



NTEF[®]
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April 15, 2024

Mr. Jeremy Dohner
Executive/Presidential Inquiry Analyst
Executive Resolution Team
C/o
Humana, Inc.
500 W. Main St.
Louisville, KY 40202

Via: Facsimile (502) 508-2297

Dear Mr. Dohner

By way of introduction, my name is David O. Carpenter, MD, both my undergraduate and medical doctor degrees were from Harvard. I am a Public Health Research Physician and expert witness as opposed to a practicing physician. I'm also the technical advisor and expert advisor to the National Toxic Encephalopathy Foundation (NTEF). My full Curriculum Vitae can be accessed at https://www.national-toxic-encephalopathy-foundation.org/wp-content/uploads/2019/01/Carpenter_CV-_2_.pdf

Most of my publications are focused on the study of the basic mechanisms of learning and memory. Along with the behavioral effects of environmental contaminants; including effects on IQ, ADHD, and other neurobehavioral diseases in children as well as the neurodegenerative diseases (Alzheimer's, Parkinson's Disease and ALS) in adults. I am currently involved in the study of the central nervous system effects of exposure to non-ionizing radiation and the study of Gulf War Illness.

Current litigation cases involve Monsanto, PCB, PFA and non-ionizing radiation.

One of the core purposes of the NTEF are referrals to qualified and educated medical providers, who are familiar with their condition and causation. Since a

substantial number of the environmentally ill are seniors, it's our fiduciary duty to make sure, that the medical referrals from us for their medical treatments are not an exacerbation because of untrained geriatric practitioners. Medical facilities that are promoting gerontology care. In addition, to verification of potential clinics or practitioners, to address their viability of being approved as a qualified referral.

Those who are enticed to enroll in Humana as their advantage insurance company, thru television promotional advertising, need to be provided with a safe, educated and healthy medical facility. Also, that their treatments embrace integrated therapies that have been proven safe and effective, rather than limited government approved protocols, because of payment reimbursements for medical care or cost containment. Allopathic piece meal treatments are contraindicated for this demographic especially since their detoxification pathways are impacted from chemical exposure overload.

Ms DeFazio who you have been interacting with, has brought the following to my attention and I felt it warranted commentary, further clarification and or justification from Humana. Humana has acquired or is directly associated with CenterWell Senior Primary Care Clinic.

On or about February 5, 2024, Maricel from your CenterWell South Rainbow Clinic in Las Vegas, Nevada, contacted Ms DeFazio. From what was relayed to me, it was a cordial and informative two-way conversation. Maricel was open and provided the reason for the air freshener and the pesticide information.

If there is a known problem from a noxious odor emanating into the clinic, it is the building owner's responsibility to remediate the problem.. Utilizing an air freshener is only masking the underlying problem and creating secondary and tertiary problems. The chemicals used in air fresheners tend to have a synergistic effect with other chemicals, i.e. those in the odor, which usually will provoke and mimic in some people a pulmonary reaction.

This presenting symptom by a patient will appear to practitioners as a chronic "pulmonary" problem, unless they are trained in environmental medicine. Thereby running unnecessary tests, prescribing asthmatic drugs, rather than understanding that this response is a situational effect that is self-limiting, commonly referred to as RADS. This demographics "pulmonary" presentation will not normally appear positive on a PFT, unless the PFT is done immediately. Thus, it would appear that your clinic is the direct and proximal causation of their "asthma" presentation symptom during their examination. The allowance of your personnel in the clinics to wear fragrances or essential oils, will elicit a synergistic effect upon the patient from the air freshener, odor and their fragrance VOC's.

Humana has twelve (12) members on their Board of Directors; three (3) are MD's. Wayne A. I. Frederick, M.D is referenced as a cancer surgeon. One would extrapolate that a practicing oncologist would know that fragrances are contra-

indicated for cancer patients. Are cancer patients who are utilizing CenterWell as their PCP, being informed that fragrances are contra-indicated for them? Many oncologists and oncology dermatologists recommend products that are free of fragrances, parabens, sodium lauryl sulfates, and phthalates to safely soothe the side effects of cancer therapy. Are these patients provided with handouts of what can interact or impede their cancer treatment? Is Humana's 'wellness' program addressing the carcinogenetic properties of chemicals in fragrances? If not, why, shouldn't this be the main health concern for your patients? Or is it the fact that your 'health educators' aren't educated regarding topics outside the syllabus that you have provided for them?

