



Notice of Protected Health Information Privacy Practices

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.

This notice describes your rights concerning your protected health information (PHI). PHI is information that may identify you and that relates to (a) your past, present, or future physical or mental health or condition or (b) the past, present or future payment for your health care.

Sagicor Life Insurance Company (Sagicor) is providing you with this notice in accordance with federal health privacy regulations that were issued as a result of the Health Insurance Portability and Accountability Act (HIPAA). In accordance with the requirements of the law, we will:

- maintain the privacy of your PHI
- provide you with a notice of our legal duties and privacy practices with respect to your PHI
- abide by the terms of our current notice of privacy practices

We reserve the right to make changes and to make the new notice effective for any PHI that we maintain about you, including PHI we created or maintained in the past. If we make material changes to our privacy practices, copies of revised notices will be mailed to all policyholders then covered by a health plan.

Uses and Disclosures of Your PHI

- *For Payment:* We may use and disclose PHI about you in order to obtain premiums or to determine or fulfill our responsibility to provide you with insurance coverage or benefits under your policy. For example, we may use or disclose PHI about you in order to determine whether you are eligible for coverage or to decide your claim for benefits under your policy. We may also disclose PHI to other insurance carriers to coordinate benefits with respect to a particular claim.
- *For Health Care Operations:* We may use and disclose PHI about you in order to operate our business. For example, we use PHI about you in order to underwrite your insurance policy. We may also disclose PHI to affiliates, and to business associates outside of Sagicor, if

they need to receive PHI to provide a service to us and have agreed to abide by specific HIPAA rules relating to the protection of PHI. Examples of business associates include third party administrators, billing companies, data processing companies, or companies that provide general administrative services. PHI may be disclosed to attorneys, accountants, or reinsurers for underwriting, audit or claim review reasons. PHI may also be disclosed as part of a potential merger or acquisition involving our business in order to make an informed decision regarding any such prospective transaction.

Additional Uses and Disclosures of Your PHI

- *Required by Law.* We will use and disclose PHI about you when we are required to do so by federal, state, or local law.
- *Public Health Activities.* We may disclose PHI about you in order to notify public health authorities of public health risks, such as potential exposure to a communicable disease, or to report child abuse or neglect. We may also disclose PHI about persons subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of FDA-regulated products or activities.
- *Prevention of Serious Harm.* We may use or disclose PHI about you under certain circumstances if we believe it is necessary to prevent or lessen serious harm (abuse, neglect, or domestic violence) to you or to other potential victims.
- *Health Oversight Activities.* We may disclose PHI about you to a health oversight agency for oversight activities, including for investigations relating to possible insurance fraud.
- *Judicial and Administrative Proceedings.* We may disclose PHI in the course of a judicial or administrative proceeding, such as in response to a court order, subpoena, discovery request or other lawful process.
- *Law Enforcement.* We may disclose PHI to law enforcement, for purposes such as reporting a crime on our premises or in an emergency.
- *Decedents.* We may disclose PHI about a deceased person to a coroner, medical examiner, or funeral director to permit them to carry out their legal duties.
- *Donation/Transplantation.* We may use or disclose PHI for the purpose of facilitating organ, eye or tissue donation and transplantation.
- *Research Purposes.* We may disclose PHI for research purposes provided that certain conditions about protecting the privacy of PHI are met.
- *Serious Threat to Health/Safety.* We may use or disclose PHI when it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- *Specialized Government Functions.* We may use or disclose PHI about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities.
- *Workers' Compensation.* We may disclose PHI about you in order to comply with workers' compensation laws.
- *Business Associates.* We may disclose PHI to our business associates, such as our third party administrators, accountants, or attorneys if those business associates have signed a written agreement concerning appropriate uses and disclosures of PHI.
- *Plan Sponsors.* We may disclose PHI to the plan sponsor of a group health plan for plan administrative functions if the plan documents contain provisions concerning restrictions on how the plan sponsor may use or further disclose PHI.

Related Benefits and Services. We may contact you to inform you of benefits or services related to your policy that may be of interest to you.

- *Involvement in Individual's Care.* We may disclose PHI about you to a family member, close personal friend or other person identified by you, if directly relevant to that person's involvement with your care or payment related to your health care. We may also use or disclose PHI to give notice or assist in giving notice of your location, general condition or death to a family member, personal representative or another person responsible for your care.

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 disclosure of PHI in accordance with the more stringent standard.

Your Authorization to Use and Disclosure PHI

Other uses and disclosure of PHI about you will be made only with your written authorization, unless otherwise permitted or required by law as described in this notice. You may revoke your written authorization, at any time, in writing, except to the extent we have taken action in reliance on that written authorization before you have revoked it. You may not revoke your authorization to the extent that other law provides us with the right to contest a claim under the policy or the policy itself, if the authorization was obtained as a condition of obtaining insurance coverage.

Your Rights Regarding Your PHI

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your PHI that would otherwise be permitted for purposes related to payment or our health insurance operations, or to your family, friends or others involved in your care or reimbursement for your care. We are not required to agree to your request. If we do agree, however, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary for your treatment. Your request must clearly and concisely describe (a) the information you wish restricted; (b) whether you are requesting to limit our use, disclosure or both; and (c) to whom you want the limits to apply. We will not agree to restrictions on PHI uses and disclosures that are legally required, or which are necessary to administer our business.

Right to Request Confidential Communications. You have the right to receive communications of PHI about you from us in a certain manner or at a certain location if you tell us that communication in another manner may endanger you, so long as the request is reasonable under the circumstances. For example, you may prefer to have mail from us sent to your work address rather than to your home. To request confidential communications, you must make your request in writing and specify how or where you wish to be contacted.

Right to Inspect and Copy Your PHI. You have the right to access your information. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health

care provider). You have the right, upon written notice, to inspect and copy certain PHI that may be used to make decisions about your insurance coverage, including medical records and billing records, but not including psychotherapy notes. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

Amendment. You may ask us to amend PHI about you (as long as the information is kept by or for us) if you believe it is incorrect or incomplete. Such requests must be submitted in writing to us and must include a reason for the request. If your request and a reason supporting the request are not submitted in writing, we may deny your request. In addition, we may deny your request if you ask us to amend PHI that (a) is accurate and complete, (b) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment, (c) is not part of the PHI kept by or for us or (d) is not part of the PHI which you would be permitted to inspect and copy.

Accounting. You have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain disclosures we have made of PHI about you other than disclosures you authorized and other than disclosures made for treatment, payment, or operations or as required by law. The request must be in writing and must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before April 14, 2003. The first request for an accounting that you make within a 12-month period is free; however, we may charge you for additional requests within the same 12-month period. We will notify you of the costs of the additional requests, and you may withdraw your request before incurring any costs.

Right to a copy of this notice. You have the right to obtain a paper copy of this notice upon request.

Contacting Us

In order to exercise any of your rights as set forth in this notice, please send your request in writing to: Sagicor Life Insurance Company, P.O. Box 52121, Phoenix, Arizona 85072-2121, Attention: Compliance Department.

Please be sure to include the following information in your request:

- Your full name
- Address
- Date of Birth
- Policy Number

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. All complaints must be submitted in writing. We will not penalize you for filing such a complaint.

For further information regarding this notice, please contact the Compliance Department at the above address or call 1 (800) 531-5067. If you have any product or customer service questions, including those about your policy, please contact the Customer Service number listed on your policy or recent statement.

Effective April 14, 2006