



Formerly Humana Specialty Pharmacy

# Welcome Guide



## Welcome guide

At CenterWell Specialty Pharmacy<sup>™</sup>, your well-being is our priority. That's why our team is committed to helping you manage the treatment and costs of your specialty therapy. You can count on us not only to send your specialty medicines, but to provide one-on-one guidance along the way.

Our dedicated pharmacy team is here to help you with things like:

- Working hand-in-hand with your insurance carrier and healthcare provider to process your prescriptions
- Helping to find financial assistance programs you may qualify for to help pay for your medicine
- Providing you guidance on how to take your medicines and manage any side effects

This guide will show you more about how we work to take the pressure off managing your therapy. Thank you for using CenterWell Specialty Pharmacy—we look forward to supporting you in your health and well-being journey.

Sincerely,



Natalie Bedford  
Senior Vice President,  
CenterWell Specialty Pharmacy



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## Your support team

Throughout your specialty treatment, you'll have support from your CenterWell Specialty Pharmacy team every step of the way. We provide training on managing chronic conditions for every member of our team, and many pharmacists and nurses are certified in specialty pharmacy care—so you can trust the people responsible for your treatment.



Your **Patient Advocate** is here to be **your touchpoint** for a wide range of needs that you may have during your treatment.



A **Financial Services Specialist** is here to work on your behalf to find ways to **help you afford your medicine.**



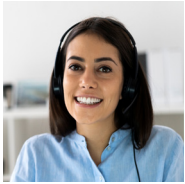
Licensed **Specialty Pharmacists** manage your prescription and are here to address any of your questions or concerns, **24 hours a day, 7 days a week.**



**Specialty Nurses** are **here to support you and help you** manage the specifics of your therapy.



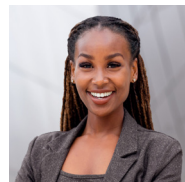
# Caring for you every step of the way



CenterWell Specialty Pharmacy receives your prescription, or your **Patient Advocate** contacts you 5-7 days prior to shipment to schedule a refill and connect you to a pharmacist or nurse as needed.



A **Specialty Pharmacist** checks your prescription for safety and accuracy, verifies it meets manufacturer & quality standards, and is here to answer any questions.



A **Financial Services Specialist** will find financial assistance through foundations and agencies, as needed, to manage the cost of your medicine.



A **Specialty Nurse** connects with you to communicate important information about your therapy.



## Specialty care you can count on

We know that navigating complex and chronic conditions can be challenging and unpredictable. That's why we're dedicated to taking on the pressure of managing your therapy, so you can focus on the things that matter.



### Clinical guidance

Our Patient Management Clinical Programs provide ongoing counseling, giving you guidance on your treatment and more opportunities to get answers to your questions.

**Our Specialty Clinician team provides:**

- Health assessment
- Guidance on how to use your medicine and possible side effects
- Follow-up phone calls after your medicine shipment



### Financial assistance

You may be eligible for financial assistance. If you're having trouble affording your medication, call us and one of our **Financial Services Specialists** will help. They'll work on your behalf to find ways to help you with the cost of your medication, so you don't have to worry. You can call **800-486-2668 (TTY: 711)**, Monday – Friday 8 a.m. – 11 p.m., and Saturday 8 a.m. – 6:30 p.m., Eastern time.



### Convenience

Our Specialty Pharmacy services are designed to make it as easy as possible for you to receive your medicine. To accomplish this, we offer services like:



**Video chat** with a nurse or pharmacist



**Home infusion** and **self-injection training**, if needed



**Sending supplies** like needles, syringes, and more when necessary



## Confidence

You can trust that we're doing the most to ensure your medicine arrives to you seamlessly and safely.

**You can count on your medicine to be:**



Reviewed by expert pharmacists to check for **accuracy and safety**



Shipped **within 48 – 72** hours after we receive your prescription



Delivered at a time **scheduled to fit your needs**

Plus, your medicine is mailed in temperature-controlled packaging when applicable.