One of the more unacceptable protocols that this clinic embraces is their utilization of an exterminator, Terminix. The senior population demographics that you are targeting have neurological dysfunctions and your intentional exposure to them from these neuro-toxins is counter-productive. Maricel provided the names of the pesticides that were sprayed in the clinic as disclosed on one of Terminix's work order receipts. The NTEF researched Dinotefuran from the following MSDS

<https://www.fishersci.com/store/msds?partNumber=AC467090010&productDescription=DINOTEFURAN+1GR&vendorId=VN00032119&countryCode=US&language=en>

Maricel specifically referred to Dinotefuran as a pesticide not an insecticide.

If you will notice on the first page under identification:

Recommended Use: Laboratory chemicals.

Uses advised against: Food, drug, pesticide or biocidal product use

Please have CenterWell explain why a medical facility that caters to geriatric patients would voluntarily have a neonicotinoid sprayed, whose intended use advises against using it as a pesticide? The use of the term pesticide as opposed to insecticide is clearly defined as: 'Pesticide' is the general term for a chemical that kills pests. Pests can be weeds, insects, nuisance rodents, diseases, etc. An insecticide is a type of pesticide. Insecticides kill insects.

Ms DeFazio believes that Maricel also mentioned either pyrethroid or permethrin, which are other chemicals used in conjunction with Dinotefuran.

What "insect" problem is CenterWell trying to abate?

"Dinotefuran is a contact poison and does not require ingestion by the insect to be effective. Dinotefuran binds irreversibly to insect nicotinic receptors and mimics the effects of acetylcholine, resulting in continuous nerve stimulation, incoordination, tremors, and death of the insect."

The symptoms that insects exhibit from Dinotefuran exposure mimic the signs and symptoms of patients who are sensitive to pesticides/rodenticides/insecticides with minimal exposure. The uneducated

geriatric practitioners would erroneously diagnose the tremors, incoordination as Parkinson's Disease.

It's well known that a preponderance of geriatric medical issues are neurological in nature. Exposing them to a known neuro-toxin is a highly suspect medical practice. Why hasn't CenterWell implemented Integrated Pest Management?

Utilizing both air fresheners and an insecticide is not appropriate at any level in a medical environment. These generate an unhealthy medical indoor air quality environment to both this demographic and others with neurological centric or pulmonary related health issues.

Ms DeFazio noticed that CenterWell's FaceBook page has a link that leads directly to the American Lung Association's (ALA) page for "Breathing Exercises". She feels that it's highly ironic that CenterWell is cherry-picking what they want to enact from the ALA organization. The ALA is specific on fragrance-free environments and also on other issues that impact indoor air quality just as previously discussed. <https://www.lung.org/help-support/corporate-wellness/create-a-lung-healthy-work>. Additionally, she wanted to remind you that CenterWell and Humana consistently follow the Centers for Disease Control (CDC), therefore, CenterWell's avoidance of the CDC's fragrance free corporate wide ban is another cherry-picking decision and a cause for concern with CenterWell and Humana. <https://www.national-toxic-encephalopathy-foundation.org/cdcff.pdf>

The length and detail of your new patient forms, ***thirty-two (32) pages*** to be exact, can be over-whelming especially when patients are asked to fill out the forms in the medical facility. Our demographic with your compromised indoor air environment will cause cognitive dysfunction, and they will not fully comprehend what you are requiring them to sign off on. Having a CenterWell agent try to explain the forms will skew the interpretation to CenterWell's benefit as opposed to a neutral explanation or the utilization of a patient advocate.

I have reviewed the litany of forms that patients are required to fill out, from CenterWell's website. The legal indemnification that is incorporated into these forms does nothing for the patient, just warning them of what CenterWell is going to do and not providing an obvious and immediate opt out or do not consent on the same document. Basically strong-arming the patient. .

While it is customary to have patients fill out intake forms, the level of control and restrictions that CenterWell has created is in my opinion overreaching and insurance company litigation centric. This is solidified by the complete lack of a new patient history form. Your website gives access to nine (9) forms, none of which would be integrated into a patient's medical file for treatment protocols. Is there a reason that there is no required form for the formal history of family health conditions, surgeries, pharmaceuticals, allergies etc?

