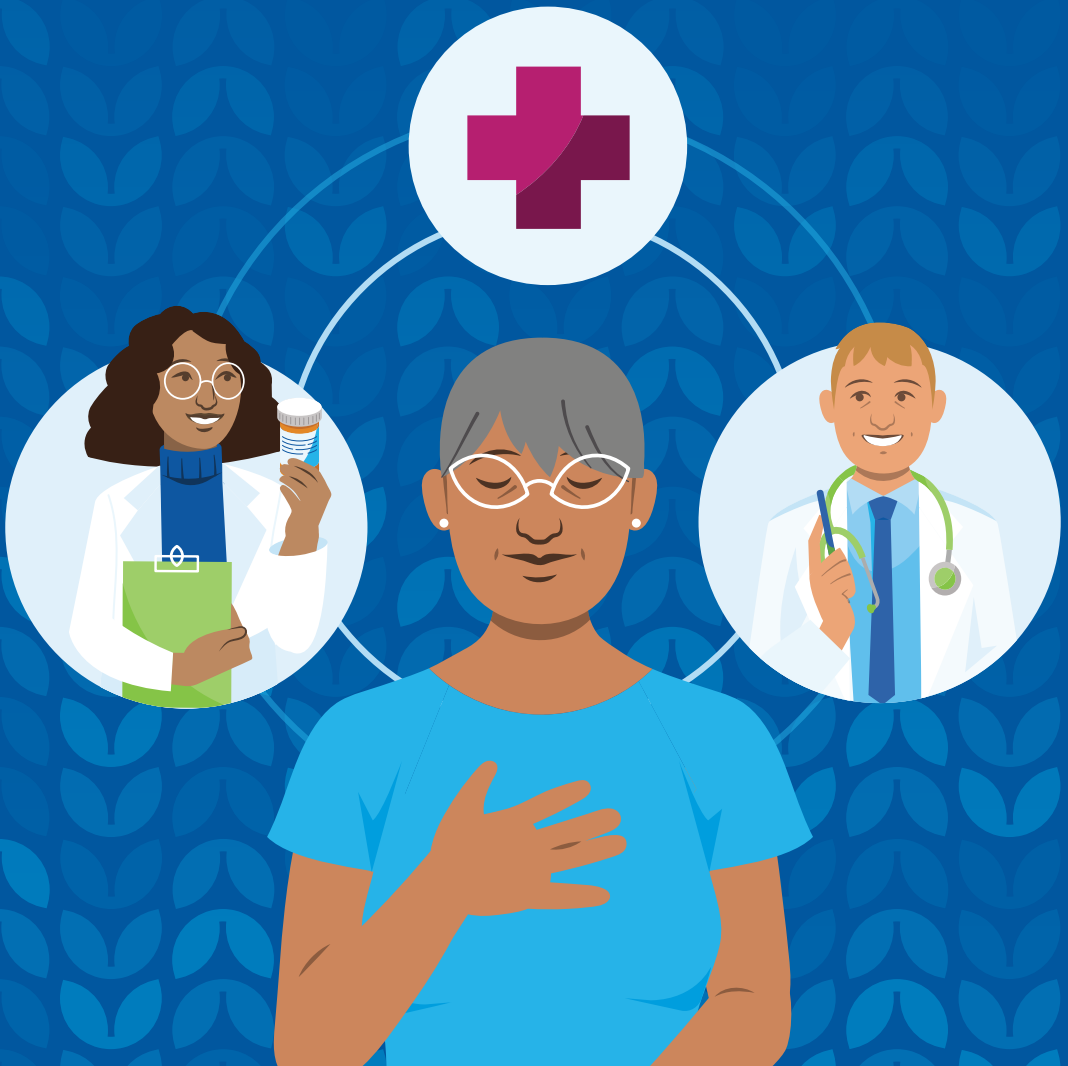


# Welcome to CenterWell Specialty Pharmacy



# Welcome to CenterWell Specialty Pharmacy

CenterWell Specialty Pharmacy® works with many patients on many health plans, so everyone can achieve their best health. We have been steadfast in our commitment over the years to put you at the center of everything we do.

Your well-being is important. That's why we continue to find new ways to make your pharmacy experience as easy as possible.

In this guide, you'll find helpful information, like what you can expect from CenterWell Specialty Pharmacy. You can learn how to use our online tools to transfer your prescriptions, track your medications and so much more.

You'll also find important contact information, if you need assistance. Our team of Customer Care advocates is ready to help by phone at **800-486-2668 (TTY: 711)**. We are available Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Thank you for trusting us with your care.

