



Notice of Privacy Practices



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

Effective January 1, 2026

We are required by law to protect the privacy of your health information. We are also required to provide you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You have rights to your health information that are described in this notice. We are required by law to follow the terms of this notice.

The terms “information” and “health information” in this notice include information we have that reasonably can be used to identify you and that relates to your physical or mental health condition, the health care you receive or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice at any time. You may obtain the most current notice by visiting the privacy policy section of our websites, listed in the **Contact us** section on page 6, or by contacting the Optum Entity at the phone number or address listed in the **Contact us** section. We will mail a copy of the revised notice to you, if you make your request on or after the notice’s effective date. We reserve the right to make any revised notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written, and electronic information to administer our business and to provide products, services, and information of importance to our enrollees. We maintain physical, electronic, and procedural security safeguards in the handling and maintenance of our enrollees’ information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction, or misuse.

How we collect, use, and disclose information

We collect, use, and disclose your health information to provide information to:

- You or someone who has the legal right to act for you (your personal representative), to administer your rights as described in this notice; and
- The Secretary of the U.S. Department of Health and Human Services, if necessary, to confirm we are meeting our privacy obligations.

We may also collect, use, and disclose health information for your treatment, to bill for your health care, and to operate our business. For example, we may collect, use, and disclose your health information:

- **For payment**, including to obtain payment for your health care services. For example, we may disclose your health information to your health insurance company to collect payment for your pharmacy services.

- **For treatment**, including to aid in your treatment or the coordination of your care. For example, we may collect information from, or disclose information to, treating physicians or others involved in your care, regarding possible drug interactions.
- **For health care operations** as needed to operate and manage our business activities related to providing and managing your health care. For example, we might analyze your information to determine ways to improve our services. We may also de-identify health information in accordance with applicable laws. After that information is de-identified, it is no longer subject to this notice and we may use it for any lawful purpose.
- **To provide you information on health-related programs or products** such as alternative medical treatments and programs about health-related products and services, subject to the limits of the law.
- **For reminders** we send you about your care, such as prescription-refill reminders.
- **For communications to you** about treatment, payment, or health care operations using telephone numbers or email addresses you provide to us.

We may collect, use, and disclose your health information for the following purposes, under limited circumstances, and subject to certain requirements:

- **As required by law** to follow the laws that apply to us.
- **To persons involved with your care** or who help pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure of information is in your best interest. Special rules apply regarding when we may disclose health information about a deceased individual to family members and others. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For public health activities** such as reporting or preventing disease outbreaks. We may also use and disclose your information to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA for purposes related to safety or quality issues, adverse events, or to facilitate drug recalls.
- **For reporting victims of abuse, neglect or domestic violence** to government authorities that are permitted by law to receive such information, including social services or protective service agencies.
- **To health oversight agencies** for activities permitted by law, such as licensure, governmental audits, and fraud and abuse investigations.
- **For judicial or administrative proceedings** such as in response to a court order, search warrant or subpoena.
- **For law enforcement purposes** to a law enforcement official for purpose such as providing limited information to locate a missing person or report a crime.
- **To avoid a serious health or safety threat** to you, another person, or the public. For example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For specialized government functions** such as military and veteran activities, national security and intelligence activities, and the protective services of the President and others.
- **For workers' compensation** as permitted by, or to the extent needed to comply with, state workers' compensation laws that govern job-related injuries or illness.

- **For research purposes** related to evaluating certain treatments or to prevent disease or disability, if the research study meets federal privacy law requirements, or for certain activities related to preparing a research study.
- **To provide information regarding decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For organ donation purposes** to people and organizations who procure, bank or transplant organs, eyes, or tissue, to help with organ donations and transplants.
- **To correctional institutions or law enforcement officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To business associates** that perform activities or provide services on our behalf if the information is necessary for such activities or services. Business associates are required, under contract and pursuant to federal law, to protect the privacy of your information.
- **To Health Information Exchanges (HIE)** in which we participate. An HIE is a way for doctors' offices, hospitals, and other healthcare organizations that provide you with care to share and have access to your health information. In emergency situations where you may be unable provide information, an HIE allows your care providers to quickly view your medical history to take note of allergies or medical conditions that may affect your treatment. HIEs follow applicable state and federal privacy laws on who can access data and for what purpose. If you have questions about whether your information is being shared with an HIE, contact your provider at the number listed in the "Exercising Your Rights" section below.
- **Additional restrictions on use and disclosure.** Some federal and state laws may require special privacy protections that limit the use and disclosure of certain sensitive health information, including:

