



Notice of privacy practices

What you should know about your right to privacy



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

Language assistance services

We¹ provide free language services to help you communicate with us. We offer interpreters, letters in other languages, and letters in other formats like large print. To get help:

Contact us

 Optum entity	 Phone	 Address
Home Delivery	1-800-562-6223	Optum Privacy Office 2300 Main Street M/S: CA134-0304 Irvine, CA 92614 Website: optumrx.com
Optum Specialty Pharmacy	1-855-427-4682	Optum Privacy Office 2300 Main Street M/S: CA134-0304 Irvine, CA 92614 Website: specialty.optumrx.com
Optum Infusion Pharmacy	1-877-342-9352	Optum Privacy Office 2300 Main Street M/S: CA134-0304 Irvine, CA 92614 Website: specialty.optumrx.com/infusion
Optum Frontier Therapies	1-855-768-9727	Optum Frontier Therapies, Privacy Office 6325 Santa Margarita St. #110 Las Vegas, NV 89118 Website: frontiertherapies.optum.com/
Genoa Healthcare	1-888-436-6279	Optum Privacy Office 2300 Main Street M/S: CA134-0304 Irvine, CA 92614 Website: genoahealthcare.com
divvyDOSE	1-844-693-4889	divvyDOSE Privacy Office 4300 44th Avenue Moline, IA 61265 Website: divvydose.com

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Contact the Optum Entity you need to reach. Go to page 1 to find the phone number you need to call

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame a la entidad de Optum que necesita contactar. Vaya a la página 1 para encontrar el número de teléfono al que necesita llamar

请注意：如果您说**中文 (Chinese)**，我们免费为您提供语言协助服务。联系您需要联系的 Optum 实体。转到第 1 页找到您需要拨打的电话号码

XIN LƯU Ý: Nếu quý vị nói **tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Liên hệ với Thực thể Optum mà quý vị cần liên hệ. Vào trang 1 tìm số điện thoại cần gọi

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오. 연락해야 할 Optum 사업부 로 연락하십시오. 전화번호를 찾으려면 1페이지로 가십시오

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Makipag-ugnayan sa Optum Entity na kailangan mong makausap. Pumunta sa pahina 1 upang alamin ang numero ng telepono na kailangan mong tawagan

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Свяжитесь с тем подразделением компании Optum, с которым вам нужно связаться. Перейдите на стр. 1, чтобы найти номер телефона, по которому нужно позвонить

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل على Optum Entity التي تريد الوصول إليها. انتقل إلى صفحة 1 للعثور على رقم الهاتف الذي تود الاتصال به

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Kontakte Antite Optum ou bezwen jwenn lan. Ale nan paj 1 pou w jwenn nimewo telefòn ou dwe rele a

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Contactez l'entité Optum qui vous concerne. Allez à la page 1 pour trouver le numéro de téléphone que vous devez composer

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Skontaktuj się z jednostką Optum z którą musisz się skontaktować. Przejdź do strony 1, aby znaleźć numer telefonu, pod który należy zadzwonić

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Contate a entidade Optum que você precisa acessar. Consulte a página 1 para obter o número de telefone para o qual você precisa ligar

ATTENZIONE: in caso la lingua parlata sia **l'italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Contattate l'azienda Optum con cui desiderate parlare. Il numero di telefono da chiamare è riportato alla pagina 1.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Kontaktieren Sie das Optum-Unternehmen, das Sie erreichen müssen. Gehen Sie zu Seite 1. Dort finden Sie die Telefonnummer, die Sie anrufen müssen

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。ご希望の Optum Entity に連絡してください。1 ページ目に進み、連絡先の電話番号をご確認ください

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. با Optum Entity که نیاز دارید، تماس بگیرید. به صفحه 1 بروید تا شماره تلفنی که نیاز دارید را پیدا کنید

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। Optum संस्था से संपर्क करें, जिसकी आपको आवश्यकता है। आपको जिस फोन नंबर पर कॉल करना है, उसे खोजने के लिए पृष्ठ 1 पर जाएं।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Tiv tauj rau Optum Entity koj yuav tsum tau hu rau lawv. Mus rau ntawm nplooj thib 1 txhawm rau tshawb nrhiav tus naj npawb xov tooj uas koj yuav tsum tau hu rau

កំណត់ចំណាំ: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសម្រាប់អ្នក។ សូមទាក់ទងទៅ Optum Entity ដែលអ្នកត្រូវទាក់ទង។ សូមចូលទៅកាន់ទំព័រទី 1 ដើម្បីរកលេខទូរស័ព្ទដែលអ្នកត្រូវហៅ