Sincerely,

Your Pharmacy Team



CenterWell Specialty Pharmacy has received the Patient Choice Award for PBM/Payer Pharmacy for 6 out of the last 7 years, reflecting the highest quality of customer service and patient care by a specialty pharmacy.



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# We are CenterWell Specialty Pharmacy



Throughout your specialty treatment, **you'll have support** from your CenterWell Specialty Pharmacy team every step of the way. Our care team is **certified in specialty pharmacy care**, so you can trust the people responsible for your treatment.

## Your support team:



Your **patient advocate** supports a wide range of needs that you may have during your treatment.



A **financial services specialist** works on your behalf to find ways to help you afford your medicine.



**Licensed specialty pharmacists** manage your prescriptions and answer your questions—24 hours a day, 7 days a week.

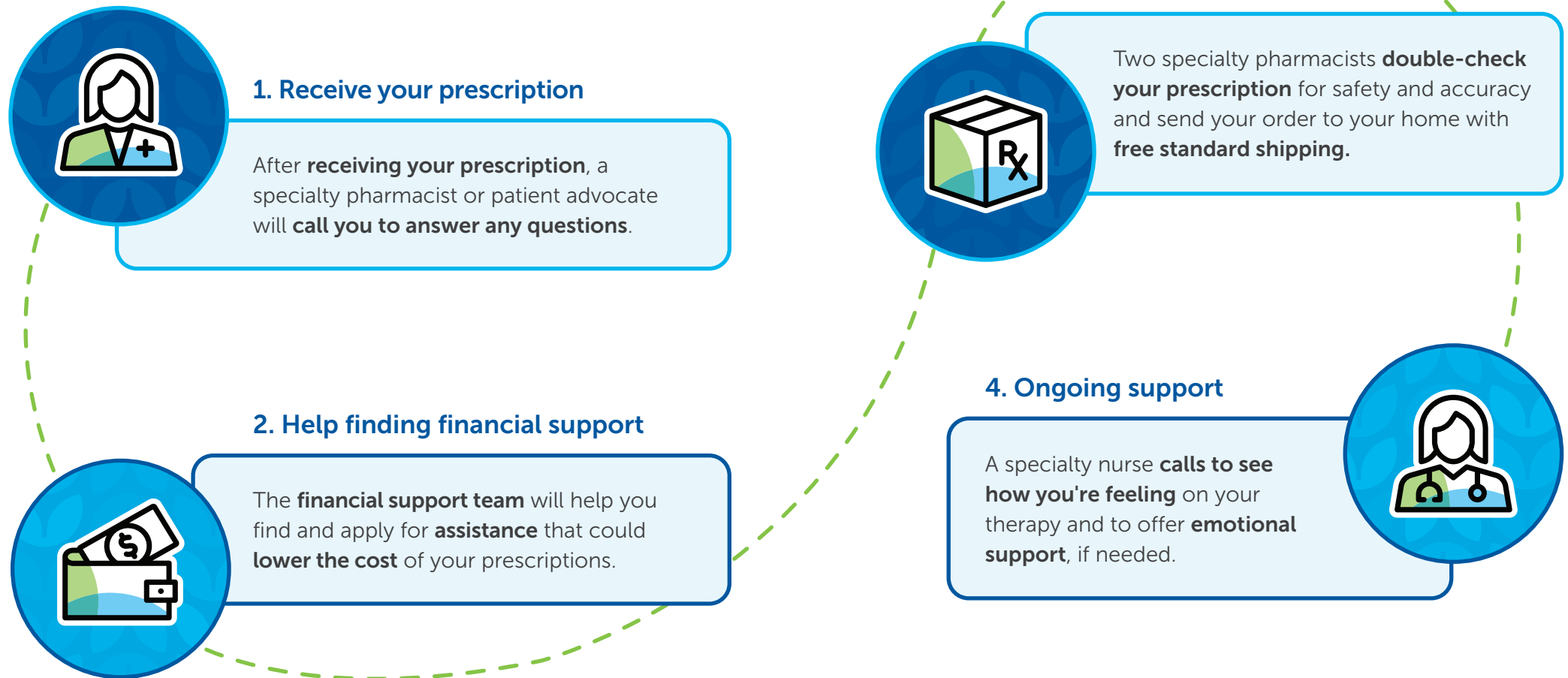


**Specialty nurses** are here to support you and help you manage the specifics of your therapy.



## Caring for you, every step of the way

Our pharmacists and associates take great care in making your experience as supportive and efficient as possible.







