



Notice of Privacy Practices

Aetna Specialty Pharmacy®

This Notice of Privacy Practices applies to Aetna Specialty Pharmacy.

IMPORTANTE: *Para recibir esta notificación en español por favor llamar al número gratuito de Member Services (Servicios a Miembros) que figura en su tarjeta de identificación.*

This notice describes how medical information about you may be used and disclosed in connection with Aetna Specialty Pharmacy (“Aetna”) and how you can get access to this information. Please review it carefully.

Aetna considers personal information confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies.

This notice describes how we may use and disclose information about you in administering your specialty pharmacy services, and it explains your legal rights regarding the information.

When we use the term “personal information,” we mean information that identifies you as an individual, such as your name and Social Security number, as well as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with specialty pharmacy services. By “health information,” we mean information that identifies you and relates to your medical history (that is, the drugs you receive or the amounts paid for those drugs).

This notice became effective on September 3, 2013.

How Aetna uses and discloses personal information in connection with Aetna Specialty Pharmacy

In order to provide you with specialty pharmacy services, we need personal information about you, and we obtain that information from many different sources – including you and health care providers. In administering these services, we may use and disclose personal information about you in various ways, including:

Health Care Operations: We may use and disclose personal information during the course of running our pharmacy business – that is, during operational activities such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management and care coordination.

Other operational activities requiring use and disclosure include detection and investigation of fraud; facilitation of a sale, transfer, merger or consolidation of all or part of Aetna with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service.

Payment: We may use and disclose personal information in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; to help us determine the amount you need to pay for your pharmacy services; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, we may disclose information to your provider.

Treatment: We may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, we may disclose personal information to other health plans maintained by your employer if it has been arranged for us to do so in order to have certain expenses reimbursed. Additionally, doctors may request medical information from us to supplement their own records. We also may use personal information in providing pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.

Disclosures to Other Covered Entities: We may disclose personal information to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, we may contact your doctor to confirm the details of your prescription or to discuss care coordination issues.

Additional reasons for disclosure

We may use or disclose personal information about you in providing you with treatment alternatives, treatment reminders, or other health-related services. We also may disclose such information in support of:

- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Business partners** – to persons who provide services to us and assure us they will protect the information.
- **Industry regulation** – to state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other government agencies that regulate us.
- **Law enforcement** – to federal, state and local law enforcement officials.
- **Legal proceedings** – in response to a court order or other lawful process.
- **Public welfare** – to address matters of public interest as required or permitted by law (for example, child abuse and neglect, threats to public health and safety, and national security).

Disclosure to others involved in your health care

We may disclose health information about you to a relative, a friend, or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a pharmacy order, we may confirm whether or not the order has been filled. You have the right to stop or limit this kind of disclosure by calling the number listed on your member ID card.

If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us at the number listed on your member ID card.

Uses and disclosures requiring your written authorization

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization:

- For marketing purposes that are unrelated to your benefit plan(s)
- Before disclosing any psychotherapy notes
- Related to the sale of your health information
- For other reasons as required by law

If you have given us an authorization, you may revoke it at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the pharmacy directly. You can call toll free at **1-866-782-ASRX (1-866-782-2779)** or **TDD: 1-877-833-ASRX (1-877-833-2779)**.

Your legal rights

The federal privacy regulations give you several rights regarding your health information.

- You have the right to ask us to communicate with you in a certain way or at a certain location. For example, if you are covered as an adult dependent, you might want us to send health information (e.g. Explanation of benefits (EOB) and other claim information) to a different address from that of your subscriber. We will accommodate reasonable requests.
- You have the right to ask us to restrict the way we use or disclose health information about you in connection with health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- You have the right to ask us to obtain a copy of health information that is contained in a "designated record set" – records maintained and used in order processing and related decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- You have the right to ask us to amend health information that is in a designated record set. Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- You have the right to ask us to provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.
- You have the right to be notified following a breach involving your health information.
- You have the right to restrict disclosures of health information to a health plan when you have paid out-of-pocket expenses in full.

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the following address:

HIPAA Member Rights Team
Aetna Inc.
P.O. Box 14079
Lexington, KY 40512-4079

You may stop the paper mailing of your EOB and other claim information by visiting www.aetna.com and click "Log In/Register". Follow the prompts to complete the one-time registration. Then you can log in any time to view past copies of EOBs and other claim information.

You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

You may make any of the requests described above, may request a paper copy of this notice, or ask questions regarding this notice by calling the number listed on your member ID card.

Aetna's legal obligations

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

Safeguarding your information

We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal law pertaining to the security and confidentiality of personal information.

This notice is subject to change

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when you terminate your participation with us. It may be necessary to use and disclose this information for the purposes described above even after your participation terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

Contacting Aetna

For questions about your health plan, please contact Member Services at the toll-free number that is located on your member ID card.

For questions about your prescription, please contact the pharmacy directly. You can call toll-free at **1-866-782-ASRX (1-866-782-2779)** or **TDD: 1-877-833-ASRX (1-877-833-2779)**.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

T'áá shí shizaad k'ehjí bee shíká a'doowoł nínízingo Diné k'ehjí naaltsoos bee atah nílįigo nanitinígíí béésh bee hane'é bikáá' áají' t'áá jíík'e hółne'. (Navajo)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

ለአማርኛ ቋንቋ ለገዛ በመታወቅያ ላይ በተጠቀሰው ቁጥር በነጻ ይደውሉ (Amharic)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية. (Arabic)

বাংলায় ভাষা সহায়তার জন্য আপনার আইডি কার্ডে যে নম্বরটি তালিকাভুক্ত রয়েছে বিনামূল্যে তাতে কল করুন। (Bengali-Bangala)

(Hindi) हिन्दी में भाषा सहायता के लिए, अपने आईडी कार्ड पर दिये गये नम्बर पर मुफ्त कॉल करें।

Maka enyemaka asụsụ na Igbo kpọọnomba edeputara na kaadi ID gị na akwughị ugwo ọ bụla. (Ibo)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

Bé m̀ ké gbo-kpá-kpá dyé dé Bāsóò wùdùùn wěé, dá nòbà bé ɔ cééà bó nì dyí-dyoìn-běě kɔé bó pídyi. (Kru-Bassa)

برای راهنمایی به زبان فارسی، بدون هیچ هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی (Persian)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

ُردو میں لسانی معاونت کے لیے اپنے ID کارڈ پر درج نمبر پر مفت کال کریں۔ (Urdu)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)

Fún iránlọwọ nípa èdè (Yorùbá) pe nọmbà tí a kọ sórí káàdi idánimọ rẹ láì san owó kankan rárá. (Yoruba)



**Acknowledgment of receipt of
Notice of Privacy Practices**

I hereby acknowledge that I have received a copy of Aetna Specialty Pharmacy's Notice of Privacy Practices.

Signature of patient or personal representative

Name of patient or personal representative

Date

Description of personal representative's authority

Please sign both copies of this form.

Save one for your records and mail the second copy to Aetna in the enclosed envelope.



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