1. Alcohol and substance use disorder 2. Biometric 3. Child or adult abuse or neglect, including sexual assault 4. Communicable diseases 5. Genetic	6. HIV/AIDS 7. Mental health 8. Minors 9. Prescriptions 10. Reproductive or sexual health 11. Sexually transmitted diseases
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We follow more stringent or protective law, where it applies to us. For example, if we receive information about you through a limited consent you provided to a federally-assisted substance use disorder treatment program ("Part 2 Program"), we will honor the permission you provide and continue to comply with 42 CFR Part 2. If your consent permits our use and disclosure for all future treatment, payment and health care operations purposes, we may use or disclose that information for those purposes and otherwise use and disclose that information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In no event will we use or disclose your Part 2 Program information in legal proceedings against you without your written consent or a court order after you have been notified and provided an opportunity to be heard.

Except for the allowed and required uses and disclosures described in this notice, we will use and disclose your health information only with written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about

you, selling your health information to others, or using or disclosing your health information for certain marketing communications without your written authorization.

Once you authorize us to use and disclose your health information, you may take back or “revoke” your written authorization at any time in writing. This will not apply to uses and disclosures we have already acted upon based on your initial authorization. For more information on how to revoke your authorization, use the contact information in the section called **Exercising your rights**. Note that once your health information has been disclosed, it could be redisclosed by the recipient and no longer protected by federal privacy laws.

Your rights, with respect to your health information:

- **You have the right to ask to restrict** our uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. You must make a written request to restrict the use or disclosure of your information. See instructions in the **Making a written request** section. Please note that while we will try to honor your request, we are not required to agree to any request for restriction except where you have paid for an item or service in full out-of-pocket and request that we not disclose information about that item or service to your health plan. If we do agree with your request for restrictions, we will honor your limits unless it is an emergency situation.
- **You have the right to ask to receive confidential communications** by asking us to send information by alternative means or at alternative locations – for example, to another address instead of your home address. You must make a written request to receive confidential communications or to cancel or change an earlier request. Please see the section called **Making a written request** for instructions. We will honor reasonable requests.
- **You have the right to ask to make changes** to certain health information we maintain about you, such as medical records and billing records, if you believe the health information about you is wrong or incomplete. You must make a written request to change your information and explain your reason(s) for the requested change(s). Please see the **Making a written request** section for instructions. In certain circumstances, we may deny your request. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to request to see and obtain a copy** of certain of your health information maintained by us, such as your medical records and billing records. If we maintain a copy of your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you name. In some cases, you also may receive a summary of this health information. You must make a written request to inspect and obtain a copy of your health information. Please see the section called **Making a written request** for instructions. In certain cases, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to receive a listing** of certain disclosures of your information made by us during the six years before your request. This list will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or people you authorized; (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to keep track of. You must submit a written request for a list of disclosures. Please see the **Making a written request** section for instructions.

- **You have the right to request a paper copy of this notice at any time** by contacting us. Even if you have agreed to receive this notice electronically, you can still request additional paper copies of this notice. You may also view and/or print a copy of this notice at our websites, including the websites listed in the **Contact us** section on page 7.
- **In certain states, you may have the right to withhold written consent to the disclosure of reproductive health care services information in certain cases.** Depending on your state of residence, we may be required to obtain your written consent before releasing information about your reproductive health care services in certain civil actions or proceedings, subject to some exceptions. In such cases where we are required to obtain your consent, you have the right to withhold your consent.

