

HIPAA Notice of Privacy Practices Statement

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.”

Your Physical Address and Complete Contact Information

In conducting the services we provide to you, **COMPANY NAME** (“CN”) is committed to protecting the privacy of your health information. A federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires us to take reasonable steps to ensure the privacy of your Protected Health Information” (PHI) and to provide you with this notice of Privacy Practices. We will abide by the terms of our Notice of Privacy Practices currently in effect.

This notice describes your rights concerning PHI about you. PHI is all “*individually identifiable health information*” in any form or media, whether electronic, paper, or oral. PHI is information, including demographic data, that relates to:

- an individual’s past, present or future physical or mental health or condition,
- the provision of health care to an individual, or
- the past, present, or future payment for the provision of health care to an individual,

and that identifies an individual or for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

We reserve the right to make changes to this notice in the future if it becomes necessary. A revised notice will be provided to you, either in copy or electronically, if we make material changes to our privacy practices that affect all PHI that we maintain about you, including PHI we created or maintained in the past.

This notice is effective date (September 23, 2013.)

Uses and Disclosures of Your PHI

In order to offer the highest quality insurance products at the lowest possible rates, we collect, maintain, and, in some instances, disclose PHI about you . PHI that you provide to us directly or indirectly given to us, is held in strictest confidence.

This section explains how **CN** uses and discloses your PHI as required or permitted by law. As explained below, in some instances we may request your written authorization to use or disclose PHI.

1. **Required Disclosures.** Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate and/or determine **CN**'s compliance with HIPAA's privacy regulations.

2. **Uses and Disclosures Related to Treatment, Payment and Health Care Operations.** **CN** and its business associates may use or disclose PHI for activities related to *treatment, *payment and *health care operations. As described in the next section entitled "Your Privacy Rights", you have the right to request a restriction on the use and disclosure of your PHI for treatment, payment or health care operations purposes.

* Since we are not a health care provider, we do not engage in treatment of individuals and, accordingly, we will not share your information for such purposes.

*Examples of activities related to payment include payment of health care claims or collection of premiums.

* Examples of activities related to health care operations include quality improvement, fraud and abuse prevention and detection, and complaint resolution.

Other Uses and Disclosures of Your PHI In addition to the uses and disclosures described above, **CN** may use or disclose PHI for the following purposes as allowed by the U.S. Department of Health & Human Services:

for public health activities (for example, to alert public health authorities of public health risks such as disease or to report child abuse or neglect); for health oversight activities (for example, to assist in investigations relating to insurance fraud); for judicial and administrative proceedings (for

example, in response to a subpoena or discovery request); for certain law enforcement purposes (for example, to report a crime); for protection against serious harm (for example, to protect victims of abuse, neglect or domestic violence); for specialized government functions (for example, to assist in national security and intelligence activities); for certain government-approved research purposes (if certain conditions are met); for disclosure of child immunization proof to schools; for workers' compensation purposes (for example, when required by workers' compensation laws); to a coroner, medical examiner, or funeral director (to permit them to carry out their legal duties); in order to facilitate organ donations and transplants; when necessary to prevent or lessen a serious and imminent threat to health or safety; or when required to do so by federal, state, or local law.

3. **Use and Disclosures to Plan Sponsor (Employer).** We may disclose PHI to an employer-sponsor of a group health plan, if applicable, provided that any such plan sponsor certifies: (a) that the information provided will be maintained in a confidential manner and shall not be used for employment related decisions or for other employee benefit determinations or in any other manner not permitted by law; and (b) that the plan documents contain provisions concerning restrictions on how the plan sponsor may use or further disclose PHI.

4. **Use and Disclosure to Family Members or Other Personal Representatives.** We may disclose PHI to a family member, guardian, executor, administrator or other person identified by you and authorized by law to act on your behalf with respect to health care. When disclosing information to such a person, we will take appropriate steps to verify the identity of such person.

5. **Use and Disclosure to Contact You Regarding Health-Related Benefits and Services.** CN or its business associates may contact you regarding health-related benefits and services that may be of interest to you.

6. **Uses and Disclosures to Business Associates.** We may disclose PHI to our business associates, such as information systems consultants, actuarial consultants and entities who perform services on our behalf. When we disclose information to a business associate, we will require the

business associate to protect the privacy of your PHI through a written agreement with CN.

7. Uses and Disclosures That Require Your Written Authorization.

Other uses and disclosure of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described in this notice. You may revoke such authorization at any time, except to the extent CN or its business associates or other entities have relied on such disclosure.

8. Other Applicable Law. In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of PHI, as described above, we will restrict our uses or disclosures of PHI in accordance with the more stringent standard.

Your Privacy Rights

This section of the notice describes your rights as an individual with respect to your PHI and summarizes how you may exercise these rights.

1. Right to Restrict Uses and Disclosures for Treatment, Payment and Health Care Operations Purposes. You have the right to request that we restrict uses and disclosures of your PHI for activities related to treatment, payment and health care operations as described above. Any such request must be made in writing to the address provided below and must state: (a) what PHI you want restricted; (b) whether the restriction shall apply to the "use" or "disclosure" of PHI, or both; and (c) to whom the restriction applies. Though we will evaluate all requests for restrictions, we are not required to agree to the restriction. If we agree to the restriction, we will abide by it, except in the case of emergency treatment or as required by law. We may terminate our agreement to a restriction if you agree to or request the termination of the restriction. In addition, we may notify you that we are terminating our agreement to a restriction as of a specified date, and that the restriction will no longer apply to PHI created or received by us after such date.

2. Right to Request Confidential Communications. You may request that we communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may wish to receive communications from us at your work location rather than your

home. Any such request must be made in writing to the address provided below and must include a reason in support of your request. We will evaluate all such requests. We are required to accommodate your request for confidential communications if you clearly state that you could be endangered by the disclosure of all or part of your protected health information.

3. **Right to Inspect and Copy Your PHI.** You have a right to request electronic copies of or access to your PHI in order to inspect or copy PHI that we use to make decisions about you (including medical records and billing records), other than psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a criminal, civil or administrative action or proceeding. Any such request must be made in writing to the address provided below. If we approve your request, we may charge a reasonable fee for such inspection and copying of your PHI. Under certain circumstances, we may deny your request for access to your PHI. If your request is denied, we will notify you of our reason for the denial and your right to have such denial reviewed, if any.

4. **Right to Amend Your PHI.** You have the right to request that we amend PHI that we use to make decisions about you if you believe the information is incorrect or inaccurate. Any such request must be made in writing to the address provided below and must include a reason in support of your request. Under certain circumstances, we may deny your request for amendment of your PHI. If your request is denied, we will notify you of our reason for the denial, your right to submit a written statement of disagreement or to have the request for amendment included with future disclosures, and your right to file a complaint with our Customer Care Center and/or the Secretary of the Department of Health and Human Services. If your request for amendment is granted, we will notify you that the amendment was approved. We will also ask you to identify relevant persons who should be informed of the amendment and ask that you agree to our communication with such persons.

5. **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI made by **CN** during the six years (or shorter period of time designated by you) prior to the date of your request. Such requests must be made in writing to the address provided below.