## Award-winning care

CenterWell Specialty Pharmacy (formerly Humana Specialty Pharmacy) received the Patient Choice Award for PBM/Payer Pharmacy for the fifth year in a row, **representing the highest quality in customer service and optimal patient care by a specialty pharmacy.**

CenterWell Specialty Pharmacy offers the help patients need, along with guidance to support their treatment.<sup>1</sup>



<sup>1</sup> Press Release:  
Sixth-Annual Patient  
Choice Awards, MMIT



Our clinical programs are optional and not meant to replace any treatment from your healthcare provider. You can give us a call if you do not wish to participate in these programs.

Your shipping date may change if your medicine requires a prior authorization, or if our pharmacist needs to talk to your healthcare provider regarding your prescription. Humana Clinical Pharmacy Review must approve medicines that require prior authorization before we can fill the prescription.



# Connecting with CenterWell Specialty Pharmacy

## Getting started

### Keeping your information up-to-date helps us help you.

When you complete the following forms and return them in the enclosed envelope or fax them to us, it gives us what we need to provide you with the best care possible. If desired, you can fax these forms to CenterWell Specialty Pharmacy at **877-405-7940**.

- Consent Form
- Medication Profile
- Patient Assistance Application

All of these forms can be found in this booklet—keep the Bill of Rights and Privacy Notice for your records.



These forms help to ensure we have all necessary information for processing your prescriptions.



## Staying connected

We're here for you 24/7, so you can access features you need, important information, and support, wherever and whenever you need them.



The **CenterWell Pharmacy mobile app** and **CenterWellPharmacy.com** keep you connected to your account, and allow you to:

- Make **payments**
- **Schedule** deliveries and check the order status of your specialty medicine
- **Manage your account** and communication preferences
- Watch **informational videos** about specialty medicine
- **Update your allergies** and health conditions
- Request **financial assistance** through patient assistance programs

Scan with your phone's camera to download the **CenterWell Pharmacy mobile app** or download the app in the App Store or Google Play



We want to be sure you're protected on every device you use. You may be prompted to set up 2-factor authentication for your CenterWell Pharmacy account. If you need assistance, call **855-255-9315 (TTY: 711)**.



You can schedule delivery for most medicines online and in the mobile app. Give us a call if you do not see your medicine available.





## Means of communication

Updating your account with your current contact information and communication preferences allows us to contact you quickly with any important information about your prescriptions. You can personalize your **Communication Preferences** under the **Account** tab on our app and online.

Options for how you'd like to be contacted may include:

- E-mail
- Text
- Phone call



## Language assistance

We can help provide your prescription information in your preferred language. Please call us to request.



You may continue to receive some communications by mail, such as safety or product notifications. We are continually working to provide the best experience for you, making sure you can receive communications in the method you prefer.

# Frequently asked questions

## Q: How do I check the status of my order?

A: You can check the status of your order at **CenterWellPharmacy.com** or on the **CenterWell Pharmacy mobile app**. You can reach out to your patient advocate with any questions or concerns about your order.

## Q: If my medicine needs to be refrigerated, how will CenterWell Specialty Pharmacy ship it?

A: CenterWell Specialty Pharmacy will send medicines that require refrigerated packaging with ice packs at no extra cost. We pack your order in eco-friendly coolers with enough ice packs to withstand forecasted temperatures and time in transit to maintain the integrity of your medicine. This process is tested ahead of time to ensure temperatures remain stable during shipping. Please contact us immediately if you have any concerns once your medicine is delivered.

## Q: What are my payment options if I have a secondary payer, such as a state pharmaceutical assistance plan (SPAP) or Medicaid?

A: Let us know if you have another payer for any of your specialty medicines. We'll need to verify CenterWell Specialty Pharmacy can coordinate with your program. If CenterWell Specialty Pharmacy can coordinate with your program, a team member will call you to discuss your payment options.

