

## HIPAA Privacy Notice

Administrative Offices

600 King Street, Wilmington, DE 19801

**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.**

### Our Duties

By law, the Domestic Accident & Health Division of the American International Companies® listed below is required to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. "Protected health information" includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

We are required to abide by the terms of this notice currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain. In the event we revise the notice, we will provide you with a revised notice by mail.

### Your Individual Rights

With respect to protected health information, you have the following rights:

1. The right to request restrictions on certain uses and disclosures of protected health information including the uses and disclosures listed in this notice and permitted disclosures. However, we are not required to agree to a requested restriction;
2. The right to reasonably request to receive confidential communications of protected health information by alternative means or at alternative locations;
3. The right to inspect and copy your protected health information in our records, except for:
  - psychotherapy notes;
  - information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
  - protected health information that is subject to a law prohibiting access to that information; or
  - if the protected health information was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

We may also deny your request to inspect and copy your protected health information if:

- a licensed health care professional has determined that the access requested is reasonably likely to endanger your life or physical safety or the life or physical safety of another person;
- the protected health information makes reference to another person and a health care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person; or
- a licensed health care professional has determined that the access requested by your personal representative is reasonably likely to cause substantial harm to you or another person.

If we deny access on one of the above three grounds, you have the right to have the denial reviewed in accordance with applicable law;

4. The right to amend your protected health information contained in our records. However, if the information was not created by us, is not part of your medical or billing records, is not available for inspection, or the information is accurate and complete, we are not required to amend the information;

5. The right to receive an accounting of disclosures of protected health information made by us in the six years prior to the date on which the accounting is requested, except for disclosures:
- to carry out payment and health care operations as provided below;
  - for notification purposes, as provided by law;
  - for national security or intelligence purposes, as provided by law;
  - to correctional institutions or law enforcement officials, as provided by law; or
  - that occurred prior to April 14, 2003; and
6. The right to obtain a paper copy of this notice upon request if you are viewing this notice electronically.

### **Uses and Disclosures of Protected Health Information**

Under Federal law, we are permitted to use and disclose protected health information for the purposes of treatment, payment, and health care operations.

- Treatment. We do not provide treatment.
- Payment. Payment refers to activities involving collection of premium and payment of claims. Examples of uses and disclosures under this section include (1) sharing protected health information with other insurers to determine coordination of benefits, the administration of claims, determining coverage, and providing benefits; and (2) sharing protected health information with third party administrators for the processing of claims.
- Operations. Operations refers to the business functions necessary for us to operate, such as quality assurance activities, audits, and complaint responses. Examples of uses and disclosures under this section include (1) using protected health information to for the purpose of underwriting and calculating premium rates, (2) using protected health information to perform legal, actuarial, and auditing services, (3) disclosing protected health information when responding to complaints, and (4) use of protected health information for general data analysis and long term management and planning.

We may also use or disclose your protected health information for other purposes permitted or required by law, including the following:

- to you, as the covered individual;
- to a personal representative designated by you to receive protected health information or a personal representative designated by law such as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual;
- to the Secretary of Health and Human Services, or any employee thereof, as part of an investigation to determine our compliance with the HIPAA Privacy Rules;
- to a business associate as part of a contracted agreement to perform services for the group health plan;
- to a health oversight agency, such as the Insurance Commissioner's Office, to respond to inquiries or investigations of the plan, requests to audit the plan, or to obtain necessary licenses;
- in response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding;
- as required for law enforcement purposes;
- as required to comply with Workers' Compensation or other similar programs established by law.

The examples of permitted uses and disclosures listed above are not provided as an all inclusive list of the ways in which protected health information may be used. They are provided to describe in general the types of uses and disclosures that may be made.

Other uses and disclosures of your protected health information may be made only with your written authorization unless otherwise permitted or required by law. You may revoke such authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your protected health information in good faith with the authorization.

### **Complaints Regarding Your Privacy Rights**

If you believe your privacy rights have been violated, you may complain to the Secretary of Health and Human Services or you may file a complaint with us. Address your complaint to HIPAA Privacy Officer, 600 King Street, 8<sup>th</sup> Floor, Wilmington, DE 19801. You will not be retaliated against by us for filing a complaint.

### **Contact Us**

For further information regarding any matter covered by this notice, contact HIPAA Privacy Officer, Administrative Offices, 600 King Street, 8<sup>th</sup> Floor, Wilmington, DE 19801 or at 1-866-244-4786.

### **Effective Date**

This notice becomes effective on April 14, 2003.



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- National Union Fire Insurance Company of Pittsburgh, Pa. • The Insurance Company of the State of Pennsylvania
  - American International South Insurance Company • American Home Assurance Company • Illinois National Insurance Company
  - AIG Life Insurance Company • American International Life Assurance Company of New York
- Members of American International Group, Inc.