

# MedMutual Protect

## HIPAA Notice of Privacy Practices for Protected Health Information

**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.**

Dear MedMutual Protect Policyholder:

You are being given this notice because of your health insurance coverage with Reserve National Insurance Company, the insurer of the MedMutual Protect line of accident and health products. In this notice, Reserve National Insurance Company is referred to collectively as "Reserve National," "we," "us" or "our.") This notice describes how we maintain the privacy of your protected health information we have, and how we may use and disclose that information. Protected health information includes individually identifiable information that relates to (1) your past, present or future physical or mental health or condition, (2) your health care or (3) payment for your past, present or future health care. This notice also describes your rights concerning your protected health information and how you can exercise those rights. We are required to provide this notice to you by a federal law known as the Health Insurance Portability and Accountability Act ("HIPAA").

HIPAA requires us to (1) maintain the privacy of your protected health information; (2) provide you this notice of our legal duties and privacy practices with respect to your protected health information; and (3) follow the terms of this notice.

Our employees are required to comply with our requirements that maintain the privacy of protected health information and protect it from inappropriate use or disclosure. They may look at your protected health information only when there is an appropriate reason to do so, such as to administer our insurance policies.

### How We Use and Disclose Protected Health Information

The main reasons for which we may use and disclose your protected health information are to evaluate and process any requests for coverage and claims for benefits you may make. The following describe these and other uses and disclosures, together with some examples:

• **For Treatment:** We may disclose protected health information to doctors, hospitals and other health care providers who treat you. For example, health care providers may request medical information from us to supplement their own records.

• **For Payment:** We may use and disclose protected health information to pay or determine benefits under your health insurance coverage or for various payment-related functions. For example, we may review protected health information contained on claims to reimburse providers for services rendered. We may disclose protected health information to assist you with your inquiries or disputes. We may also disclose protected health information to health care providers who contact us concerning your eligibility for benefits under your health insurance coverage with us.

• **For Health Care Operations:** We may also use and disclose protected health information for our insurance operations. These purposes include evaluating a request for health insurance, underwriting, premium rating,

administering our health insurance policies and processing transactions requested by you. We may disclose protected health information to our agents, if they need to receive it to assist you or us. We may also disclose protected health information to companies affiliated with us, and to business associates, if they need to receive it to provide a service to us, and they agree to abide by specific HIPAA rules relating to the protection of protected health information. An example of a business associate is a company that provides general administrative services. Protected health information may be disclosed to reinsurers for underwriting, audit or claim review reasons. Protected health information may also be disclosed as part of a potential merger or acquisition involving our business in order to make an informed business decision regarding any such prospective transaction.

• **To Others Involved in Your Health Care:** We may disclose your protected health information to a relative, a friend or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or caregiver calls us with prior knowledge of a policy or claim, we may confirm benefits that may or may not be payable, whether a claim has been received and paid or if we need any additional information to process the claim, and any premiums that may have been paid or may be due.

• **Where Required by Law or for Public Health Activities:** We may disclose protected health information when required by federal, state or local law. Examples of such mandatory disclosures include providing protected health information to a governmental agency or regulator with public health oversight authority or health care oversight.

• **To Avert a Serious Threat to Health or Safety:** We may disclose protected health information to avert a serious threat to someone's health or safety, or to federal, state or local agencies engaged in disaster relief and private disaster relief or disaster assistance agencies to allow such entities to assist in disaster situations.

• **For Health-Related Benefits or Services:** We may use and disclose protected health information to provide you with information about benefits available to you under your current coverage or policy and about health-related products or services that may be of interest to you. For example, we may disclose protected health information to our agents for such purposes.

• **For Law Enforcement or Specific Government Functions:** We may disclose protected health information in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose protected health information about you to government officials for law enforcement, correctional, intelligence, counterintelligence and other national security activities authorized by law.

• **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate is involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but

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only if we receive satisfactory assurance that efforts have been made to tell you about the request or to obtain an order protecting the protected health information requested. We may disclose protected health information to any governmental agency or regulator with whom you have filed a complaint or as part of an examination by a regulatory agency. We may also disclose protected health information to comply with laws relating to any claim for benefits under workers' compensation or other similar programs.

• **Other Uses of Protected Health Information:** Other uses and disclosures of protected health information not described in notice but which are permitted by law will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose protected health information about you, you or your legal representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization or if the authorization was obtained as a condition of obtaining your health insurance coverage. We would not be able to take back any disclosures we have already made pursuant to an authorization.

### **Your Rights Regarding Protected Health Information We Maintain About You**

Under HIPAA, you have the following rights concerning your protected health information:

• **Right to Inspect and Copy Your Protected Health Information:** In most cases, you have the right to inspect and obtain a copy of the protected health information that we maintain about you. To inspect and copy protected health information, you must submit your request in writing to us at **MedMutual Protect, Attention: Privacy Official, 601 East Britton Road, Oklahoma City, OK 73114-7710**. To receive a copy of your protected health information, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of protected health information will not be made available for inspection and copying. This includes psychotherapy notes; and may also include protected health information collected by us in connection with, or in reasonable anticipation of, any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your protected health information. If we do, you may request that the denial be reviewed. An individual we choose who was not involved in the original decision to deny your request will conduct the review. We will comply with the outcome of that review.

• **Right to Amend Your Protected Health Information:** If you believe that your protected health information is incorrect or incomplete, you have the right to ask us to amend your protected health information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to us at the address noted above. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend protected health information that (1) is accurate and complete; (2) was not created by us, unless the person or entity that created the protected health information is no longer available to make the amendment; (3) is not part of the protected health information kept by or for us; or (4) is not part of the protected health information that you would be permitted to inspect and copy.

• **Right to a List of Disclosures:** You have the right to request a list of the disclosures of your protected health information we have made.

This list will not include disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to the address noted above. Your request 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, or such earlier date as may be provided under HIPAA. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

• **Right to Request Restrictions:** You have the right to request a restriction or limitation on protected health information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing to the address noted above. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on protected health information uses or disclosures that are legally required, or which are necessary to administer our business.

• **Right to Request Confidential Communications:** You have the right to request that we communicate with you about protected health information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the address noted above and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

• **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact **MedMutual Protect, Attention: Privacy Official, 601 East Britton Road, Oklahoma City, OK 73114-7710**. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions on how to file a complaint, please contact our Customer Service Department by telephone at 1-800-654-9106.

### **Additional Information**

**Changes to this Notice:** We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any protected health information we receive in the future. The effective date of this notice is noted above. We will mail you a copy of any revised notice.

**Further Information:** If you have questions regarding this notice or to obtain another copy of it, you may contact us by mail at **MedMutual Protect, Attention: Privacy Official, 601 East Britton Road, Oklahoma City, OK 73114-7710** or by telephone at **1-800-654-9106**. A copy of this notice also appears on our web site at [www.medmutual.com/group](http://www.medmutual.com/group).