

# Notice of Privacy Practices

Cigna Healthcare

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

## Our privacy commitment

Thank you for giving us the opportunity to serve you. In the normal course of doing business, we create, obtain and/or maintain records about you and the services we provide to you. The information we collect is called Protected Health Information (PHI). We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI and to provide

and use it, and notify you following a breach of your unsecured PHI.

When we use or give out (“disclose”) your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain and/or maintain that contain your PHI.

## Background

When this Notice refers to the Cigna Affiliated Covered Entity or the “Cigna ACE,” it is referring to Cigna Corporation and each of the Cigna HIPAA covered subsidiaries or affiliates that make up the Cigna ACE, including but not limited to Cigna National Health Insurance Company; Express Scripts Pharmacy, Inc.; Accredo Health Group, Inc.; Evernorth Direct Health, Inc.; and Express Scripts Specialty Distribution Services, Inc. An affiliated covered entity is a group of organizations under common ownership or control who designate themselves as a single affiliated covered entity for purpose of

compliance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The full list of entities that comprise Cigna ACE can be found at [Cigna.com/Privacy](https://Cigna.com/Privacy). The designation may be amended from time to time to add new covered entities that are under the common control and ownership of Cigna.

## This Notice of Privacy Practices describes:

- How we (that is, each of the subsidiaries that compose the Cigna ACE) may use and disclose your PHI
- Your rights to access and amend your PHI

We are required by law to:

- Maintain the privacy of your PHI
- Provide you with notice of our legal duties and privacy practices with respect to PHI
- Abide by the terms of the Notice currently in effect for the Cigna ACE

## How we protect your privacy

We understand the importance of protecting your PHI. We maintain technical, physical and administrative safeguards to ensure the privacy of f

## Permitted uses and disclosures of your PHI

### How we may use PHI without your authorization

**Treatment** – We may use and disclose your PHI to health care professionals or other third parties to provide, coordinate and manage the delivery of health care. For example, to help you obtain services and treatment, such as ordering lab tests and using results, or your pharmacist may disclose PHI about you to your doctor in order to coordinate the prescribing and delivery of your drugs. We also may provide you with treatment reminders and information about potential side effects, drug interactions and other treatment-related issues involving your medicine.

**Payment** – We may use and disclose PHI about you to receive payment for our services or premiums for your coverage, manage your account, fulfill our responsibilities under your benefit plan, and process your claims.

Abuse, neglect or domestic violence – We may disclose your PHI to a social service, protective agency or other government authority if we believe you are a victim of abuse, neglect or domestic violence. We will inform you of our disclosure unless informing you would place you at risk of serious harm.

Public health – We may disclose your PHI for public health activities and purposes, such as regulatory reporting (e.g., reporting adverse events, vaccination efforts to avert the spread of communicable diseases) or for post-marketing surveillance in connection with FDA mandates or product recalls. We may receive payment from a third party for making disclosures for public health activities and purposes.

Judicial and administrative proceedings – We may disclose your PHI in the course of any judicial or administrative proceeding in response to a court order, subpoena or other lawful process but only after we have been assured that efforts have been made to notify you of the request.

Law enforcement – We may disclose your PHI, as required by law, in response to a subpoena, warrant, summons or other appropriate process. In some circumstances, we may also disclose PHI to assist law enforcement with identification of relevant individuals, provide information about crime victims, provide information to law enforcement about decedents, and report a crime.

Coroners and medical examiners – We may disclose your PHI to a coroner or a medical examiner for the purpose of determining cause of death or other duties authorized by law.

Organ, eye and tissue donation – We may disclose your PHI to organizations involved in organ transplantation to facilitate donation and transplantation.

Workers' compensation – We may disclose your PHI to comply with Workers' Compensation laws and other similar programs.

Fundraising – We may use your PHI to send you fundraising communications, but you have the right to opt out of receiving such communications.

Specialized government functions, military and veterans – We may disclose your PHI to authorized federal officials to perform intelligence, counterintelligence, medical suitability determinations, Presidential protection activities

and other national security activities authorized by law. If you are a member of the U.S. armed forces or of a foreign military, we may disclose your PHI as required by military command authorities or law. If you are an inmate in a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to those parties if disclosure is necessary for: the provision of your health care; maintaining the health or safety of yourself or other inmates, or ensuring the safety and security of the correctional institution or its agents.

