



The Company You Keep®

## **HIPAA NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

As Required by the Privacy Regulations Promulgated Pursuant to the  
Health Insurance Portability and Accountability Act of 1996

**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 PRIVACY IS IMPORTANT TO NEW YORK LIFE.*** We understand that keeping your confidential medical information private is important to you. We have great respect for our customers' right to privacy. That's why we want you to understand how we protect the personal information you share with us. We have built our business on a foundation of integrity, honesty and trust. These values are reflected in our longstanding commitment to protect your privacy.

### ***OUR PRIVACY PLEDGE***

To meet the insurance needs of our medical care insurance and hospital indemnity plan customers, we collect health information from you and at times from your medical providers in order to make decisions about issuing coverage, charging premiums, and paying claims. To preserve your privacy, we pledge to:

- Collect only the information we need to help us deliver superior products and services;
- Protect against unauthorized access to your information, including through the Internet;
- Refuse to disclose your health information to third parties for marketing purposes;
- Refuse to sell your information to outside mailing list companies or telemarketers;
- Require companies that service your certificate or account to protect your information in accordance with strict privacy standards;
- Maintain physical, electronic and procedural safeguards that meet state and federal regulations; and
- Limit access to customer information to people who need the information to perform their job responsibilities.

This Notice applies to New York Life's medical care insurance and hospital indemnity plans, which are covered by the Health Insurance Portability and Accountability Act ("HIPAA"). It provides our customers with detailed information about our privacy practices concerning your personal health information, including:

- Our obligations concerning the use and disclosure of your personal health information; and
- Your privacy rights regarding your personal health information.

You may receive additional privacy notices from us. Those notices are provided in accordance with other laws and regulations and describe our practices with respect to personal and financial information in addition to medical information.

If you have questions about this notice or need further assistance, please contact us at:

Uniformed Services Benefit Association  
10895 Grandview Dr., Suite 350  
1-800-368-7040

**NEW YORK LIFE WILL NOT USE YOUR PERSONAL HEALTH INFORMATION OR DISCLOSE IT TO OTHERS UNLESS DOING SO IS NECESSARY AND ALLOWED BY LAW. THE FOLLOWING DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION.**

**When you provide an authorization.** Except as described in this Notice, we will not use or disclose your protected health information without written authorization from you. You may revoke in writing any authorization you provide regarding the use and disclosure of your personal health information. After you revoke your authorization, we will no longer use or disclose your personal health information for the reason described in the authorization, except in the following situations:

- If we have taken action in reliance on your authorization before we received your written revocation;
- If you were required to give us your authorization as a condition of obtaining insurance; or
- If state law gives us the right to contest a claim under your certificate.

**For your treatment.** We may disclose your personal health information to others who may assist with the medical care or other health services you may receive, such as:

- A physician, professional nurse or other health care provider, or
- Your spouse, children, or parents.

**For family and friends you have designated.**

- With your approval, we may share your personal health information with a friend or family member who is helping to care for you or to pay for your health care or related services.
- If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine it is in your best interest, we may share limited personal health information with these individuals without your approval.
- If you have designated someone to receive information regarding payment of the premium on your certificate, we will inform that person when your premium has not been paid.
- We may also share limited personal health information with a public or private entity that is authorized to assist in disaster relief efforts, such as to help them locate a family member or friend who may be involved in caring for you.

**To verify that covered services were provided or to obtain payment.** For example, we may contact your health care provider to certify that you received services, and we may request details regarding the services received to process and pay claims. We also may need to use your personal health information to obtain payment from third parties that may be responsible for your premium payments, such as family members.

**To provide quality products and services and operate our business.** Examples include providing customer service, underwriting your coverage, resolving claims and grievances, activities relating to the creation, renewal or replacement of an insurance policy, auditing; and ensuring compliance with HIPAA and other legal requirements. Be assured that in each instance we will use and disclose only the minimum information necessary to perform these functions.

