



Your Health Information: Your Rights - Our Rights and Duties
Please review this notice carefully.

HIPAA NOTICE OF PRIVACY PRACTICES

(Updated 10/15/2020)

What is the Purpose of this Notice

This notice describes: (1) how We, Individual Assurance Company, Life, Health & Accident (IAC) use and disclose your **Protected Health Information**, (2) how We protect that information, and (3) your rights regarding that information.

Definitions

Your **Protected Health Information** is information about you that is created or received by IAC that either identifies you or, based on a reasonable belief, could be used to identify you, and that information relates to:

- Your past, present or future physical or mental health condition;
- Health care provided to you; or
- The past, present or future payment for the provision of health care to you.

A **Health Plan** means the following individual or group insurance products: major medical, Medicare supplement, hospital indemnity, long term care, dental, specified disease (such as cancer) and pharmacy benefits insurance products or plans.

Use and Disclosure of Protected Health Information

We will use and disclose your Protect Health Information as described below.

With your written Authorization

If you have given us written authorization to release your Protected Health Information, We have the right to use and disclose your Protected Health Information as provided in that authorization. Such an authorization must be in writing, and you have the right to revoke it at any time by contacting us at the address given below in this notice. Any information We have released with your authorization, but before you revoke it, will not be affected by your later revocation of that authorization.

Without your authorization

Even if you have **not** given us written authorization, We may use and disclose your Protected Health Information as described below:

- For payment purposes, such as paying you benefits or a claim for services provided to you by healthcare providers.
- To a doctor, a hospital, or other healthcare provider so you can receive health care.
- To an affiliate or to a business associate outside of IAC, if they need Protected Health Information to provide a service to us and have confirmed that they follow the HIPAA rules relating to the protection of Protected Health Information.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- For performing underwriting activities. But, We will not use any results of genetic testing except for issuing long term care or to ask questions regarding family history.
- To your family and friends or any other person you identify, provided the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, We may confirm whether or not the claim has been received and paid.
- For healthcare operation activities including business management, accreditation and licensing, peer review, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of healthcare professionals, determining premiums and other functions related to servicing your Health Plan.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To provide payment information for Internal Revenue Service substantiation, as permitted by law.
- To public health agencies if We believe there is a serious health or safety threat to you.
- To appropriate authorities, as required by law, when there are issues about abuse, neglect, or domestic violence.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- To assist in disaster relief efforts.
- For compliance programs and health oversight activities.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.

- For research purposes in limited circumstances.
- To workers' compensation agencies if necessary for your workers' compensation benefit determination or as permitted by law.
- To a government oversight agency conducting audits, investigations, or civil or criminal proceedings, if authorized or required by law.
- To your plan sponsor, if applicable, for their benefits administration activities.
- For public health activities, such as required reporting of disease, injury, birth and death and for required public health investigations.
- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you, if you have not directed us to not do so, as described in this notice.
- To the appropriate government agency, if necessary to report adverse events, product defects or to participate in product recalls.
- To law enforcement officials to report wounds, injuries or crimes, as required by law.
- To coroners and/or funeral directors consistent with law.
- For a national security or intelligence activity or, if you are a member of the military, as required by law.
- As otherwise permitted or required by law.

How do We protect your Protected Health Information

We protect the privacy of your Protected Health Information by complying with Federal and State laws and our own policies regarding the privacy and confidentiality of your information.

We have procedures in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how We use or disclose your information
- Training our associates about our privacy policies and procedures

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your Protected Health Information.

Your information may continue to be used as permitted in this notice after your coverage with us is ended or your coverage with us is not issued. We will not retain the information after the required legal retention period.

Your Rights and Choices

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information We have about you.
- Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete.
- Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if We do not.

Ask us to limit what We use or share

- You can ask us not to use or share certain health information for treatment, payment, visit scheduling, or our operations.
- We are not required to agree to your request, and We may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who We shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before We take any action on a request such person makes on your behalf.

File a complaint if you feel your rights are violated

- You can complain to us if you feel We have violated your rights by contacting us using the information below.
- You also can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

For certain health information, you can tell us your choices about what We share.

If you have a clear preference for how We share your information in the situations described below, talk to us. Tell us what you want us to do, and We will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, We may go ahead and share your information if We believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information in the following cases, unless you give us written permission:

- Marketing purposes
- Sale of your information

Changes to this Notice

We will comply with the terms of this notice for as long as it remains in effect. We reserve the right to change it and how We will treat all Protected Health Information whether received by us before or after the effective date of the new notice.

If We do revise our privacy notice, a copy of the new notice will be posted on our web site at www.IAClife.com and/or sent to you if the changes are material.

Other Information

Effect of State Law

If you reside in a State whose law requires greater protection of your Protected Health Information than stated above, We will comply with those more restrictive or stringent requirements.

Effective Date

This notice is effective June 1, 2018.

Entities this Notice applies to

This notice applies to Individual Assurance Company, Life, Health & Accident

Contact Information

If you have questions or need further assistance regarding this notice, you may contact:

Individual Assurance Company, Life, Health & Accident
Privacy Manager
5500 N. Western Avenue
Suite 200
Oklahoma City, OK 73118
Tel: 888 524.3629