Exercising your rights

Making a written request. You must submit a written request to exercise your rights described above. Mail your written request to us to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your records. If you have questions, please call the appropriate phone number listed below. Or mail your request directly to the appropriate address listed below.

Contact us

 Optum entity	 Phone	 Address
Optum® Home Delivery	1-800-562-6223	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: optum.com
Optum® Specialty Pharmacy	1-855-427-4682	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: specialty.optum.com
Optum® Infusion Pharmacy	1-877-342-9352	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: infusion.optum.com
Optum Frontier Therapies®	1-855-768-9727	Optum Frontier Therapies, Privacy Office 6425 Santa Margarita St. #110 Las Vegas, NV 89118 Website: frontiertherapies.optum.com
Genoa Healthcare	1-888-436-6279	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: genoahealthcare.com

Questions about this notice or to file a complaint or grievance. Questions about this notice or to file a complaint or grievance. If you have questions about this notice, please contact us using the information above. Also, if you believe your privacy rights have been violated, you may file a complaint with us. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

This Provider Notice of Privacy Practices applies to the pharmacies affiliated with Optum. For a current list of pharmacies subject to this notice, go to: <https://optum.com/content/dam/o4-dam/resources/pdfs/guides/a-opt-2026-pharmacy-ace-npp-optum-pharmacies-508.pdf>.

Language assistance services

We provide free language services to help you communicate with us. We offer interpreters, letters in other languages, and letters in other formats like large print. To get help:

Contact us

 Optum entity	 Phone	 Address
Optum® Home Delivery	1-800-562-6223	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: optum.com
Optum® Specialty Pharmacy	1-855-427-4682	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: specialty.optum.com
Optum® Infusion Pharmacy	1-877-342-9352	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: infusion.optum.com
Optum Frontier Therapies®	1-855-768-9727	Optum Frontier Therapies, Privacy Office 6425 Santa Margarita St. #110 Las Vegas, NV 89118 Website: frontiertherapies.optum.com
Genoa Healthcare	1-888-436-6279	Optum Privacy Office 1 Optum Circle M/S: MN101-E013 Eden Prairie, MN 55344 Website: genoahealthcare.com

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

ATTENTION: Language assistance services are available to you free of charge. Go to the Contact Us section to find the Optum Entity  you need to reach and the phone number  you need to call.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Diríjase a la sección Contáctenos para encontrar la Entidad de Optum  con la que necesite comunicarse y el número de teléfono  al que debe llamar.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。前往「聯絡我們」一節，找到您需要聯絡的 Optum 單位  以及您需要撥打的電話號碼 。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Đến phần Liên hệ với chúng tôi để tìm Thực thể Optum  mà quý vị cần liên hệ và số điện thoại  mà quý vị cần gọi.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 연락해야 할 Optum 사업부  및 전화해야 할 전화번호 를 찾으려면 연락처 섹션으로 이동하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pumunta sa seksyong Makipag-ugnayan sa Amin upang mahanap ang Entidad ng Optum  na kailangan mong kaugnayan at ang numero ng telepono  na kailangan mong tawagan.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **Русский (Russian)**. Перейдите в раздел «Связаться с нами», чтобы найти подразделение Optum , с которым вам нужно связаться, и номер телефона , по которому вам нужно позвонить.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. انتقل إلى قسم "اتصل بنا" للعثور على كيان Optum  الذي تحتاج إلى التواصل معه ورقم الهاتف  الذي تحتاج إلى الاتصال به.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Ale nan seksyon Kontakte Nou pou jwenn Antite Optum  ou dwe kontakte a epi nimewo telefòn  ou dwe rele a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Consultez la section Contactez-nous pour trouver l'entité Optum  que vous souhaitez contacter et le numéro de téléphone  à composer.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Przejdź do sekcji Kontakt, aby znaleźć jednostkę Optum , z którą chcesz się skontaktować oraz numer telefonu , pod który należy zadzwonić.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Consulte a seção "Contacte-nos" para encontrar a Entidade Optum  a contactar e o número de telefone  para o qual precisa de telefonar.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Vai alla sezione Contattaci per trovare l'azienda Optum  che devi contattare e il numero telefonico  da chiamare.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Im Abschnitt „Kontakt“ finden Sie das Optum-Unternehmen , mit dem Sie sich in Verbindung setzen möchten, sowie dessen Telefonnummer .

