



P.O. Box 1650 • Little Rock, AR 72203-1650
(501) 375-7200 • (800) 648-0271

Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice

By law, USABLE Life is required to protect the privacy of your protected health information. We must also give you this notice to tell you how we may use and give out (“disclose”) your protected health information held by us.

USABLE Life must use and give out your protected health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative);
- To the Secretary of the Department of Health and Human Services, if necessary to make sure your privacy is protected; and
- Where required by law.

USABLE Life has the right to use and give out your protected health information to perform business operations. For example:

- We can use your protected health information to pay or deny your claims or to collect your premiums.
- Members of our staff may use this information in an effort to continually improve the quality and effectiveness of the benefits and service we provide.
- We may disclose protected health information to your employer, if your employer arranges for your insurance. We may disclose de-identified protected health information to the appropriate areas so they can modify benefits, work to control overall plan costs, and improve service levels. This information may be in the form of routine reporting or special requests.
- We may disclose protected health information to others who are contracted to provide services on our behalf. Some services are provided in our organization through contracts with others. Examples may include claim investigation/management, medical record retrieval, reinsurance, and the copy service we use when making copies of your health record. Our contracts require these business associates to appropriately protect your information.
- Members of our staff, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in the payment of your claims or collection of your premiums. An example would be your spouse calling to verify a claim was paid or the amount paid on a claim.
- If you are covered by one or more of our Duo Accident, Duo Critical Illness, or Duo Hospital Indemnity policies, we share information with your health insurer for purposes of paying claims under those policies.

USABLE Life may use or give out your protected health information for the following purposes, under limited circumstances:

- To state agencies that have the legal right to receive USABLE Life data (such as to make sure we are making proper payments);
- For public health activities (such as reporting disease outbreaks);
- For government oversight (such as fraud and abuse investigations);
- For judicial and administrative proceedings (such as in response to a subpoena or other court order);
- For law enforcement purposes (such as providing limited information to locate a missing person);
- To avoid a serious and imminent threat to health or safety;
- To contact you regarding new or changed benefits.

By law, USABLE Life must have your written permission (an “authorization”) to use or give out your protected health information for any purpose other than payment or business operations or other limited exceptions outlined here or in the privacy regulation. You may take back (“revoke”) your written permission at any time, except it will not apply if we have already acted based on your permission.

Your Rights Regarding Medical Information About You

By law, you have the right to:

- See and get a copy of your protected health information that is contained in a designated record set that was used to make decisions about you.
- Have your protected health information amended if you believe that it is wrong, or if information is missing, and USABLE Life agrees. If USABLE Life disagrees, you may have a statement of your disagreement added to your protected health information record.
- Receive a listing of those getting your protected health information from USABLE Life. The listing will not cover your protected health information that was given out to you or your personal representative; that was given out for payment or business operations; that was given out based on an authorization signed by you; or that was given out for law enforcement purposes.
- Ask USABLE Life to communicate with you in a different manner or at a different place (for example, by sending your correspondence to a P.O. Box instead of your home address) if you are in danger of personal harm if the information is not kept confidential.
- Ask USABLE Life to limit how your protected health information is used and given out to pay your claims and perform business operations. Please note that USABLE Life may not be able to agree to your request.

To Exercise Your Rights

If you would like to contact USABLE Life for further information regarding this notice or the exercise of any of the rights described in this notice, you may do so by contacting our Privacy Office at the following telephone numbers:

USABLE Life
(501) 375-7200 (Little Rock) or (800) 648-0271 (toll-free)

Changes to This Notice

We are required by law to abide by the terms of this notice. We reserve the right to change this notice and make the revised or changed notice effective for medical information we already have about you as well as any future information we receive. When we make changes, we will notify you by sending a revised notice to the last known address we have for you.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with USABLE Life or with the Secretary of the Department of Health and Human Services. You may file a complaint with USABLE Life by writing to the following address:

USABLE Life
ATTN: Privacy Officer
P.O. Box 1650
Little Rock, AR 72203-1650

Or electronically to:
privacyoffice@usablelife.com

We will not penalize or in any way retaliate against you for filing a complaint with the Secretary or with us.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: 1) be in writing; 2) contain the name of the entity against which the complaint is lodged; 3) describe the relevant problems; and 4) be filed within 180 days of the time you became or should have become aware of the problem.

Effective Date

The provisions of this notice become effective April 14, 2003.

Note: Unless you have questions regarding this notice, no reply is necessary.