## Q: Do I need to update my information on CenterWellSpecialty Pharmacy.com if I already updated it on MyHumana.com?

A: Yes. If you make updates to your contact information, shipping address, or payment information on **MyHumana.com**, please update **CenterWellPharmacy.com** to avoid delays in processing your orders or payments. You can also call us and your patient advocate will be happy to update this information for you.

## Q: Does your pharmacy report medicines to any prescription drug monitoring programs?

A: CenterWell Specialty Pharmacy may be required by your state to report controlled medicines and other medicines as required to their prescription drug monitoring program (PDMP). PDMPs are statewide electronic databases that collect prescription dispensing data of certain medicines like controlled substances.



**Q: What should I do with my unused or expired medicines?**

**A:** It is recommended that you don't flush unused or expired medicines as this can contaminate the water supply. Check your prescription information, or use the **Medication Disposal** link under the **Support** section at the bottom of **CenterWellPharmacy.com** for general disposal instructions for your medicines and sharps.

To recycle Styrofoam shipping containers, check with your local recycling center to see if they can accept EPS or Styrofoam.

**Q: Why do I need to provide an emergency contact number?**

**A:** When we set up your first delivery, we will ask for an emergency or substitute contact number. This is very important in case we are not able to reach you for urgent issues such as when the delivery of your medicine may be changed or delayed.

In the event of a disaster to your home or in your area, it may not always be possible to deliver your medicines to your normal residence. Please call us at **800-486-2668 (TTY: 711)** to tell us where to deliver your medicines. This will ensure that there are no interruptions to your therapy. When you have returned to your residence, please call us at the number above to let us know. To learn more about what you can do in the event of a disaster and for other safety information, please check the Staying Safe articles under the Learn about meds section on **CenterWellPharmacy.com**. In the event of an emergency, call 911.

**Q: Will you notify me of recalls or manufacturer backorders?**

**A:** CenterWell Specialty Pharmacy will notify you directly by phone, email, and/or mail if your medicine is affected by a recall or a manufacturer backorder and provide you with specific information to resolve the issue, if necessary. We will also provide recall information at **CenterWellPharmacy.com** and may notify your healthcare provider of the recall.

**Q: What's the difference between a brand-name drug and its generic equivalent drug?**

**A:** Generic equivalent medicines work the same way as brand-name medicines. They are the same as a brand-name medicine in dosage, safety, effectiveness, strength, stability and quality.

CenterWell Specialty Pharmacy will provide a generic equivalent medicine if one is available and your healthcare provider has indicated a generic equivalent can be dispensed in place of a brand-name medicine.

**Q: What happens if I change my prescription insurance coverage?**

**A:** CenterWell Specialty Pharmacy can still fill your prescriptions if you no longer have prescription benefits through Humana. Please call us if you change your prescription benefits so we can update your information for future shipments.

**Q: What should I do if my order is not delivered as expected?**

**A:** If your order did not arrive as scheduled, arrived in poor condition, you receive an order you were not expecting, or have any questions about your order, please contact us right away to discuss your options.

**Q: What if I need to file a complaint?**

**A:** Please call us at **800-486-2668 (TTY: 711)** so our Patient Advocates can assist you further. We're available Monday – Friday 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time. You can also submit a written complaint to the address below. Once we receive your complaint, we will investigate and respond within three business days by phone, email or mail.