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。「お問い合わせ」セクションで、問い合わせ先の Optum Entity  と電話番号  を見つけてください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. به بخش "تماس با ما" بروید تا بتوانید Optum Entity  موردنظر خود و شماره تلفنی  که باید تماس بگیرید را پیدا کنید.

कृपा ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं नि: जिस Optum संगठन  से आपको संपर्क करना है और जिस फ़ोन नंबर  पर आपको कॉल करना है उसे ढूंढने के लिए हमारे संपर्क करें अनुभाग पर जाएं।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Mus rau ntawm feem saib xyuas Chaw Tiv Tauj Rau Peb txhawm rau tshawb nrhiav Lub Chaw Lis Hauj Lwm Ntawm Optum  uas koj xav tiv tau jrau thiab tus nab npawb xov tooj  uas koj xav hu rau.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Camodian-Mon-Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ ទៅកាន់ផ្នែក ទាក់ទងពួកយើង ដើម្បីស្វែងរក Optum Entity (អង្គភាព Optum)  ដែលអ្នកត្រូវការទៅរក និងលេខទូរសព្ទ  ដែលអ្នកត្រូវការហៅទៅកាន់។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Mapan iti paset a Kontakennakami tapno makitam ti Entidad ti Optum  a kasapulam a makauman ken ti numero ti telepono  a kasapulam a tawagan.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłt'igo, saad bee áka'anída'awo'ígíí, t'áá jíłk'eh, bee ná'ahóót'i'. Nihich'í' Hane' Alnééh dah shijaa'íjì' aninááh áko Optum Entity  bik'initááh baa díínáál hwiinidzin dóó béésh bee hane'í námbóó  bee hodíłlnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Booqo qeybta Nala Soo Xiriir (Contact Us) si aad u hesho shirkadda Optum Entity  ee aad rabto inaad la xiriirto iyo lambarka telefoonka  ee aad rabto inaad wacdo.

ΠΡΟΣΟΧΗ : Αν μιλάτε **Ελληνικά (Greek)**, υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Μεταβείτε στην ενότητα Επικοινωνήστε μαζί μας για να βρείτε την Οντότητα Optum  με την οποία πρέπει να επικοινωνήσετε και τον αριθμό τηλεφώνου  που πρέπει να καλέσετε.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વિના મૂલ્યે પ્રાપ્ય છે. તમારે સંપર્ક કરવો હોય છે તે Optum સંસ્થા  અને તમારે કોલ કરવો હોય તે ફોન નંબર  શોધવા માટે અમારા સંપર્ક માટેના વિભાગ પર જાઓ.

УВАГА: Якщо ви розмовляєте **українською мовою (Ukrainian)**, у вас є можливість скористатися безкоштовними послугами перекладача. Перейдіть до розділу «Зв'яжіться з нами», щоб знайти підрозділ компанії Optum , з яким потрібно зв'язатися, і номер телефону , за яким потрібно зателефонувати.

AADACHT: Wann du **Deutsch Schwetze (Pennsylvanian Dutch)** kann, kannscht du frei Schprooch aushilfe griege. Geh zu der Blatz wu's saagt "Contact Us" fer die Optum Entity finne as du hold griege musscht devun un der Phone Nummer finne as du uffrufe musscht.

FAAALIGA: Afai e te tautala Faa-**Samoa (Samoan)**, o loo avanoa tautua mo fesoasoani tau gagana mo oe, e le togotia. Alu i le vaega o le Contact Us (Faafeso'ota'i Mai iā i Matou) e su'e ai le Optum Entity (Vaega o le Optum)  e mana'omia ona e faafeso'ota'i atu ai ma le numera o le telefoni  e tatau ona e vala'au atu ai.



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