PAKDAAR: No **Ilocano (Ilocano)** ti pagsasaom, adda dagiti awan bayadna a serbisio a tulong iti lengguahe, a sidadaan para kenka. Kontaken ti Optum Entity a masapulmo a kapatang. Mapan iti panid 1 tapno ammoen ti numero ti telepono a masapulmo a tawagan

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníttí'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'í. Optum Entity bich'í' hane' anilééh t'áá íiyisíí bich'í' hodíilnih. Naaltsoos 1 síktsóozí góne' béésh bee hane'í bee hodíilnihígíí bikáá' baa ninitáh

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. La xiriir Optum Entity aad rabto inaad la xiriirto. Booqo bogga 1 si aad u hesho lambarka telefoonka ee aad rabto inaad wacdo

Notice of non-discrimination

We¹ do not treat individuals differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Optum Civil Rights Coordinator

11000 Optum Circle
Eden Prairie, MN 55344

Phone: 1-888-445-8745, TTY/RTT 711

Fax: 1-855-351-5495

Optum_Civil_Rights@Optum.com

You must send the complaint within 60 days of the incident. We will send you a decision within 30 days. If you disagree with the decision, you have 15 days to appeal. If you need help with your complaint, please contact the Optum Entity listed in the **Contact us** section on page 1. You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services

200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201

1. For purposes of the Language assistance services and this non-discrimination notice ("notice"), "We" refers to the entities listed in footnote 2 of the notice of privacy practices. Please note that not all entities listed are covered by this notice.

Notice of privacy practices

Effective January 1, 2023

We² are required by law to protect the privacy of your health information and to send you this notice. The notice explains how we may use information about you and when we can give out or “disclose” that information to others. You have rights to your health information that are described in this notice. We are required by law to follow the terms of this notice.

We have the right to change our privacy practices and the terms of this notice at any time. You may obtain the most current notice by visiting the privacy policy section of our websites, listed in the **Contact us** section on page 1, or by contacting the Optum Entity at the phone number or address listed in the **Contact us** section. We will mail a copy of the revised notice to you, if you make your request on or after the notice’s effective date. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

The terms “information” and “health information” in this notice include any information we have that reasonably can be used to identify you and that relates to your physical or mental health condition, the health care you receive or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

How we collect, use, and disclose information

We collect, use, and disclose your health information to provide information to:

- You or someone who has the legal right to act for you (your personal representative), to administer your rights as described in this notice; and
- The Secretary of the U.S. Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to collect, use, and disclose health information for your treatment, to bill for your health care and to operate our business. For example, we may collect, use, and disclose your health information:

- **For payment.** We may collect, use, and disclose health information to obtain payment for your health care services. For example, we may disclose your health information to your health insurance company to collect payment for your pharmacy services.
- **For treatment.** We may collect, use, and disclose health information to aid in your treatment or the coordination of your care. For example, we may collect information from, or disclose information to, treating physicians or others involved in your care, regarding possible drug interactions.
- **For health care operations.** We may collect, use, and disclose health information as needed to operate and manage our business activities related to providing and managing your health care. For example, we might analyze your information to determine ways to improve our services. We may also de-identify health information in accordance with applicable laws. After that information is de-identified, it is no longer subject to this notice and we may use it for any lawful purpose.
- **To provide you information on health-related programs or products** such as alternative medical treatments and programs about health-related products and services, subject to the limits of the law.
- **For reminders.** We may collect, use, and disclose health information to send you reminders about your care, such as prescription-refill reminders.