**CenterWell Pharmacy**

**P.O. Box 745099,**

**Cincinnati, OH 45274-5099**

CenterWell Specialty Pharmacy patients also have the right to voice grievances or complaints to URAC, NABP or ACHC using the contact information below:

**URAC:**

Utilization Review  
Accreditation Commission  
1220 L Street NW, Suite 400,  
Washington, DC 20005

**Phone: 202-216-9010**

**ACHC:**

Accreditation Commission for Health Care  
139 Weston Oaks Ct.  
Cary, NC 27513

**Toll-free phone: 855-937-2242**

**www.achc.org**

**Digital Pharmacy/NABP:**

National Association of Boards of Pharmacy  
1600 Feehanville Dr.  
Mount Prospect, IL 60056

**Phone: 847-391-4406**

## CenterWell Specialty Pharmacy is URAC, DMEPOS, Digital Pharmacy, and ACHC accredited

URAC is an independent nonprofit organization that establishes quality standards for the healthcare industry. To receive accreditation, CenterWell Pharmacy and CenterWell Specialty Pharmacy meet strict quality standards with a commitment to consumer safety and ease of access to care. URAC accreditation assures consumers that CenterWell Pharmacy has processes to deliver prescriptions in a timely and accurate manner.

Since 2010, CenterWell Pharmacy (formerly Humana Pharmacy) has been accredited by the National Association of Boards of Pharmacy (NABP) for both Digital Pharmacy and DMEPOS. This means CenterWell Pharmacy meets nationally endorsed standards of privacy, safety and security practices when it comes to delivering prescriptions and providing meaningful guidance to providers and customers.



ACCREDITED  
Mail Service  
Pharmacy  
Expires 11/01/2023



ACCREDITED  
Pharmacy  
Benefit  
Management  
Expires 11/01/2022



ACCREDITED  
Specialty  
Pharmacy  
Expires 04/01/2025



ACCREDITED  
NABP  
DMEPOS Pharmacy



ACCREDITED  
NABP  
Digital Pharmacy



The Accreditation Commission for Health Care (ACHC) is a nonprofit accreditation organization that has stood as a symbol of quality and excellence since 1986. By achieving ACHC Accreditation, CenterWell Specialty Pharmacy is able to demonstrate their commitment to providing the highest-quality service through compliance with national regulations and industry best practices to our patients.



## How to reach us

For urgent questions about your medicines, pharmacists can be reached at the number below **24 hours a day, seven days a week.**



**800-486-2668 (TTY: 711)**

### Customer Care Hours

Monday – Friday 8 a.m. – 11 p.m.

Saturday 8 a.m. – 6:30 p.m., Eastern time



**CenterWellPharmacy.com**



Scan with your phone's camera to download the **CenterWell Pharmacy mobile app** or download the app in the App Store or Google Play



## At CenterWell Specialty Pharmacy, it is important you are treated fairly.

CenterWell Specialty Pharmacy does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language. Discrimination is against the law. CenterWell Specialty Pharmacy complies with applicable federal civil rights laws. If you believe that you have been discriminated against by CenterWell Specialty Pharmacy, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances,  
P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **800-486-2668**  
or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- California residents: You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

## Auxiliary aids and services, free of charge, are available to you. 800-486-2668 (TTY: 711)

CenterWell Specialty Pharmacy provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

## Language assistance services, free of charge, are available to you. 800-486-2668 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید

**Diné Bizaad (Navajo):** Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánida'áwo'déé .ńniká'adoowo

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

If you are a member of a qualified State Pharmaceutical Assistance Program, please contact the program to verify that the mail-order pharmacy will coordinate with that program. Other pharmacies are available in our network.



## CenterWell Specialty Pharmacy Patient Bill of Rights

As a CenterWell Specialty Pharmacy patient, you have the right to:

1. Receive care within the mission and scope of CenterWell Specialty Pharmacy that is compliant with current laws and regulations. You have a right to this care without discrimination regardless of race, color, gender, age, religion, national origin, sexual orientation, or diagnosis.
2. Receive respectful considerate service and information at the time that you need it, spoken and written in terms you can reasonably expect to understand, and to participate in decision-making about your healthcare and treatment plan.
3. Ask to speak with a CenterWell Specialty Pharmacy pharmacist or nurse to receive counseling on your medicine(s), information on administration, such as injection training and management of side effects because of your therapy.
4. Receive information about the available CenterWell Specialty Pharmacy Patient Care Management programs including the right to know about the purpose and goal of the patient management program. This includes the following components:
  - The right to receive information about the patient management program
  - The right to receive administrative information regarding changes in, or termination of, the patient management program
  - The right to decline participation, revoke consent, or disenroll at any point in time
5. Participate and/or designate care takers to participate in planning your care. This includes participating in the development and periodic revision of the plan of care.
6. Be referred and/or transitioned for additional services as the need arises when these services are out of the scope of services provided by CenterWell Specialty Pharmacy. Be informed of any financial benefits when referred to an organization.
7. Be assured that access to, use of and disclosure of your personal health information will be limited to only those parties as permitted by law and/or those parties that you have authorized. In situations where you have authorized access to, use of and disclosure of your personal health information for purposes other than treatment, payment, health plan operations and certain other activities, you have the right to receive a listing of instances where your personal health information was disclosed.

8. Ask for the identity and job title of the staff member you are speaking with and request to speak with a supervisor if desired.
9. File a complaint about any aspect of CenterWell Specialty Pharmacy services regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal. The organization provides all clients/patients with written information listing a telephone number, contact person, and CenterWell Specialty Pharmacy's process for receiving, investigating, and resolving grievances complaints about its services/care.
10. Get full explanations of services/products you have received, the applicable fees and payment for these services/products and any eligibility policies. You have a right to receive estimated charges for services prior to receiving them and have these charges explained to you.
11. Have the ability to choose a healthcare provider.

## Patient Responsibilities

1. Provide accurate health information including allergies, past illnesses, present symptoms and diagnosis, medicine use, advanced directives and other health care matters and inform CenterWell Specialty Pharmacy when this information changes.
2. Provide accurate address, contact phone number, healthcare provider contact information (including phone number), insurance information (when applicable) and inform CenterWell Specialty Pharmacy when this information changes.
3. Understand and follow your medicine treatment as it is prescribed by your healthcare provider
  - a) Know your medicine: latest prescribed dose, dose form (pre-filled syringe, pen, etc.).
  - b) Always read the label information on the medicine before taking to ensure correct dosing.
  - c) Always take the right dose of medicine at the right frequency for the entire length of time it is prescribed.
  - d) Tell a pharmacist, nurse or your healthcare provider if you feel your medicine is not working or your symptoms are not resolving.
  - e) Complete monthly counseling, lab work and other tests if required for your medicine.
4. **Ask questions when you are unsure of any aspect of your medicine therapy.**

5. Notify CenterWell Specialty Pharmacy as soon as your medicine has been changed or discontinued by your healthcare provider.
6. Be proactive when refilling medicine.
  - a) Contact CenterWell Specialty Pharmacy when you have a weeks' worth of medicine remaining and contact CenterWell Specialty Pharmacy to schedule your shipment if you have not received a refill reminder call.
  - b) Know your number of doses (pills, syringes, etc.) remaining when setting up a shipment for refill.
  - c) Anticipate any need to refill your prescription early, such as vacation, and notify CenterWell Specialty Pharmacy.
  - d) Call CenterWell Specialty Pharmacy immediately if your medicine does not arrive on the day it is expected.
7. Return call(s) from CenterWell Specialty Pharmacy regarding medicine refills within 48 hours to ensure your medicine refill is delivered on time to prevent missed doses.
8. Understand the potential consequences of not following your medicine treatment as prescribed by your physician.
9. Meet your financial responsibility of co-pays, etc., for medicines that you have requested to be filled.
10. Assist in developing and maintaining a safe environment for your medicine and supplies, including access, storage and disposal.
11. Always notify healthcare providers, such as doctors, home health agencies or home care nurses when you will not be able to keep a scheduled visit or appointment.
12. Inform CenterWell Specialty Pharmacy of complaints or suggestions you may have.
13. Read and be aware of all material distributed by CenterWell Specialty Pharmacy explaining your medicine, policies and procedures regarding services.
14. If your treatment involves the use of an infusion pump, return the infusion pump and all of the pump accessories, such as cases, parts, batteries, literature, as soon as possible upon completion of therapy. Patients that discontinue therapy and do not return infusion pump equipment will be billed the cost of the pump equipment if applicable.
15. Complete and send the HIPAA (Health Insurance Portability and Accountability Act) consent form to CenterWell Specialty Pharmacy to permit CenterWell Specialty Pharmacy to speak with designated family members concerning your care if you so desire.
16. Assist CenterWell Specialty Pharmacy with obtaining necessary prescription information from your physician when needed.
17. Notify your provider of your participation in the patient management program, if applicable.

