



Formerly Humana Pharmacy

# Welcome Guide





# Welcome to CenterWell Pharmacy

We changed our name to CenterWell Pharmacy™ in June 2022 to reflect our commitment to putting our customers at the center of everything we do.

Your well-being is important to everyone at CenterWell Pharmacy. We are continuously working to find new ways to make your prescription home delivery experience as easy and hassle-free as possible.

In this booklet, you'll find helpful information about using our online tools, like our easy auto-refill program and order tracking services, information on CenterWell Specialty Pharmacy if you should ever need that resource and so much more.

Thank you for choosing CenterWell Pharmacy—we appreciate your business, and we look forward to serving you.

Sincerely,

**Guillermo J. Sollberger**  
Senior Vice President of CenterWell Pharmacy

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



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# We are CenterWell Pharmacy

CenterWell Pharmacy provides you with a team of skilled pharmacists, pharmacy technicians, specialists and customer care representatives who work together to ensure you always receive the best care possible.



**Paul** PharmD, RPh, 19 years' experience

*"Whole-person health is not just something that we talk about. We are doing it and showing we care every day."*



## 600+ Registered pharmacists

- Review your prescription for accuracy
- Ensure safety and review potential interactions with other medicine(s)
- Available via phone and live web chat to address questions and concerns about your medicines



## 1300+ Pharmacy technicians and specialists

- Verify pharmacy benefits
- Enter information into the computer system
- Ensure claim is processed accurately
- Assist with questions about your order



## 700+ Customer Care Advocates

- Help with your prescription and over-the-counter orders
- Track your delivery status
- Answer questions about your orders



# How we process your prescription



**Liz** RPh, 28 years' experience

*"I became a pharmacist because I enjoy interacting with people and finding ways to use science to help them on their health journey."*

Along the journey, our pharmacists and associates take great care in making your treatment experience as streamlined, supportive and efficient as possible.



We receive your prescription from you or your healthcare provider, check your benefit coverage and then create an order.

Our pharmacists review your order for accuracy and possible drug, disease and allergy interactions.

The payment process is initiated.

Your order is filled and reviewed by our pharmacists.

As your order ships, you can track it every step of the way on [CenterWellPharmacy.com](https://www.CenterWellPharmacy.com) or in the **CenterWell Pharmacy mobile app**.



For more information, see page 13





# Staying connected your way

## Convenience, confidence and ease

We're constantly working to find ways to make your life easier. That's why the **CenterWell Pharmacy mobile app** and **CenterWellPharmacy.com** are available anytime, anywhere, so you can do things like:

- Order refills
- Request transfers of prescriptions from other pharmacies to CenterWell Pharmacy
- Manage and track orders
- Manage your account
- Make a payment
- Update allergies and health conditions



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 help you protect your information. 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)**.

## Reliable orders

Our process keeps convenience at its core, allowing us to get you your medications on time, right when you need them.



### For new prescriptions or transfers

Expect your medicine to arrive within 7 to 10 days after we receive the new prescription from your healthcare provider.



### For prescription refills

Expect your shipment within 5 to 7 days after we receive your refill request.

We'll contact you, your healthcare provider or your insurance provider if we need more information, and we'll contact you if your order is delayed.





# Staying connected your way

## Enhanced tracking

Your CenterWell Pharmacy account is always there to keep you in the loop. Our tracking system lets you easily keep tabs on your order, right on the app and online.

We offer four different ways to track your order:

- **CenterWellPharmacy.com**
- **CenterWell Pharmacy mobile app**
- E-mail
- Text

No matter which method you prefer, you'll always have access to information like when your order has shipped, when it's expected to arrive and when it's been delivered—plus every stop in between.

Your dedicated CenterWell Pharmacy order tracking page is available to you 24/7, making it easy for you to check your order's status anytime, anywhere.

## Flexibility

How you manage your prescriptions is up to you. You have several options for managing prescriptions, so you can do what's best for you.

You can:

Mail prescriptions to:

**CenterWell Pharmacy**  
**P.O. Box 745099**  
**Cincinnati, OH 45274-5099**

\*Include your name, date of birth, member ID and shipping address on the back of the prescription.

For self-service options, call our 24-hour automated phone number at **800-379-0092 (TTY: 711)**.