² This notice of privacy practices applies to the following entities and their affiliates: OptumRx, Inc.; OptumRx Home Delivery of Ohio, LLC; OptumRx Pharmacy of Nevada, Inc. (dba Culinary and Culinary Pharmacy); Optum Pharmacy 601, LLC; Optum Pharmacy 700, LLC; Optum Pharmacy 701, LLC; Optum Pharmacy 702, LLC; Optum Pharmacy 704, Inc.; Optum Pharmacy 705, LLC; Optum Pharmacy 706, Inc.; Optum Pharmacy 707, Inc.; Optum Pharmacy 800, Inc.; Optum Pharmacy 801, Inc.; Optum Pharmacy 803, Inc.; Optum Pharmacy 805, Inc.; Optum Pharmacy 806, Inc.; Accurate Rx Pharmacy Consulting LLC, DBA Diplomat Specialty Infusion Group; Diplomat Pharmacy, Inc.; Diplomat Specialty Pharmacy Great Lakes Distribution Center, LLC; Diplomat Specialty Pharmacy of Ft. Lauderdale, LLC; Salveo Specialty Pharmacy; Optum Infusion Services 100, Inc.; Optum Infusion Services 101, Inc.; Optum Infusion Services 103, LLC; Optum Infusion Services 200, Inc.; Optum Infusion Services 201, Inc.; Optum Infusion Services 202, Inc.; Optum Infusion Services 203, Inc.; Optum Infusion Services 204, Inc.; Optum Infusion Services 205, Inc.; Optum Infusion Services 206, Inc.; Optum Infusion Services 207, Inc.; Optum Infusion Services 208, Inc.; Optum Infusion Services 209, Inc.; Optum Infusion Services 301, LP; Optum Infusion Services 302, LLC; Optum Infusion Services 305, LLC; Optum Infusion Services 308, LLC; Optum Infusion Services 401, LLC; Optum Infusion Services 402, LLC; Optum Infusion Services 403, LLC; Optum Infusion Services 404, LLC; Optum Infusion Services 500, Inc.; Optum Infusion Services 501, Inc.; Optum Infusion Services 550, LLC; Optum Infusion Services 551, Inc.; Optum Infusion Services 553, LLC; Optum Infusion Services 554, LLC; SCP Specialty Infusion; InTouch Pharmacy LLC; Optum Frontier Therapies, LLC; Optum Frontier Therapies II, LLC; Genoa Healthcare, LLC and its wholly owned subsidiaries; 1st Avenue Pharmacy, Inc.; Genoa of Arkansas, LLC; Optum Hospice Pharmacy Services, LLC; divvyMED, LLC; Optum Rx Pharmacy of Nevada, Inc.; Optum Rx Home Delivery of Ohio; Diplomat Pharmacy; BriovaRx Infusion Services 102, LLC; BriovaRx of Florida, Inc.; BriovaRx of Massachusetts, LLC; and Briova Rx of Maine, Inc.

- **For communications to you.** We may communicate, electronically or via telephone, these treatment, payment or health care operation messages using telephone numbers or email addresses you provide to us.

We may collect, use, and disclose your health information for the following purposes, under limited circumstances:

- **As required by law.** We may disclose information when required to do so by law.
- **To persons involved with your care.** We may collect, use, and disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure of information is in your best interest. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For public health activities** such as reporting or preventing disease outbreaks. We may also disclose your information to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA for purposes related to safety or quality issues, adverse events or to facilitate drug recalls.
- **For reporting victims of abuse, neglect or domestic violence** to government authorities that are permitted by law to receive such information, including social services or protective service agencies.
- **To health oversight agencies** for activities permitted by law, such as licensure, governmental audits, and fraud and abuse investigations.
- **For judicial or administrative proceedings** such as in response to a court order, search warrant or subpoena.
- **For law enforcement purposes.** We may disclose your health information to a law enforcement official for purpose such as providing limited information to locate a missing person or report a crime.
- **To avoid a serious health or safety threat** to you, another person, or the public. For example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For specialized government functions** such as military and veteran activities, national security and intelligence activities, and the protective services of the President and others.
- **For workers' compensation** as permitted by, or to the extent needed to comply with, state workers' compensation laws that govern job-related injuries or illness.
- **For research purposes** related to evaluating certain treatments or to prevent disease or disability, if the research study meets federal privacy law requirements.
- **To provide information regarding decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For organ procurement purposes.** We may collect, use, and disclose information to people and organizations who procure, bank or transplant organs, eyes or tissue, to help with organ donations and transplants.
- **To correctional institutions or law enforcement officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To business associates** that perform activities on our behalf or provide us with services if the information is necessary for such activities or services. Business associates are required, under contract and pursuant to federal law, to protect the privacy of your information and are not allowed to collect, use, and disclose any information other than as stated in our contract and permitted by law.
- **Additional restrictions on use and disclosure.** Certain federal and state laws may require special privacy protections that limit the use and disclosure of certain health information, including highly confidential information about you. Such laws may protect the following types of information:
 1. Alcohol and Substance Abuse
 2. Biometric Information
 3. Child or Adult Abuse or Neglect, including Sexual Assault
 4. Communicable Diseases

5. Genetic Information
6. HIV/AIDS
7. Mental Health
8. Minors' Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for the allowed and required uses and disclosures described in this notice, we will use and disclose your health information only with written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization.