As an expert witness, I have reviewed thousands of medical records and its not uncommon for the treating physician/s to make mistakes in transcribing their SOAP notes.

It is always beneficial for a patient to be assured of complete and accurate records that are held in a medical facility. According to your **Access to Protected Health Information Form**, the request by the patient for production of their medical records is predicated on what CenterWell has decided to release.

No one in a medical facility should be the gatekeeper to restrict the disbursement of records. Your practitioners or office staff aren't the legal guardians of a patient and restricting access is acting in a Guardianship capacity. The restriction to accurate and complete access takes away the patients ability and inherent right to be an active participant in their medical care and to make informed decisions.

Your internal use options are unacceptable. Under "Information requested is not part of patient's designated record set.", anything with the patient's name on it is to be released at their request. Under "A physician has determined that access to information requested may endanger the life or physical safety of the individual or another person". Unless a certified psychologist has made this determination, as opposed to a Family Medicine practitioner, this is not a valid reason to impede the full release of a patient's medical records. Under "Information requested is not available to the patient for access as required by federal or state law." The patient has a right to know, what you are using as a determining factor, as to what should remain confidential, so please cite the direct laws, regulations, statutes that you are relying upon. Your form clearly references "state" law, therefore, every state where CenterWell is situated, the relevant "Revised Statutes" should be fully disclosed on the form, not a generic reference. Please provide the relevant Nevada Revised Statutes that you are relying upon in this document.

Access to Protected Health Information (PHI) for Patient

I request access to my protected health information maintained by this medical organization. I understand that this request will be considered and a response provided within the required state or federal timeframe. If my request is denied for any reason, I will receive a written explanation of the reason for the denial.

I understand that my medical record may contain sensitive information such as mental health, HIV, AIDS, substance abuse, sexual abuse and /or other related conditions. I understand that these records are classified as privileged and confidential and cannot be released to me or those designated by me or my legal guardian without an express and informed written consent. In

addition, I understand that these records will not be released to entities other than those designated by myself or my personal representative of as provided by state or federal law

FOR INTERNAL USE ONLY

Complete the sections below and place in patient record.

Notice of Decision is:

-Approved and provided per request

-Denied for reason indicated below

-Information requested is not part of patient's designated record set.

-Information requested is not available to the patient for access as required by federal or state law.

-A physician has determined that access to information requested may endanger the life or physical safety of the individual or another person

New Patient Form (Patient Demographic Form). What is the reason to know the patients residential situation? There is no option to respond that they live independently. This appears to be a direct inference that you feel that your patients are incapable of living independently.

Patient Agreement and Consent to Treat Form

This "protective disclosure" needs to be reiterated with every recommended invasive test, protocols done in the office or prescriptions written. Full disclosure that your medical practitioners are not trained in environmental medicine, and that your physicians can't assure the patient of no adverse reactions, to standard practices, that they want to provide. Nor should any practitioner harass, coerce, intimidate a patient who refuses a treatment, because of their belief or concerns, or it is known to patients with certain conditions to be contra-indicated. Your practitioners should not be in complete lock-step with standardized allopathic tests, treatment protocols or other medical activities, while ignoring treatment plans, tests, medical devices that have proven to be effective by practitioners who are experts in environmental medicine. Your practitioners' personal views and or beliefs are inconsequential and not to be the guiding factor in the rendering of medical care for this demographic

"I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me because of treatments or examination that I received or will receive. I understand that I have the right to discuss my treatment plan with my provider and to discuss the purpose, and potential risks and benefits of any tests or procedures that are ordered or recommended by my provider."

The NTEF adamantly objects to the allowance of medical students in the examination room or to render any type of examination or treatment. This entire activity needs to be under an option. The coverage of care that CenterWell

provides and their lack of the most rudimentary medical knowledge of environmental illness, will only promulgate ineffective medical practices that achieve nothing but further medical exacerbation of their maladies.

“I understand that students in the medical field under appropriate supervision may observe or assist in the delivery of my medical care and that I have the right to refuse such services provided by students at any time.”

Payment of Services.

This statement as written does not incorporate the CFPB’s Debt Collection Rule for collection agents. While an initial call may be made, once the debtor tells the collector not to contact them by telephone, email, they must cease. Once a debt collector receives the letter requesting they stop contacting them, they’re not allowed to communicate with them again except to: Tell them there will be no further contact. Therefore, your statement necessitates notification that the patient has rights under the CFPB and FDCPA, not just your statement that alludes to no rights of the patient to contain collection contacts.