## Getting started with CenterWell Specialty Pharmacy

**Elizabeth** PharmD, 8 years' experience

"I enjoy working across the department to execute new services that truly keep patient care at the center."



### Specialty by the numbers

We provide access to **96% of specialty drugs**, including 200+ hard-to-find, limited-distribution drugs. We're here whenever you need us, ensuring that you receive the best care possible.

- **Ranked #1** in patient loyalty out of the 9 largest pharmacies
- Up to **6 months interest-free** payment plans available
- **99% of orders shipped** by need-by date<sup>1</sup>



To see a list of all the conditions we support, visit [CenterWellPharmacy.com/conditions.html](https://CenterWellPharmacy.com/conditions.html).

### A 3-step approach to proactive patient care

1

#### Pharmacist outreach

After receiving the prescription, a specialty pharmacist calls the patient to provide education and answer any questions.

2

#### Nurse check-ins

Once the prescription ships, two calls are scheduled for patient education and side effect assessments.

3

#### Ongoing support

Nurses check in between refills as needed for support with nutrition, side effects and well-being.

Source

1. CenterWell Specialty Pharmacy Value Analysis, 2022



# Getting your prescriptions

**Megan** PharmD, 15 years' experience

"The pharmacists and nurses who work within our clinical programs are a vital part of a patient's healthcare team."



## Transferring and filling new prescriptions is easy\*

When it comes to managing your medicines, you have options.



### Online

Sign in to [CenterWellPharmacy.com](https://CenterWellPharmacy.com) and select "Transfer Rx" from the drop-down menu. If you have prescriptions available for transfer, follow the prompts to complete your order.



### Mobile app

Download the [CenterWell Pharmacy app](#) from the App Store or Google Play. Select "Transfer Rx" on the home screen and then you'll be asked to take a picture of your Rx label to verify.



### Mail your prescription form to:

CenterWell Specialty Pharmacy  
P.O. Box 1017  
Cincinnati, OH 45201-1017

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



**Your healthcare provider**, as allowed by state regulations, can submit your Rx through:

- e-prescribe ([NCPDP ID: 3677955](#))
- Fax at [877-405-7940](#)
- Phone: [800-486-2668 \(TTY: 711\)](#)<sup>†</sup>



**Let your prescriber know that you are now using CenterWell Specialty Pharmacy to fill your prescriptions.**

## Talk to a pharmacist



A pharmacist is available to chat about your medications, 24/7 at [866-922-3817 \(TTY: 711\)](#). If you are experiencing an emergency, call 911. CenterWell Specialty Pharmacy will notify you directly by phone, email and/or mail if your medicine is affected by a recall or manufacturer back order, and will help to resolve the issue.

If you need to speak to a Customer Care specialist, call us at [800-486-2668 \(TTY: 711\)](#), Monday – Friday, 8:00 a.m. – 11 p.m., and Saturday, from 8:00 a.m. – 6:30 p.m., Eastern time.

## Fast pharmacy facts

**Reporting.** Your state may require CenterWell Specialty Pharmacy to report certain medicines, including controlled substances, to a Prescription Drug Monitoring Program (PDMP). PDMPs are statewide databases that track these prescriptions.

**Unused medicine.** Never flush unused or expired medicines, as this contaminates the water supply. For medication disposal tips, visit [CenterWellPharmacy.com/articles/medication-disposals.html](https://CenterWellPharmacy.com/articles/medication-disposals.html).

**Generics.** Brand-name drugs and their generic equivalent drugs are the same in dosage, safety, efficacy, strength, stability and quality.



# Save time and manage your costs

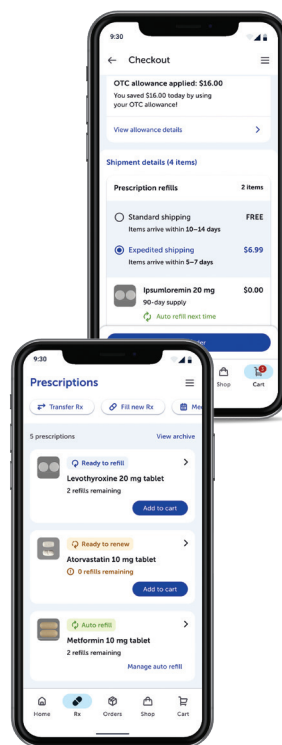
## CenterWell Pharmacy mobile app

### Manage your prescriptions on the go

Why use the CenterWell Pharmacy mobile app?