## Notice of Privacy Practices

### CenterWell Specialty Pharmacy

This notice describes how protected health information about you may be used and disclosed and how you can get access to your protected health information. Please review it carefully.

- I. CONTACT PERSON.** If you have any questions about this Notice of Privacy Practices (Notice), please contact us through one of the methods listed at the end of this Notice.
- II. EFFECTIVE DATE OF THIS NOTICE.** The original effective date of this Notice was April 26, 2003. The most recent revision date is at the end.
- III. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).** We are required by law to maintain the privacy of your personal information. This medical information is called protected health information or "PHI" for short. PHI includes information that can be used to identify you that we have created or received about your past, present, or future health or medical condition, the provision of health care to you, or the payment of this health care. We need access to your medical records to provide you with health care and to comply with certain legal requirements. This Notice applies to all of the records of the care and services you receive from us, whether made by our employees or your physician. This Notice will tell you about the ways in which we may use and disclose PHI about you and describes your rights and certain obligations we have regarding the use and disclosure of your PHI. However, we reserve the right to change the terms of this Notice and our Privacy Policies and Procedures at any time. Any changes will apply to the PHI we already have. When we make a significant change in our privacy practices, we will change this notice and post when applicable or provide you a copy of the revised notice. You can also request a copy of this Notice from us at any time by contacting us using any of the methods described on the last page of this notice.
- IV. OUR DUTIES.** We are required by law to:
  - make sure that PHI that identifies you is kept private;
  - give you this Notice of our privacy practices with respect to your PHI;
  - disclose information on HIV, mental health, and/or communicable diseases only as permitted under federal and state law; and
  - follow the terms of this Notice as long as it is currently in effect.If we revise this Notice, we will follow the terms of the revised Notice.

**V. HOW WE MAY USE AND DISCLOSE YOUR PHI.** The following categories (listed in bold-face print) describe different ways that we use and disclose your PHI. Disclosures of PHI may be provided in various media, including electronically. For each category of uses or disclosures we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information about you will fall within one of the bold-face print categories. Also, not all of the categories may apply to the health care service you are seeking. For example, if your employer is paying for a service (pre-employment or biometric screening), then we would not release your information to the insurance carrier for payment.

**A. For treatment.** We may disclose your PHI to physicians, nurses, case managers, and other health care personnel who provide you with health care services or are involved in your care. We may use and disclose your PHI to provide and coordinate the treatment, medications and services you receive including dispensing of prescription medications when applicable. For example, if you're being treated for a knee injury, we may disclose your PHI regarding this injury to a physical therapist or radiologist, or to medical equipment suppliers or case managers.

**B. To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our Business Associates, such as billing companies and others that process our health care claims.

**C. For health care operations.** We may disclose your PHI in order to operate our facilities. For example, we may use your PHI to evaluate the quality of health care services that you received, for utilization management activities, or to evaluate the performance of the health care professionals who provided the health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.

