہیں۔ کال **1-844-999-7223** (TTY **1-714-468-1063**)۔ یہ خدمات مفت ہیں۔

Tiếng Việt (Vietnamese)

XIN LƯU Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, xin gọi số **1-844-999-7223** (TTY **1-714-468-1063**). Chúng tôi cũng trợ giúp và cung cấp dịch vụ cho người khuyết tật, như tài liệu bằng chữ nổi braille và chữ in khổ lớn. Xin gọi số **1-844-999-7223** (TTY **711**). Những dịch vụ này đều miễn phí.



CalOptima Health, A Public Agency

P.O. Box 11063
Orange, CA 92856-8163

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Look Inside

- Organ or Tissue Donation
- Participant Bill of Rights
- Grievance and Appeals Process
- Notice of Privacy Practices
- Nondiscrimination Notice

PACE Phone Numbers and Hours of Operations

You can contact us Monday–Friday, 8 a.m. to 4:30 p.m.
We are closed on certain holidays.

PACE Local:	1-714-468-1100
PACE Toll-Free:	1-844-999-PACE (7223)
PACE TTY:	1-714-468-1063
On-Call Doctor (24 hours):	1-714-468-1100
Falls:	1-714-468-1100
Pharmacy:	1-714-554-1111
Transportation:	1-714-468-1068
(Monday–Friday, 6 a.m. to 5:30 p.m.)	
Transportation After Hours (anytime):	1-888-746-8080
Urgent Care	
Exer Urgent Care Costa Mesa:	1-949-688-2010
Orange County Urgent Care Anaheim:	1-714-991-5700
Nellie Gail Urgent Care Laguna Hills:	1-949-600-1907
Sunrise Urgent Care Orange:	1-714-771-1420

Call 911 For Any Life-Threatening Emergency