- ✓ Easily transfer your prescriptions to CenterWell Specialty Pharmacy for home delivery
- ✓ Refill and track your prescriptions from anywhere\*
- ✓ Manage your orders and make payments

\* Not available on all prescriptions.  
Mobile app access available only to Humana members.



## Get the app today



Scan the QR code to download the CenterWell Pharmacy app.

You can also **download the app** in the App Store or Google Play.



## Prescription costs

Use the CenterWell Specialty Pharmacy online pricing tool to see your estimated drug costs. Sign in to MyHumana.com and click on the Drug Pricing tool located in the Tools & Resources section.

Our financial assistance team is here to help you find and apply for funding that could help lower the cost of your prescriptions.

## Paying for your order

Payments Accepted				
	Credit card	Health Spending Account (HSA)	Personal check/ money order	Check-by-phone
Online	✓	✓	—	—
Mobile app	✓	✓	—	—
Automated phone system	✓	✓	—	—
Mail	✓	✓	✓	—
Phone	✓	—	—	✓

The actual cost of your drug is determined at the time it's processed at CenterWell Specialty Pharmacy. The cost is based on your pharmacy benefits and the specific quantity, strength and dosage of the medicine. CenterWell Specialty Pharmacy will charge you based upon the preferred cost-share, home-delivery benefit included in your Humana insurance plan.



## Stay on track with free standard shipping

**Marcella** PharmD, RPh, 20 years' experience

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



### Packaging details

When CenterWell Specialty Pharmacy sends medicines that require refrigeration, ice packs are included in the packaging at no extra cost. Your order will be packed to withstand forecasted temperatures and time-in-transit.

### Shipping

Your order will ship with an invoice, important safety information and dosing directions.

**Specialty medicines** are shipped by your need-by date and are typically shipped overnight via FedEx.

You can update your address anytime on [CenterWellPharmacy.com](https://www.CenterWellPharmacy.com).

In the event of a natural disaster or severe weather, delivery to your residence may not be possible. Please call us and let us know where to deliver your medications, as well as when you have returned to your home.



### Tracking

Our tracking system lets you easily keep tabs on your order—every step of the way.

#### Five ways to track your order:

- [CenterWellPharmacy.com/specialty.html](https://www.CenterWellPharmacy.com/specialty.html)
- CenterWell Pharmacy mobile app\*
- Email
- Text
- By phone or online chat

No matter which method you prefer, you'll always have 24/7 access to information like when your order has shipped, when it's expected to arrive and when it's been delivered.

\* Available only for Humana members.

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.







# Reading your prescription label

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

**YOUR FIRST & LAST NAME**

**1 MEDICINE NAME & STRENGTH**

**3 SUBSTITUTE FOR: XX**

**2 INSTRUCTIONS**

**5 MEDICINE DESCRIPTION**

**6 Rx# 1234567**

**7** Quantity: 00 on mm/dd/yy  
#Refills Until: mm/dd/yy  
Prescriber:  
Discard by: mm/dd/yy

**4 ADDITIONAL INFORMATION**

**CenterWell Pharmacy**  
CenterWell Pharmacy Address  
CenterWell Pharmacy Phone

**FEDERAL CAUTION STATEMENT**

**Barcode:** X01234567890 000.0101011

5. The medicine's expiration date.
6. Prescription information, including unique Rx number, quantity dispensed, number of refills, and the provider.
7. Prescriptions, or a portion of your prescription(s), may be processed at any CenterWell Specialty Pharmacy location—this location is the pharmacy that dispensed your medicine.

1. Name of brand medicine.
2. Directions on how you should take your medicine.
3. A physical description of your medicine, including its color, shape, and pill imprints.
4. Safety information related to your medicine.





## CenterWell supports the big picture of care

### The CenterWell care team is here to support your overall well-being.

CenterWell® is a leading healthcare services business focused on creating experiences that put our patients at the center of everything we do. The result is high-quality healthcare that is accessible, comprehensive, and, most of all, personalized.

As the largest provider of senior-focused primary care, one of the largest providers of home healthcare, and a leading home-delivery and retail pharmacy, CenterWell is focused on whole health and addressing the physical, emotional and social wellness of our patients.



Learn more at [CenterWell.com](https://www.CenterWell.com).



\* Comparison based on a study by American Public Health Association published in January 2021 that the average primary care exam was 18 minutes.

† Home health services are available for all eligible patients with a healthcare provider referral.



## Find help—when and how you need it

### Contact information

If you need to file a complaint, you can call CenterWell Specialty Pharmacy or send your complaint to the address below. We will look into your complaint and respond within three business days by phone, email or mail.