“I agree that in order for this provider organization and its collection agents to service my account or to collect any amounts I may owe, the provider organization and its collection agents may contact me by telephone at any telephone number, including my cellular telephone number, that I have provided to the provider organization, regarding the services rendered, or my related financial obligations.”

HIPPA Privacy Authorization Form

This form is in direct conflict with your **Access to Protected Health Information (PHI) for Patient Form**. This form has no codicil that it will be “reviewed and approved” for release. This form allows the patient full access to review their medical file during business hours, thusly, if they have access to their file during business hours, why is CenterWell denying the patient the right for a copy of their entire record? Why does this form allow the broad release of all the “protected” information under the PHI form? Thus, the patient should be granted the same right to release these records to themselves, thru this form, without any “obstruction” from CenterWell. There is nothing that precludes the patient from authorizing the release to another person and acquiring a copy through this interaction.

*“I understand the following: This authorization is valid for information already in my medical record and any information added while this authorization is effective.
I may request to see this information during normal business hours.”*

Authorization to Release or Request Protected Medical Information

It should be more visible that the patient is not required to sign this document. Nor shall CenterWell apply any type of medical duress as to why the patient needs to sign the form.

Notice of Privacy Practices and CenterWells ACE Notice of Privacy Practices

It is incomprehensible as to why CenterWell has produced basically two (2) identical forms, which could have been combined into one. The only discernable difference is the incorporation in CenterWells ACE Notice of Privacy Practices form, is their association with ACE. Without concern for the repetitive legalese and short attention span of some seniors, sixteen (16) pages is intentional cognitive overload.

This attempts to restrict those patients who are on your PPO Plan. They are not required to participate with your designated associates for treatment or health care operators. CenterWell Clinics are surmising in this section that their patients are on a HMO Plan and as such, CenterWell will determine and control the patient's medical activities, treating referral practitioners and release of PHI.

“V. (D) To business associates for treatment, payment and health care operations. We may disclose PHI about you to one of our Business Associates in order to carry out treatment, payment or health care operators.”

“V(J)(7) Organ and tissue donation.” There is no reference that CenterWell has the authority to release information if there is no record of the patient being a donor at CenterWell. This information would tend to be on a true and complete medical intake form.

“V(J)(8) Research” Your patient's medical information is not provided for research activities. Unless you have a fully compliant release from the patient regarding any type of research, CenterWell has no reputable right to grant access, even though the records remain at their facility. The patient should be notified upon disbursement or consideration of releasing their information.

“V(J)(14) Food and Drug Administration” The patient is the one who should file an adverse reaction to the FDA. Their recollection of the reaction is more comprehensive than information taken from a notation on a SOAP note.

“VI What we do with your information when you are no longer a patient or you do not obtain services through us”. Utilizing the patient's PHI records for research or an additional revenue source stream is not the intended purpose of a patient selecting your facilities. The patient should have the right to opt out of having their information accessible, similar to the HIE opt out form. This

information should be highly visible not an item in a document that most won't read because of the voluminous number of pages.

VII. YOUR RIGHTS REGARDING limits on uses and disclosures of your PHI. PHI.

This statement is a red herring designed to give the illusion that the patient's request will be given fair consideration. Predicated on other items in this document and the financial benefits of this disclosure, requests will assuredly be denied.

(A) *The right to request limits on Uses and Disclosures of your PHI.*
"We will consider your request but are not legally required to approve it"

There is no disclosure in this document of what could determine declination. What are the criterias that you have for denying this request?

(B) *The Right to See and Get Copies of Your PHI.*
In most cases, you have the right to look at or get copies of your PHI that we have... In certain situations, we may deny your request.

It appears that there is no reason that precludes a patient from requesting on a monthly basis, a copy of their PHI, to monitor the disbursement of their records.

(D) *"The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI in the past six (6) years. The list will include the date of the disclosure(s), to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure."*

This is a prima fascia example as to why the patient necessitates full and complete access to their file, with nothing concealed by CenterWell. In my decades as an expert witness, when there is a discrepancy in the SOAP notes, the medical facility tends to deny the request for modification, alluding to the fact, that their practitioner generated a true and accurate notation in the file. Only if there was an audio or video record of the office visit, pertaining to the notation in question, where the interaction can be revisited, it would appear to be more efficacious, that the patient is granted a copy of the current date's visitation SOAP notes. Whereby, it is fresh in your practitioners mind and the correction can be immediately done.