If you prefer to speak to someone, Customer Care Advocates are available Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern Time

Your healthcare provider can submit your prescription through e-prescribe (NCPDP ID: 0353108), by fax at **800-379-7617** or over the phone as allowed by law and state regulations.



# Staying connected your way



**Biljana** PharmD, 13 years' experience

*"If we want customers to have better health outcomes, pharmacists must build a relationship with them. Doing that is as simple as starting a conversation."*

## Means of communication

When we need to contact you quickly, we want to make sure it's in the way that you prefer. We've made it easy to personalize your account and keep your contact information up to date on the app and online with the **Communication Preferences** section under your **Account tab**.

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

- E-mail
- Text
- Call

You may continue to receive some communications by mail, such as safety or product notifications.

## Managing preferences

You can customize, or opt in and out of, the following:

- Refill reminders
- Order update and delay notifications
- Important health and prescription information
- Including medicine name in emails
- Bottle cap preferences
- High copay alerts (you can set the approval amount)

## Reasons we may contact you

Once you've made your account customized to you, we may contact you in the way you prefer for reasons like:

- Refill is available
- Order is on hold because of a balance due
- Preferred credit card expired
- Order has a high copayment
- Order requires pharmacist counseling
- Discuss medication alternative if needed



We will only ask you to provide your Social Security number if it is required by your state in order to dispense certain medicines (controlled substances, for example).

## Automatic refills

With our auto-refill option, we will automatically refill certain medicines when due and contact you prior to shipping.

- Sign in to your account to view your prescription details, then change the auto refill setting from No to Yes, or give us a call at **800-379-0092 (TTY: 711)** to enroll your prescriptions in auto-refill.
- If you ever need to remove a prescription from automatic refills, you can do so by changing the status on your account or call the phone number above and a Customer Care Advocate will be able to assist you.



Please note, not all medications are eligible for automatic refill. If you live in California and are interested in automatic refills, please call us at the number above to learn about automatic refill requirements that apply to California residents.



# Features of CenterWell Pharmacy



**Marcella** PharmD, RPh, 14 years' experience

*"I strive to treat others that way I would want my own family to be treated."*

## On-demand videos about your medicine

If you ever want more guidance or insight into your medication, we provide convenient access online and on our app to videos that discuss:

- Dosage
- Side effects
- Administration

## Assistance for special needs

We can help provide you with talking labels that read your prescription information to you using a compatible iPhone or Android app or a talking label station. Talking labels are a safe and easy way to manage your medicines.

This feature is available for customers with a visual or reading impairment. A small computer chip attached to the prescription bottle will read the instructions. Braille labels, magnifiers and medicine information sheets in large print are also available upon request. Call or chat with us to request.

## Language assistance

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

## Live chat

Get the assistance you need, when you need it, with our **Live Agent Chat**. You can get started quickly and easily:

- Find **Chat With Us** on **CenterWellPharmacy.com** for live chat during our business hours Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern Time

## Follow us







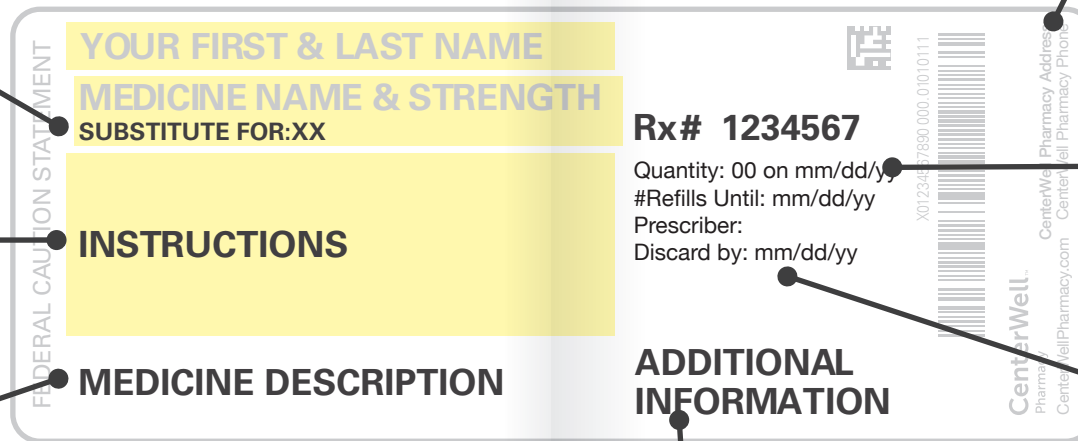
# Reading your prescription label

Our prescription labels are designed to put the information you need right at your fingertips.