**D. To business associates for treatment, payment, and health care operations.** We may disclose PHI about you to one of our Business Associates in order to carry out treatment, payment,

or health care operations. For example, we may disclose PHI about you to a company who bills insurance companies on our behalf so that company can help us obtain payment for the health care services we provide.

**E. Individuals involved in your care or payment for your care.**

We may release PHI about you to a family member, other relative, or close personal friend who is directly involved in your medical care if the PHI released is relevant to such person's involvement with your care. We also may release information to someone who helps pay for your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your location and general condition. We may release health or health-related information about you to your employer if we provide services at their request. If services are provided at your employer's location, please be aware that due to the nature of shared facilities and services, your employer may have access to your records. For example, this may occur with shared staff, storage, or technology.

**F. Appointment reminders.** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or health care if you have not opted out of such reminders.

**G. Treatment alternatives.** We may use and disclose PHI to give you information about treatment options or alternatives if you have not opted out of such reminders. We may contact you regarding compliance programs such as drug recommendations, drug utilization review, product recalls and therapeutic substitutions.

**H. Health-related benefits and services.** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you if you have not opted out of such reminders.

**I. Workers' compensation.** We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**J. Special Situations\***

**1. As required by law.\*** We will disclose PHI about you when required to do so by federal, state, or local law, such as the Occupational Safety and Health Act (OSHA), Federal Drug Administration (FDA), or Department of Transportation (DOT).



- 2. Public health activities.\*** We may disclose PHI about you for public health activities. Public health activities generally include:
- a. preventing or controlling disease, injury or disability;
  - b. reporting births and deaths;
  - c. reporting child abuse or neglect;
  - d. reporting reactions to medications or problems with products;
  - e. notifying people of recalls of products;
  - f. notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
  - g. notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- 3. Health oversight activities.\*** We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- 4. Lawsuits and disputes.\*** If you are involved in a lawsuit or a dispute, we may disclose PHI about you under a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else in the dispute.
- 5. Law enforcement.\*** We may release PHI if asked to do so by a law enforcement official:
- a. in response to a court order, subpoena, warrant, summons or similar process;
  - b. to identify or locate a suspect, fugitive, material witness, or missing person, but only if limited information (e.g., name and address, date and place of birth, social security number, blood type, RH factor, injury, date and time of treatment, and details of death) is disclosed;
  - c. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

- d. about a death we believe may be the result of criminal conduct;
- e. about criminal conduct we believed occurred at our facility; and
- f. in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- 6. Coroners, medical examiners and funeral directors.\*** We may release PHI about patients to a coroner or medical examiner to identify a deceased person or to determine the cause of death or to funeral directors to carry out their duties.
- 7. Organ and tissue donation.\*** We may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation.
- 8. Research.\*** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects are subject to a special approval process which requires an evaluation of the proposed research project and its use of PHI, and balances these research needs with our patients' need for privacy. Before we use or disclose PHI for research, the project generally will have been approved through this special approval process. However, this approval process is not required when we allow PHI about you to be reviewed by people who are preparing a research project and who want to look at information about patients with specific medical needs, so long as the PHI does not leave our facility.
- 9. To avert a serious threat to health or safety.\*** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone who is able to help prevent the threat.

- 10. Armed forces and foreign military personnel.\*** If you are a member of the Armed Forces, we may release PHI as required by military command authorities or about foreign military personnel to the appropriate foreign military authority.
- 11. National security and intelligence activities.\*** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- 12. Protective services for the president and others.\*** We may disclose PHI about you to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.
- 13. Inmates.\*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary, for example, for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
- 14. Food and Drug Administration (FDA).** We may use and disclose to the Food and Drug Administration (FDA), or person under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

- K. Incidental uses and disclosures.\*** Uses and disclosures that occur incidentally with a use or disclosure described in this Notice are acceptable provided there are reasonable safeguards in place to limit such incidental uses and disclosures.

\*In New Mexico and Pennsylvania, uses and disclosures other than those marked with an asterisk may require your written authorization.