**To ensure that our agents and contractors can perform required services.** As part of operating our business, we rely on our agents and on certain outside firms and individuals with whom we have entered into contracts. At times, we may need to provide your personal health information to one or more of these to assist us in ensuring your coverage or in connection with your payments or our business operations. Often, the information we disclose is limited to non-medical information such as billing status or the fact that you own a policy with us. The law treats this type of information as “health information,” even though it does not refer to your health status or medical conditions. In all cases, we disclose only the minimum information necessary for these business associates to perform their responsibilities, and we require them to appropriately safeguard the privacy of your information. Examples of these business associates include:

- Our licensed insurance agents,
- Care assessment agencies,
- Underwriting services,
- Reinsurers,
- Legal services,

- Enrollment and billing services, and
- Claim payment and collection services.

**So we may inform you of health-related benefits and services.** From time to time, we may consider your personal health information in determining whether to provide information to you concerning changes to your medical care insurance certificate or for other health-related products. Unless we receive your written permission, however, we will not use your health information to communicate with you about products or services that are not health-related.

**When it is required by law.** We may disclose your personal health information without your authorization when required to do so by federal, state, or local law, such as:

- If required to do so by a court or administrative subpoena or discovery request;
- If we believe you to be a victim of abuse, neglect, or domestic violence; or
- As required by armed forces officials if you are a member of the military;

**When your authorization is not required.** In certain circumstances, we may be permitted or required to share your personal health information without your authorization, such as:

- To workers' compensation agencies if necessary for your workers' compensation benefit determination;
- If required or permitted by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings or to insurance regulatory authorities;
- To protect the public health, such as required reporting of disease or injury, and for required public health investigations;
- To law enforcement agencies or national security officials to help prevent fraud, unlawful activity, and to report crimes; or
- To a coroner or medical examiner, a funeral director, or for organ or tissue donation purposes.

## **YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION**

It is important to us that you understand that you have certain rights regarding the personal health information we maintain about you. To exercise any of your rights, just contact us at the location listed on the cover of this Notice.

**You have the right to specify how we communicate with you.** For instance, you may ask that we contact you at home, rather than at work. To make such a request, all you have to do is tell us your preferred means of communication; we will accept all reasonable requests.

**You have the right to request a restriction on our use or disclosure of your personal health information.**

- To do so, just send a request in writing. Please provide specific details concerning the restrictions you are requesting. We will grant all reasonable requests. If we agree to a restriction, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary for your treatment.
- We retain the right to terminate a restriction if we believe it is necessary and appropriate, but we will notify you before doing so.

**You have the right to inspect and/or obtain a copy of your personal health information.** This includes underwriting, payment, and claim records, but does not include certain records such as psychotherapy notes or records prepared in connection with legal proceedings or fraud investigations. In the unlikely event that we do deny your request, you may obtain a review of our denial. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

**You may ask us to amend your health information if you believe it is incorrect or incomplete.** We are not required to make all requested amendments but will give each request careful consideration.

- Requests must be in writing, signed by you or your representative, and must state the reasons for the amendment.
- If the information you want to amend is in medical records we have received, you will need to speak to the doctor or other provider who wrote the record and ask that they make the change. You can then have your doctor or provider send a copy of the revised records to us at the address above.

**You have the right to request an “accounting of disclosures.”** An accounting of disclosures lists disclosures we have made of your personal health information outside of treatment, payment or health care operations.

- To obtain an accounting, submit a written request.
- All requests must identify the time period, which may not be longer than six years and may not include dates before April 14, 2003.
- The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12-month period. We will let you if any costs will be involved, and you may withdraw your request before you incur any costs.

**You are entitled to receive a paper copy of our Notice of Privacy Practices.** You may ask us for a copy of this Notice at any time.

**You have the right to file a complaint.** If you believe your privacy rights have been violated, it is your right to file a written complaint with us or with the Secretary of Health and Human Services. Complaints filed with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. must be submitted within 180 days of the suspected violation. **You will not be retaliated against for filing a complaint.**

### **INFORMATION ABOUT THIS NOTICE**

We hope that you will find this description of our medical information privacy practices helpful. Protecting your medical information is of the utmost importance to us, and we want you to know that we do not share your medical information other than as described in this Notice.

If your state provides privacy protections more stringent than those provided by HIPAA, we will maintain your medical information in accordance with the more stringent state standard.

We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your records, whether they were created or maintained in the past or in the future. If we do change the information in the Notice, copies of revised Notices will be mailed to all certificate holders. Of course, you may request a copy of our current Notice at any time.

### **EFFECTIVE DATE**

This Notice is effective April 14, 2003.