OPTUM®

REQUEST FOR RECORD OF NON-ROUTINE DISCLOSURES OF PROTECTED HEALTH INFORMATION

The Health Insurance Portability and Accountability Act allows you to request a record of certain disclosures of your protected health information (PHI). You can request information only about yourself, unless you are authorized to obtain it for another individual.

Upon receiving this request, Optum® Infusion Pharmacy will report to you all PHI disclosures in the six years prior to the date of your request, except for disclosures made:

- For treatment, payment, or health care operations
- To you or someone legally authorized to act on your behalf
- To anyone pursuant to an authorization form completed and signed by you or your authorized representative
- Incidental use or disclosure otherwise permitted or required

Optum Infusion Pharmacy must provide the first accounting (record of non-routine disclosures) to you in any 12-month period without charge. For each additional request submitted by you during the same 12 month period, Optum Infusion Pharmacy may impose a reasonable, cost-based fee for each subsequent request, provided we inform you of the fee and provide you with an opportunity to withdraw or modify your request in order to avoid or reduce the fee.

Optum Infusion Pharmacy will respond to requests submitted by your authorized representative, such as a parent, court-appointed representative or other family member, provided they are authorized by you to receive your PHI. However, we may ask for more information from you or your authorized representative to verify the right to act on your behalf.

Please note: We can only provide a report of non-routine disclosures made by Optum Infusion Pharmacy. To request information about routine or other non-routine disclosures, please contact your health or prescription benefit plan directly. We will notify you if we are unable to respond to you within 60 days of receiving your request.

If you have questions about this form, please call the privacy office at **1-877-598-3646.**

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REQUEST FOR RECORD OF NON-ROUTINE DISCLOSURES OF PROTECTED HEALTH INFORMATION

Use this form to request a report from Optum Infusion Pharmacy listing non-routine disclosures of your protected health information. When filling out this form, please complete all sections, print information clearly and provide your most current information. Once the request is approved, Optum Infusion Pharmacy will mail a report listing all non-routine disclosures of your protected health information to you or your authorized representative.

1 Member information (please provide current information)

Last Name | First Name | MI

Mailing Street Address | Apt. #

City | State | ZIP

Date of Birth (mm/dd/yyyy) | Gender ○ M ○ F | Phone Number with Area Code

2 Date range of information requested

I would like this information for the following dates:

○ From (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____

○ Six years prior to the date of this request

Please note: Optum Infusion Pharmacy can provide a report covering a maximum of six years prior to the date we receive this request.

3 Member/authorized representative signature

I authorize the release of an accounting of disclosures of my protected health information to be sent to me; to others as directed in a signed authorization; or to others authorized to act on my behalf, at the address stated in Section 1 of this form. I understand that this request does not apply to certain types of disclosures, including for treatment, payment or health care operations.

X _____ _____
Member Signature | Date

X _____ _____
Authorized Representative Signature (if applicable) | Date

Important: If legal documentation is not on file with Optum Infusion Pharmacy, the authorized representative, including the parent, legal guardian, or executor of an estate, must attach a copy of legal documentation to this form.

Authorized Representative's Name | Phone Number with Area Code

Mailing Street Address | Apt. #

City | State | ZIP

Relationship to Member and Authority to Act for Member

6 Please mail the completed form to: Optum Infusion Pharmacy, Privacy Office, 2300 Main Street, Mail Stop: CA134-0304, Irvine, CA 92614 or fax to1-888-905-9490.