#### CenterWell Specialty Pharmacy

P.O. Box 745099  
Cincinnati, OH 45274-5099

CenterWell Specialty Pharmacy is URAC, NABP, and ACHC accredited.

URAC is an independent nonprofit organization that establishes quality standards for the healthcare industry. To receive accreditation, CenterWell Specialty 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 Specialty Pharmacy has processes to deliver prescriptions in a timely and accurate manner.

Since 2010, CenterWell Specialty Pharmacy has been accredited by the National Association of Boards of Pharmacy (NABP). This means CenterWell Specialty 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.

ACHC Accreditation was created in consultation with industry experts to ensure relevance, value, and integrity, and the best in customer service. ACHC utilizes an educational approach to enhance the quality of services and improve operational efficiencies.



**ACCREDITED**  
Mail Service Pharmacy  
Accreditation



**ACCREDITED**  
Specialty Pharmacy



**NABP**  
**Accredited**  
Digital Pharmacy



## Zahid PharmD, 18 years' experience

"Elderly patients often have complex medical needs... I enjoy helping them figure this out in a simple way that makes sense."



**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**

#### 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)

### Assistance for special needs

We provide talking labels that read your prescription information to you using a compatible iPhone, Android app or a talking label station. 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.



Have more questions?  
Visit our FAQ on [CenterWellPharmacy.com/specialty.html](https://www.CenterWellPharmacy.com/specialty.html).



## Our commitment to accessibility

### 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 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. 800-486-2668 (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 béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé .ńniká'adoowo

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



# 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. 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 healthcare to you, or the payment of this healthcare. We need access to your medical records to provide you with healthcare 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 email 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 acknowledgment 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 healthcare service you are seeking.

**A. For Treatment.** We may disclose your PHI to physicians, nurses, case managers, and other healthcare personnel who provide you with healthcare 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 healthcare services we provided to you. We may also provide your PHI to our Business Associates, such as billing companies and others that process our healthcare claims.
- C. For Healthcare Operations.** We may disclose your PHI in order to operate our facilities. For example, we may use your PHI to evaluate the quality of healthcare services that you received, for utilization management activities, or to evaluate the performance of the healthcare professionals who provided the healthcare 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 Healthcare Operations.** We may disclose PHI about you to one of our Business Associates in order to carry out treatment, payment, or healthcare 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 healthcare 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 healthcare 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 healthcare 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:
- in response to a court order, subpoena, warrant, summons or similar process;
  - 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;
  - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - about a death we believe may be the result of criminal conduct;
  - about criminal conduct we believed occurred at our facility; and
  - 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 healthcare; 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.

**L. Participation in Health Information Exchanges.** We may participate in one or more Health Information Exchanges (HIEs) and may electronically share your health information for treatment, payment and permitted healthcare operations purposes with other participants in the HIE. Participants in the HIE may be healthcare providers, their billing companies, insurers, health plans, and accountable care organizations. They allow healthcare providers to efficiently access and use your pertinent medical information necessary for treatment and other lawful purposes. We will not share information with an HIE unless we have entered into a business associate agreement with the HIE to protect the confidentiality of patients' information. You may "opt out" of HIE participation by contacting your provider.

**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 healthcare 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 healthcare operations and is not otherwise required by law and the PHI pertains solely to a healthcare 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 healthcare 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. 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 email 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 OF 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 healthcare 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 healthcare functions, HIPAA distinguishes marketing communications from those communications about goods and services that are essential for quality healthcare.

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@caresdeliveryorganization.com](mailto:Privacy@caresdeliveryorganization.com)

**CenterWell Specialty Pharmacy and Home Health**

Mailing Address:

CenterWell Specialty Pharmacy and Home Health  
Privacy Office 003/10911  
101 E. Main Street, Louisville, KY 40202

Email: [privacyoffice@Humana.com](mailto:privacyoffice@Humana.com)



**Acknowledgment of Receipt of Notice of Privacy Practices**

By signing below, I acknowledge that I have received CenterWell Specialty 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 Specialty Pharmacy**

P.O. Box 745099  
Cincinnati, OH 45274-5099



# 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 caretakers 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 and 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 Specialty 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 healthcare 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 copays, 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.



P.O. Box 745099  
Cincinnati, OH 45274-5099

PRESORTED  
STANDARD  
US POSTAGE  
**PAID**  
CENTERWELL



Scan the **QR code** or visit  
**CenterWellPharmacy.**  
**com/specialty.html**  
to see all that CenterWell  
Specialty Pharmacy offers.

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