

WOODMEN OF THE WORLD ASSURED LIFE ASSOCIATION

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.

Dear Member:

This is your Notice of Protected Health Information (PHI) Privacy Practices from Woodmen of the World and/or Assured Life Association (**WOW/ALA**). **Please read it carefully.** You have received this notice because of your Medicare Supplement Insurance that is underwritten by Woodmen of the World and/or Assured Life Association. This notice refers to WOW/ALA by using the terms "us," "we," or "our."

This notice describes how we protect the PHI we have about you which relates to your WOW/ALA Medicare Supplement Insurance certificate, and how we may use and disclose this information. This notice also describes your rights concerning your 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.

WOW/ALA 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 this notice of our legal duties and privacy practices with respect to your PHI; and
- follow the terms of this notice.

We **protect** your PHI from inappropriate use or disclosure. Our employees, and those employees of companies that help us service your Medicare Supplement Insurance certificate, are required to comply with our requirements that protect the confidentiality of PHI. They may look at your PHI only when there is an appropriate reason to do so, such as to administer our products or services.

We will **not disclose** your PHI to any other company for their use in marketing their products to you. However, as described below, we will use and disclose PHI about you for business purposes relating to your insurance coverage.

The main reasons for which we may **use** and may **disclose** your PHI are to evaluate and process any requests for coverage and claims for benefits you may make or in connection with other health-related benefits or services that may be of interest to you. The following describe these and other uses and disclosures:

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 certificate. 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 certificate. We may also disclose PHI to other insurance carriers to coordinate benefits with respect to a particular claim.

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- **For Health Care Operations.** We may use and disclose PHI about you in order to operate our business. These purposes include evaluating a request for insurance products or services, administering those products or services, and processing transactions requested by you. For example, we use PHI about you in order to underwrite your insurance certificate. We may also disclose PHI to business associates outside of WOW/ALA, 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

- **Where Permitted or Required by Law or for Public Health Activities.** We disclose PHI when permitted or required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing PHI to a governmental agency or regulator with health care oversight responsibilities. We may also release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- **Prevention of a Serious Threat to Health or Safety.** We may disclose PHI to prevent a serious threat to someone's health or safety. We may also disclose PHI to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.
- **Related Benefits and Services.** We may contact you to inform you of benefits or services related to your certificate that may be of interest to you.
- **For Law Enforcement or Specific Government Functions.** We may disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose PHI about you to federal officials for 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 PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. We may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.
- **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.
- **Involvement in Individual's Care.** In certain limited circumstances, we may, without your written authorization, disclose your PHI to a family member, other relative, your close personal friend or any other person you may identify. In these circumstances, we would only disclose that PHI which is directly relevant to that person's involvement with your care or with payment for your care. Without your written authorization, we may also disclose your PHI to a family member, your personal representative or another person responsible for your care to notify them of your location, general condition or death or to assist any of those persons in identifying or locating you.

If you are present when we propose to make such a disclosure or otherwise available prior to the disclosure and have the capacity to make health care decisions, we will only disclose your PHI if:

- We obtain your agreement;
- Provide you an opportunity to object and you do not; or

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- We reasonably infer from the circumstances, based on the exercise of professional judgment that you do not object to the disclosure.

If you are not present, are incapacitated or it is an emergency when we propose to make such a disclosure, we may make the disclosure if, in the exercise of our professional judgment, we determine that it is in your best interests to do so. If you have designated a person to receive information regarding payment of the premium on your Medicare Supplement Insurance certificate, we will inform that person when your premium has not been paid.

We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

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 or that of your legal representative, unless otherwise permitted or required by law as described in this notice. You or your legally authorized representative 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 should understand that we will not be able to take back any disclosures we have already made with authorization. You may not revoke your authorization to the extent that other law provides us with the right to contest a claim under the certificate, 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 care 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 legal 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

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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 health care operations, or as permitted or 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.

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 PHI we already have about you as well as any PHI we receive in the future. The effective date of this notice and any revised or changed notice may be found on the last page, on the bottom right hand corner of the notice. If we make material changes to our privacy practices, copies of revised notices will be mailed to all certificateholders then covered by a Medicare Supplement Insurance certificate.

Contacting Us

In order to exercise any of your rights as set forth in this notice, please send your request in writing to:

**Compliance Office
Woodmen of the World / Assured Life Association
8000 East Maplewood Ave, Ste 105
Greenwood Village, CO 80111**

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

- Your full name
- Address
- Date of Birth
- Certificate 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 Office at the above address or call 800-777-9777. You may also view this notice or our general privacy policy from our website at www.denverwoodmen.com. Click on the "**About Your Privacy**" link.