(E) *"The Right to Correct or Update Your PHI.*
If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment of the existing information or to add the missing information. You must provide the request and your reason for the request in writing. If we approve your request, we will make the change to your PHI... We may deny your request if the PHI is: (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records."

Throughout this notice, it describes how CenterWell is going to disburse the patient's PHI and basically that their request to be removed would be considered. This section now has CenterWell feigning concern for their patient. The statement regarding the protection and integrity of personal and health information is laudable, except if that information can generate a revenue stream.

(G) "The Right to File a Complaint.

If you believe your privacy rights have been violated or if you disagree with a decision we make about your rights, such as accessing or amending your records, you may file a complaint with us by contacting us any time. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services. We will respond to all privacy requests and complaints. It has always been our goal to ensure the protection and integrity of your personal and health information. It has always been our goal to ensure the protection and integrity of your personal and health information."

Provider History Form

This form is for a prior two-year period, it appears that CenterWell is making the assumption that the patient has previously been seen by a practitioner, their records are accessible, or will be authorized by the patient for release. One has to question, is CenterWell relying upon these records to generate a comprehensive medical history that they haven't specifically requested, directly from the patient? The patient has the option referencing that they do not see a specialist, therefore, where is CenterWell going to obtain records, for the patient's medical history, since they do not have a medical history form?

Patient fact sheet about Health Information Exchanges

The form necessitates that the patient consent for participation in the HIE. The intake packet should include the Patient Opt Out Request, rather than having to verbally request a copy for this purpose.

It appears from going thru all of the intake forms, that the patient is being forced to consent or fill out additional forms, that should be readily accessible, for the opt out, do not consent options on every form. Thirty-two (32) pages are excessive no matter how you perceive it.

Humana's President and CEO Bruce D. Broussard stated: 'We believe everyone should have equitable access to the tools and support they need to be as healthy as possible -- support that's personalized and easy to use.' The NTEF's President, Ms DeFazio is challenging Mr. Broussard for implementation of that very public statement. Promotion of barriers for disabled patients is not supportive. Humana's CenterWell is an allopathically governed and allopathically centric health insurance corporation, which the public knows is financially motivated.

In Mr. Broussard biography, it stated that he has created an integrated care delivery model with a holistic approach. Ms DeFazio completely objects to using the reference of holistic. There are clearly defined criteria's for what is considered holistic whether its being enacted by allopathic or naturopathic practitioners. Just because you look at the entire person, the medical approaches are what set it apart.

The restrictive number of treatments that will be reimbursed by the government doesn't equate to a holistic approach. It's a dangling carrot that doesn't achieve a full complement of holistic proctocols. Treatments generated by Traditional Chinese Medicine, Acupuncturists, Homeopaths, Naturopaths, Reriki are either severely limited, not mentioned or not reimbursed. Alternative laboratories that have more accurate tests are hit or miss with your coverage and referrals.

Mr. Broussard, I, Ms DeFazio, request that you step away from your unhealthy reliance that Mr. Frank A. D'Amelio, brings from Pfizer, and provide your patients with non-pharmaceuticals, that are just as effective as his chemically created drugs, that are incapable of addiction. You want to tout holistic and integrated, prove it, don't bloviate. Why don't you incorporate into your clinics true holistic integration, with holistically trained, not CenterWell allopathically indoctrinated health educators? Otherwise, cease marketing your company as such. Those of us who were allopathically and alternatively trained know the difference in the definition of holistic.

In conclusion, as a research physician, I find it highly objectionable to treat a patient's medical records as an additional revenue source stream. The concerted use of exogenous chemical products that carry known health risks, generating a barrier to medical care, lack of patient-centric health care privacy over corporate profits, and exacerbation of medical conditions are not proper medical practices.

If you have any questions, I am amenable to a conference call with Ms DeFazio, as she will be an integral part of all our interactions. I can be reached at DCarpenter@albany.edu.

Thanking you in advance for your prompt responses to the queries I have identified.

NATIONAL TOXIC ENCEPHALOPATHY FOUNDATION



David O. Carpenter, MD
Technical Director

Cc.: Angel DeFazio, BSAT, BCNHP