Once you authorize us to release your health information, we cannot guarantee that the recipient we gave the information to is obligated to protect and will not further disclose your information. You may take back or “revoke” your written authorization at any time in writing. This will not apply to uses and disclosures we have already acted upon based on your initial authorization. To find out how to take back your authorization, see our contact information in the section called **Exercising your rights**.

Your rights, with respect to your health information:

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. You must make a written request to restrict the use or disclosure of your information. See instructions in the **Making a written request** section. Please note that while we will try to honor your request, we are not required to agree to any restriction other than with respect to certain disclosures to health plans as further described in this notice.
- **You have the right to request that we not send health information** to health plans in certain cases if the health information is about a health care item or service for which you or a person on your behalf has paid us in full. You must make this request – either verbally or in writing – at the time you submit or call in your order. We will agree to all requests meeting the above criteria and submitted in a timely manner.
- **You have the right to ask to receive confidential communications** by asking us to send information by alternative means or at alternative locations – for example, to another address instead of your home address. You must make a written request to receive confidential communications or to cancel or change an earlier request. Please see the section called **Making a written request** for instructions. We will honor reasonable requests.
- **You have the right to ask to make changes** to certain health information we maintain about you, such as medical records and billing records, if you believe the health information about you is wrong or incomplete. You must make a written request to change your information and explain your reason(s) for the requested change(s). Please see the **Making a written request** section for instructions. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to see and obtain a copy** of certain of your health information maintained by us, such as your medical records and billing records. If we maintain a copy of your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you name. In some cases, you also may receive a summary of this health information. You must make a written request to inspect and obtain a copy of your health information. Please see the section called **Making a Written Request** for instructions. In certain cases, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to receive a listing** of certain disclosures of your information made by us during the six years before your request. This list will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or people you authorized; (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to keep track of. You must submit a written request for a list of disclosures. Please see the **Making a Written Request** section for instructions.

- **You have the right to request a paper copy of this notice at any time.** You may ask for a copy of this notice at any time by contacting us. Even if you have agreed to receive this notice electronically, you can still request additional paper copies of this notice. You may also view and/or print a copy of this notice at our websites, including the websites listed in the **Contact us** section below.

Exercising your rights

Making a written request. You must submit a written request to exercise certain rights. Mail your written request to us to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your records. If you have questions, please call the appropriate phone number listed below. Or mail your request directly to the appropriate address listed below.

 Optum entity	 Phone	 Address
Home Delivery	1-800-562-6223	Optum Privacy Office 2300 Main Street M/S: CA134-0304 Irvine, CA 92614 Website: optumrx.com
Optum Specialty Pharmacy	1-855-427-4682	Optum Privacy Office 2300 Main Street M/S: CA134-0304 Irvine, CA 92614 Website: specialty.optumrx.com
Optum Infusion Pharmacy	1-877-342-9352	Optum Privacy Office 2300 Main Street M/S: CA134-0304 Irvine, CA 92614 Website: specialty.optumrx.com/infusion
Optum Frontier Therapies	1-855-768-9727	Optum Frontier Therapies, Privacy Office 6325 Santa Margarita St. #110 Las Vegas, NV 89118 Website: frontiertherapies.optum.com/
Genoa Healthcare	1-888-436-6279	Optum Privacy Office 2300 Main Street M/S: CA134-0304 Irvine, CA 92614 Website: genoahealthcare.com
divvyDOSE	1-844-693-4889	divvyDOSE Privacy Office 4300 44th Avenue Moline, IA 61265 Website: divvydose.com

Timing. We will respond to your telephonic or written request within 30 business days of receipt.

Questions about this notice or to file a complaint. Questions about this notice or to file a complaint. If you have questions about this notice, please contact us using the information above. Also, if you believe your privacy rights have been violated, you may file a complaint with us. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

Acknowledgment of receipt of Optum Notice of privacy practices

By signing this document, I state that I have received a copy of the Optum Notice of privacy practices.

Name (print): _____

Member ID # (optional): _____

Member street address: _____

Member City, ST, ZIP: _____

Signature: _____ Date: _____

Have you remembered to:

- Keep the notice of privacy practices brochure for your records?
- Sign and date this acknowledgment of receipt?

Mail in your acknowledgement of receipt:

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

Optum
P.O. Box 2975
Shawnee Mission, KS 6620