As otherwise required by law – We will disclose PHI about you when required to do so by law. If federal, state or local law within your jurisdiction offers you additional protections against improper use or disclosure of PHI, we will follow such laws to the extent they apply.

Health oversight – We may disclose PHI to a health oversight agency performing activities authorized by law, such as investigations and audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws.

Creation of de-identified health information – We may use your PHI to create data that cannot be linked to you by removing certain elements from your PHI, such as your name, address, telephone number and customer identification number. We may use this de-identified information to conduct certain business activities; for example, to create summary reports and to analyze and monitor industry trends.

To avert serious threat to health or safety – We may disclose your PHI to prevent or lessen an imminent threat to the health or safety of another person or the public. Such disclosure will only be made to someone in a position to prevent or lessen the threat.

### [Other uses and disclosures of PHI](#)

Uses of PHI that require your authorization – Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures for marketing purposes, and disclosures that constitute a sale of PHI require an authorization. These activities and any other uses and disclosures of your PHI not listed in this Notice will be made only

with your authorization unless we are permitted by applicable law to make such other use and disclosure, in which case we shall comply with applicable law. You may revoke your authorization, in writing, at any time unless we have taken action in reliance upon it. Written revocation of authorization must be sent to the address listed on the next page.

Additional protections for certain categories of PHI – For certain kinds of PHI, federal and state law may provide for enhanced privacy protection. Such protections may apply to PHI that is maintained in psychotherapy notes; PHI involving alcohol and drug abuse prevention, treatment and referral; PHI concerning HIV/AIDS testing, diagnosis or treatment; PHI involving venereal and/or communicable disease(s); and PHI related to genetic testing.

### Your rights with respect to your PHI

You have the following rights regarding the PHI we maintain about you:

**Right to inspect and copy** – Subject to some restrictions, you may inspect and copy PHI that may be used to make decisions about you, as well as records of enrollment, payment, claims adjudication, and case or medical management. If we maintain such records electronically, you have the right to request such records in electronic format. You may also have the records sent to a third party, including requesting that we share your PHI with a Health Information Exchange (HIE). If you request copies, we may charge reasonable expenses incurred with copying and mailing the records. Under limited circumstances, we may deny you access to a portion of your records.

**Right to amend** – If you believe PHI about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason supporting your request to amend. We may deny the request in some instances. If we determine that the PHI is inaccurate, we will correct it if permitted by law. If a health care facility or professional created the information that you want to change, you should ask them to amend the information.

**Right to an accounting of disclosures** – You have the right to request an accounting of disclosures of your PHI. This accounting identifies

the disclosures we have made of your PHI other than for treatment, payment or health care operations. The provision of an accounting of disclosures is subject to certain restrictions. For example, the list will exclude the following, among others:

- Disclosures to you as well as disclosures you have authorized
- Disclosures made earlier than six years before the date of your request (in the case of disclosures made from an electronic health record, this period may be limited to three years before the date of your request)
- Certain other disclosures that are excepted by law

If you request an accounting more than once during any 12-month period, we may charge you a reasonable fee for each accounting report after the first one.

**Right to request restrictions** – You have the right to request a restriction or limitation on the PHI we use and disclose about you for treatment, payment or health care operations. You may also request your PHI not be disclosed to family members or friends who may be involved in your care or paying for your care. Your request must be in writing, state the restrictions you are requesting, and state to whom the restriction applies. We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. We will agree to your request to restrict PHI disclosed to a health plan for payment or health care operations (that is, non-treatment) purposes if the information is about a medication for which you paid us, out-of-pocket, in full.

**Confidential communications** – You may ask that we communicate with you in an alternate way or at an alternate location to protect the confidentiality of your PHI. Your request must state an alternate method or location you would like us to use to communicate your PHI to you.

**Right to be notified** – You have the right to be notified following a breach of unsecured PHI if your PHI is affected.



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