



Start Request for Prescription Drug Privacy

DO NOT SHARE INFORMATION ABOUT MY PRESCRIPTION DRUG ORDER WITH MY HEALTH PLAN.

This form allows me, as a CIGNA Home Delivery Pharmacy Customer, to start my ARRA HITECH* privacy rights for prescription(s) filled at CIGNA Home Delivery Pharmacy. ARRA HITECH legislation states that a covered entity must honor an individual's request not to share personal health information with the individual's health plan for payment or health care operations if the individual is paying the full cost of the service to which the information relates.

A separate request must be submitted for each customer.

IF THE INFORMATION ON THIS FORM IS NOT COMPLETE, CIGNA HOME DELIVERY PHARMACY WILL RETURN THE FORM TO YOU. THIS REQUEST WILL NOT BE PROCESSED UNTIL CIGNA HOME DELIVERY PHARMACY RECEIVES COMPLETE INFORMATION.

INSTRUCTIONS

1. Complete all applicable fields.
2. If you want to start your ARRA HITECH privacy rights for specific prescription(s), complete the VERIFICATION, STARTING ARRA HITECH RIGHTS and SIGNATURE sections (sections A, B and C).
3. To start your rights for a new prescription(s), you must submit this request with a CIGNA Home Delivery Pharmacy Order Form.
4. See page 2 of the form for details on submitting your request.

A. VERIFICATION (Please print and complete all items)

Name of customer: _____ Customer date of birth: _____
 Phone number where you can be reached about this request: _____
 Customer ID #: _____

Identification of Requestor (if different than customer)

(If submitting this request for a minor, please complete the following section. Requestor must be parent or guardian.)

Name of requestor: _____ Requestor date of birth: _____
 Phone number where you can be reached about this request: _____

B. STARTING ARRA HITECH RIGHTS

Complete this section ONLY if you are requesting to START your ARRA HITECH privacy rights for the prescriptions listed below.

1. I wish to start my right to have all prescriptions listed below not submitted to my health plan.
2. This request is for the following prescription(s) and beginning date(s):

MEDICATION NAME

(enter prescription number if available)

MEDICATION STRENGTH

MEDICATION NAME (enter prescription number if available)	MEDICATION STRENGTH

All requests will be processed within 48 hours of receipt. CIGNA Home Delivery Pharmacy is not responsible for delays due to shipping/handling. If you are submitting a request for more than six (6) prescriptions, please complete additional forms.

* The American Recovery and Reinvestment Act of 2009 (ARRA) contains a provision called the Health Information Technology for Economic and Clinical Health (HITECH) Act. This Act expands the existing health care privacy and security requirements established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

PLEASE NOTE, ONCE ARRA HITECH RIGHTS ARE STARTED:

- Prescriptions listed above will not count toward your deductible or out of pocket maximum.
- Prescriptions listed above must be paid for by check, money order or credit card.
- Prescriptions listed above will not be priced in accordance with a pharmacy benefit plan.
- Prescriptions listed above will not be displayed on www.myCIGNA.com and www.myCIGNAforHealth.com while your ARRA HITECH privacy rights are in effect.
- Your ARRA HITECH privacy rights will remain in effect on the prescriptions listed above until the prescription expires, there are no refills remaining, the prescription is cancelled or you cancel your right in association with the specific prescription.
- You must submit a new ARRA HITECH privacy rights request for each new or renewed prescription. If you have chosen to cancel an existing ARRA HITECH privacy rights request for a prescription and you subsequently change your mind, then you must submit another new ARRA HITECH privacy rights request.
- When a prescription is renewed, you must submit a new request if you wish to continue your ARRA HITECH privacy rights on your renewed prescription.
- If you wish to cancel your ARRA HITECH privacy rights for a prescription, you must complete and mail in the cancel ARRA HITECH privacy request which can be found at the following locations:
 - For GWH-CIGNA customers:
www.myCIGNAforHealth.com on the Pharmacy Page under CIGNA Home Delivery Pharmacy Online Drug Store.
 - For all other CIGNA Home Delivery Pharmacy customers:
www.myCIGNA.com on the My Plans-Pharmacy tab under the "I Want to..." section, or call 1-800-835-3784.

C. SIGNATURE

I have read and understand the above information:	Date: _____
Signature of Customer, Parent/Guardian, Personal Representative if available: _____	
Relationship if signed by other than Customer/Participant: _____	
If not already provided, verification of Personal Representative Authorization will be required prior to processing this request.	
If request is made by a Parent/Guardian, complete the following: Customer is a minor _____ years of age. If you are making this request on behalf of a minor child, additional information may be required prior to processing this request.	

Please Return This Completed Form To:

CIGNA HOME DELIVERY PHARMACY • ARRA HITECH • PO BOX 1019 • HORSHAM PA 19044

CIGNA Home Delivery Pharmacy will process complete requests within 48 hours of receipt. CIGNA Home Delivery Pharmacy is not responsible for any delays in the shipping and handling of this request.

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