Name of brand medicine

Directions on how you should take your medicine

A physical description of your medicine, including its color, shape and pill imprints



Prescriptions or a portion of your prescription(s) may be processed at any CenterWell Pharmacy location—this location is the pharmacy that dispensed your medicine.

Prescription information, including unique Rx number, quantity dispensed, number of refills and the provider

The medicine's expiration date

Warnings related to your medicine





# CenterWell Specialty Pharmacy



**Aldwin** PharmD, 7 years' experience

*"You never know the circumstances behind a person's medical diagnoses. Listening and empathy make all the difference."*

For complex and chronic conditions like rheumatoid arthritis, multiple sclerosis, cancer and more, we offer specialty medicines that may not be available at other pharmacies. We're here to help when you need it the most. You'll receive:



## Specialized team of pharmacists, nurses and Patient Advocates

We offer personalized guidance to help you manage your treatment.



## Convenient delivery

Have your medication delivered to the location of your choice, in packaging that protects your privacy.



## 24/7 support

Our team of dedicated clinicians and pharmacists are here for you anytime, day or night. For urgent questions about your medication, you can reach out to our pharmacists 24 hours a day.



## Specialty access

Get medical items you need, like needles and syringes, and training for self-injection and home infusion services.



## Personalized communication

We'll be keeping in touch about your refills, checking on approvals and answering questions about potential drug interactions.



## Dedicated financial support team

Your team works diligently on your behalf to find opportunities to reduce the cost of your medication.

## To get started



Visit [CenterWellSpecialtyPharmacy.com](https://www.CenterWellSpecialtyPharmacy.com) or 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 to learn more.





## Frequently asked questions



**Bree** PharmD, 10 years' experience

*"We put customers' needs before anything else, and have the freedom to help guide them on their health journey. That level of trust means a lot and feels like a privilege."*

### Q: How much will my drugs cost at CenterWell Pharmacy?

**A:** You can use the online pricing tool to receive an estimated cost of your medicine at CenterWell Pharmacy. Sign in to **MyHumana.com** and use the Drug Pricing tool located in the **Tools & Resources** section. The actual cost of your drug is determined at the time it's processed at CenterWell Pharmacy. The cost is based on your pharmacy benefits and the specific quantity, strength and dosage of the medicine. CenterWell Pharmacy will charge you based upon the preferred cost-share, mail-order benefit included in your Humana insurance plan.

### Q: How do I pay for my order?

**A:** For orders placed online, on the mobile app or with the automated phone system, your payment options include all major credit cards and Health Spending Account (HSA) cards. For orders placed through the mail, your payment options include those listed above, as well as personal check or money order. For orders placed over the phone with CenterWell Pharmacy, you can pay by credit card or check-by-phone. Write your CenterWell Pharmacy account number on all checks and money orders. Please don't send cash. Please contact us if you cannot afford your medicines to discuss your options.

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

**A:** Generic equivalent medicines work the same way in the human body as the brand-name medicines. They are the same as a brand-name medicine in dosage, safety, effectiveness, strength, stability and quality. CenterWell 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: Can I get less than a 90-day supply at CenterWell Pharmacy?

**A:** To get the most benefit and cost savings from your prescription plan, many of your maintenance medicines may be filled as a 90-day supply or maximum allowable days' supply. For this reason, our pharmacists will fill most prescriptions for a 90-day supply or maximum allowable days' supply unless you or your healthcare provider tell us otherwise.

If you want us to fill less than a 90-day supply or maximum allowable days' supply of your medicine, please request a smaller quantity when you refill your medicine or have your healthcare provider add a note requesting the smaller quantity on new prescriptions. If you are taking more than one medicine, you may be able to fill your prescriptions for less than a 90-day supply in order to fill all medicines at the same time. These prescriptions may be covered at a prorated cost-share rate depending on your pharmacy benefits.

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

**A:** CenterWell Pharmacy will send medicines that require refrigerated packaging with ice packs at no extra cost. We pack your order 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. We may contact you to verify the physical shipping address on your order since these items cannot be delivered to a P.O. Box.