## **VI. WHAT DO WE DO WITH YOUR INFORMATION WHEN YOU ARE NO LONGER A PATIENT OR YOU DO NOT OBTAIN SERVICE THROUGH US?**

Your information may continue to be used for purposes described in this notice when you do not obtain services through us. After the

required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.\* This right applies only to our Massachusetts residents in accordance with state regulations.

## **VII. YOUR RIGHTS REGARDING YOUR PHI.**

- A. The right to request limits on uses and disclosures of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to approve it. If we approve your request, we will put any limits in writing and follow them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.  
You have the right to request a restriction on disclosures of medical information to a health plan for purposes of carrying out payment or health care operations. We must comply as long as it is not for purposes of carrying out treatment; and the PHI pertains only to a health care service for which we have been paid out of pocket in full without the application of insurance benefits or discounts. If the payment is not honored, then we do not need to comply with the request if we need to seek payment.
- B. The right to choose how we send PHI to you.** You have the right to ask that we send information to you to an alternate address or via an alternate method. We must agree to your request so long as we can easily provide it in the format you requested.
- C. The right to see and get copies of your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we do not have your PHI, but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, there may be a per page charge. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to any additional costs in advance.
- D. The right to get a list of the disclosures we have made.** You have the right to get a list of instances in which we have disclosed your PHI in the past six (6) years. The list will include the date of the disclosure(s), to whom PHI was disclosed,

a description of the information disclosed, and the reason for the disclosure. The list will not include uses or disclosures that were made for the purposes of treatment, payment or health care operations, uses or disclosures that you authorized, or disclosures made directly to you or to your family. The list also will not include uses and disclosures made for national security purposes, or to corrections or law enforcement personnel. Your request must state a time period that may not be longer than six (6) years prior, but may certainly be less than six (6) years.

- E. The right to correct or update your PHI.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment of the existing information or to add the missing information. You must provide the request and your reason for the request in writing. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI. We may deny your request if the PHI is: (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your PHI.
- F. The right to get this notice.** You have the right to get a copy of this Notice in paper and by email.
- G. How will my information be used for purposes not described in this notice?** In all situations other than described in this notice, we will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not disclose your information for any reason not described in this notice without your permission. The following uses and disclosures will require authorization:
1. Most uses and disclosures of psychotherapy notes
  2. Marketing purposes
  3. Sale of protected health information
- H. What type of communications can I opt out of being made to me?** You can opt out at the address below regarding the following communications:

- a. Appointment reminders.
- b. Treatment alternatives or other health-related benefits and services.

**VIII. HOW TO REQUEST YOUR PRIVACY RIGHTS.** If you believe your privacy has been violated in any way, you may file a complaint by contacting us as described below. We are committed to responding to your rights request in a timely manner. To request any of your privacy rights, please contact us:

- Call us at **866-861-2762**
- Send your opt-out request to us in writing  
Humana Inc.  
Privacy Office 003/10911  
101 E. Main Street  
Louisville, KY 40202

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You also have the option to email your complaint to **OCRComplaint@hhs.gov**. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services. We will respond to all privacy requests and complaints. It has always been our goal to ensure the protection and integrity of your personal and health information. Therefore, we will notify you of any potential situation where your information would be used for reasons other than what is listed above.

**IX. WHAT WILL HAPPEN IF MY PRIVATE INFORMATION IS USED OR DISCLOSED INAPPROPRIATELY.** You have the right to receive a notice that a breach has resulted in your unsecured private information being inappropriately used or disclosed. We will notify you in a timely manner if such a breach occurs.

Date of Last Revision: July 2013

GCA01CXHH 05/22



## Notes

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## Notes

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P.O. Box 1017  
Cincinnati, OH 45201

## IMPORTANT PLAN INFORMATION

PRESORTED  
STANDARD  
US POSTAGE  
**PAID**  
CENTERWELL

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