



End Request for Prescription Drug Privacy

APPROVAL TO SHARE INFORMATION ABOUT MY PRESCRIPTION DRUG ORDER WITH MY HEALTH PLAN

This form allows me, as a CIGNA Home Delivery Pharmacy Customer, to cancel 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. Please complete the VERIFICATION, CANCELLING ARRA HITECH RIGHTS and SIGNATURE sections (sections A, B and C).
3. 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. CANCELLING ARRA HITECH RIGHTS

Please complete this section **ONLY** if you are requesting to **CANCEL** your ARRA HITECH privacy rights for the prescriptions listed below.

1. I wish to cancel my right to have all prescriptions listed below not submitted to my health plan. After the processing of this request, the prescriptions listed below will be submitted to my health plan.
2. I know that this request will only remove any previous request for ARRA HITECH privacy on any of the below listed prescriptions.
3. This request is to cancel the Privacy Right for the following prescription(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 CANCELLED (REVOKED):

- Going forward, prescriptions listed above may now be submitted to your insurance plan.
- Going forward, prescriptions listed above may now apply to your deductible and out-of-pocket maximum.
- Going forward, prescriptions listed above may now be priced in accordance with any pharmacy benefit plan.
- Going forward, prescriptions listed above may now be displayed on www.myCIGNA.com and www.myCIGNAforHealth.com.

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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