### Q: What information will CenterWell Pharmacy need from me?

**A:** In an effort to provide you with great service and ensure your medications are safe to take, we need the the most up-to-date health information on your CenterWell Pharmacy account. Please contact us with your allergies, drug reactions, health conditions and all medicines being used—including over-the-counter medication, supplements and prescribed drugs that aren't filled at CenterWell Pharmacy, and let us know of any changes.



## Frequently asked questions



**Robyn** PharmD, 8 years' experience

*"Being a pharmacist means I'm in a position to make a difference, and I'm honored to have the opportunity to do that."*

### Q: Will you notify me of recalls and manufacturer back orders?

**A:** CenterWell Pharmacy will notify you directly by phone, email and/or mail if your medicine is affected by a recall or a manufacturer back order 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 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. We now offer a **DisposeRx™** packet with certain opioid prescriptions as a safe disposal method for unused opioid medicines. Please call us to discuss if **DisposeRx™** is an option for you.

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

**A:** CenterWell 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 do I do if I am affected by a natural disaster or severe weather?

**A:** 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. To ensure that there are no interruptions to your therapy, please call us to tell us where to deliver your medicines and when you have returned to your residence. 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: Does CenterWell Pharmacy accept returns?

**A:** To ensure the integrity of medicines dispensed, CenterWell Pharmacy does not offer credits or refunds for returned medicines or supplies that are properly dispensed. However, if you have any questions about your order, your order arrived in poor condition or you receive an order you were not expecting, please contact us right away to discuss your options.

### Q: What if I need to talk to a pharmacist?

**A:** If you need to talk to a pharmacist, you can call CenterWell Pharmacy. A pharmacist is available to discuss any questions or concerns you may have about your medicines, including alternative medicines. For urgent questions about your medicine, you can reach out to our pharmacists 24 hours a day, seven days a week. If you are experiencing an emergency, call 911.





# Frequently asked questions

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

**A:** If you need to file a complaint, you can call CenterWell Pharmacy. 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 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**

### Digital Pharmacy/NABP:

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

**Phone: 847-391-4406**

### ACHC:

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

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

[www.achc.org](http://www.achc.org)

Have more questions? Visit our FAQ or the Learn about meds sections on [CenterWellPharmacy.com](http://CenterWellPharmacy.com).

CenterWell Pharmacy is URAC, DMEPOS and Digital Pharmacy accredited.

URAC is an independent nonprofit organization that establishes quality standards for the healthcare industry. To receive accreditation, CenterWell Pharmacy meets 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 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (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



**NABP**  
Accredited  
DMEPOS Pharmacy



**NABP**  
Accredited  
Digital Pharmacy



## Additional information

Here are a few other things you should know about your CenterWell Pharmacy orders:

- Upon review of your pharmacy order, a pharmacist will contact your healthcare provider if there are any questions regarding drug, disease or allergy interactions.
- If your prescription benefit doesn't cover the cost of your medicine, or an approval is required, an associate will review the claim and CenterWell Pharmacy will attempt to resolve the issue. This may require a follow-up call to your healthcare provider.
- CenterWell Pharmacy does not offer credits or refunds for returned medicines or supplies that are properly dispensed. If there is an issue with your medicines upon receipt, please call us immediately.
- All orders ship with an invoice for your records, the required medicine information and proper dosing directions. Standard shipping is free. Faster shipping is available for an additional cost. You may be charged sales tax on certain items depending on the state where your items are shipped. You can view sales tax on your invoice, online or in the **CenterWell Pharmacy mobile app**.

## Our commitment to accessibility

### AT CENTERWELL PHARMACY, IT IS IMPORTANT YOU ARE TREATED FAIRLY.

CenterWell 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 Pharmacy complies with applicable federal civil rights laws. If you believe that you have been discriminated against by CenterWell 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 **800-379-0092** 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 the 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. 800-379-0092 (TTY: 711)

CenterWell 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.  
800-379-0092 (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'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jii'eh saad bee áká'ánida'áwo'déé níká'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

## **CenterWell ACE Notice of Privacy Practices**

**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. ENTITIES SUBJECT TO THIS NOTICE OF PRIVACY PRACTICES.** This Notice of Privacy Practices applies to all entities that are part of CenterWell ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at <https://www.centerwell.com/ace-affiliates>.

**III. 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.

**IV. 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 material change in our privacy

practices, we will modify this Notice and make it available to you by posting it on our website displaying it in a prominent location in the physical service delivery site, if applicable, deliver by e-mail with your approval, or otherwise make the revised Notice available to you. 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. When you first become a patient, you will be asked to sign an acknowledgement indicating that you have been given the opportunity to review and/or obtain a paper copy of the Notice.

**V. 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.

**VI. 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.

**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.

- 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 authorized 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, PHI 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.

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

Your information may continue to be used for purposes described in this Notice if you no longer obtain services through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

## **VIII. 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 uses and disclosures of health information about you to carry out treatment, payment, or health care operations. We will consider but are not required to agree to a restriction.

We will agree to a request by you to restrict disclosure of PHI about you to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the PHI pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid us in full. If the payment is not honored, then we do not need to comply with the restriction 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 e-mail.

**G. The Right to File a Complaint.** If you believe your privacy rights have been violated or if you disagree with a decision we make about your rights, such as accessing or amending your records, you may file a complaint with us by phone, fax, or mail. All complaints to us must be submitted using the contact information listed below.

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 e-mail your complaint to [OCRComplaint@hhs.gov](mailto: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 following a breach of your unsecured PHI. We will notify you in a timely manner if such a breach occurs.

**X. 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. Psychotherapy notes are notes recorded by your health care provider who is a mental health professional documenting or analyzing the contents of a conversation that are separate from the rest of the patient’s medical record. Exceptions exist for disclosures required by other law, such as for mandatory reporting of abuse, and mandatory “duty to warn” situations regarding threats of serious and imminent harm made by the patient.
2. Marketing purposes. With limited exceptions, the Rule requires an individual’s written authorization before a use or disclosure of his or her protected health information can be made for marketing. So as not to interfere with core health care functions, HIPAA distinguishes marketing communications from those communications about goods and services that are essential for quality health care.
3. Sale of protected health information. Sale of PHI is a disclosure of protected health information by a covered entity or business associate, if applicable, where the covered entity or business associate directly or indirectly receives remuneration from or on behalf of the recipient of the protected health information in exchange for the protected health information. Some activities are not considered a “sale” of PHI, such as disclosures related to public health purposes, required by law, research purposes, for treatment and

payment purposes, for the sale, transfer, merger or consolidations of the entity.

**What type of communications can I opt out of receiving from you?** 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.
- c. Fundraising activities.

**XI. 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 at:

Centerwell Primary Care

Mailing Address:  
Primary Care Privacy  
500 West Main Street  
Louisville, KY 40202  
Email: [Privacy@caredeliveryorganization.com](mailto:Privacy@caredeliveryorganization.com)

Centerwell Pharmacy and Home Health

Mailing Address:  
Centerwell Pharmacy and Home Health  
Privacy Office 003/10911  
101 E. Main Street Louisville, KY 40202  
Email: [privacyoffice@Humana.com](mailto:privacyoffice@Humana.com)

**Date of Last Revision: 4/28/2023**



### Acknowledgment of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have received CenterWell Pharmacy Notice of Privacy Practices. You are not required to sign or return this form. Your services will continue even if you do not return this form.

Name (print): \_\_\_\_\_

DOB: \_\_\_\_\_

Member ID # (optional) \_\_\_\_\_

Member street address \_\_\_\_\_

Member City, ST, ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to patient (If signed by a personal representative of patient):  
\_\_\_\_\_

You can return this completed acknowledgment of receipt to the following address for our records:

**CenterWell Pharmacy**  
P.O. Box 745099  
Cincinnati, OH 45274-5099

# CenterWell Pharmacy patient bill of rights

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

1. Receive care within the mission and scope of CenterWell 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 decisionmaking about your healthcare and treatment plan.
3. Ask to speak with a CenterWell 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 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 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 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 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

## As a CenterWell Pharmacy patient, you have the responsibility to:

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 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 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 Pharmacy as soon as your medicine has been changed or discontinued by your healthcare provider.
6. Be proactive when refilling medicine.
  - a. Contact CenterWell Pharmacy when you have a weeks' worth of medicine remaining and contact CenterWell 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 Pharmacy.
  - d. Call CenterWell Pharmacy immediately if your medicine does not arrive on the day it is expected.
7. Return call(s) from CenterWell 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 Pharmacy of complaints or suggestions you may have.
13. Read and be aware of all material distributed by CenterWell 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 Pharmacy to permit CenterWell Pharmacy to speak with designated family members concerning your care if you so desire.
16. Assist CenterWell 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.

