

HIPAA NOTICE OF PRIVACY PRACTICES – PROTECTED HEALTH INFORMATION

NTA LIFE INSURANCE COMPANY OF NEW YORK

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 COMMITMENT TO YOUR PRIVACY

In providing you with the policies and services you have requested, we deal with your **individually identifiable health information** ("IHI"). The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires us to maintain the privacy of IHI. The law also requires us to provide notice of our legal duties and privacy practices concerning your IHI. Where state law prohibits or materially limits our uses and disclosures of **protected health information** ("PHI"), as set forth below, we will restrict our uses or disclosure of your PHI with the more stringent standard.

We may change our notice of privacy practices. If we change our notice, we will mail a copy to all policyholders covered under a regulated Health Plan. Any change to this notice will be effective for past, current and future records. We are required to follow the terms of the notice of privacy practices that is then in effect. You may request a copy of our current notice at any time by contacting our Director of Compliance as listed in the Contact Information.

HEALTH PLANS AFFECTED BY THIS NOTICE

Health Plan includes the policies, riders, and any combination thereof subject to the HIPAA privacy requirements stated in this notice. These include cancer and heart plans, flexible health care spending accounts, and other policies or riders that meet the HIPAA definition of a health plan. Disability income and life insurance plans do not meet the HIPAA definition of a health plan.

PROTECTED HEALTH INFORMATION ("PHI")

PHI means the IHI that is created or received by us if it meets the following tests. PHI must relate to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual. PHI must also identify the individual or provide a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

REQUIRED USES AND DISCLOSURES FOR HEALTH INFORMATION

The law requires us to make these disclosures.

- **To You.** We must disclose your PHI or an accounting of disclosures to you at your request. We are not required to disclose psychotherapy notes, information compiled for legal proceedings, laboratory results where the Clinical Improvement Act prohibits access, or information held by research laboratories. We must also disclose your IHI to someone else that you have authorized to represent you.
- **To HHS.** We must disclose your PHI to the Secretary of the Department of Health and Human Services (HHS), as necessary for the Secretary to enforce our compliance with the law.
- **As Required By Law.** We must disclose your PHI for public health purposes or suspected abuse, neglect, or domestic violence.

PERMITTED USES AND DISCLOSURES

We are permitted to use and disclose PHI, without your authorization, for certain purposes or situations.

- **Payment.** We may use and disclose your IHI to obtain or provide payment for the health care provided to you. For example, we may contact your health care provider to verify that you received treatment and to get details of your treatment. We will also provide an explanation of benefits ("EOB") for benefits we pay. The EOB may include information about all individuals insured under a single policy. If you are available and do not object, we may disclose your IHI to your family and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated, we may also share IHI with such individuals. For example, we may use our judgment to disclose IHI to your family concerning the processing of a claim. If you do not wish us to share IHI with your family or others, you may exercise your right to request a restriction on our disclosure of your IHI. See "Requesting Restrictions."
- **Insurance Operations.** We may use and disclose your IHI in order to underwrite and rate the policies you apply for, to administer reinsurance, offer additional products and other general administrative activities including claim services or customer service. We may disclose your PHI as necessary to others with whom we contract for administrative services. These include attorneys, auditors, accreditation services, consultants, and other similar organizations.
- **Business Associates.** We disclose PHI to companies and professionals we work with. These include reinsurance companies, who may create or receive IHI on our behalf.
- **Coroners.** We may disclose PHI to coroners, medical examiners, and/or funeral directors consistent with the law.
- **Industry Regulation.** We disclose PHI to state insurance departments or other governmental agencies that regulate us.
- **Law Enforcement.** We disclose PHI to federal, state or local law enforcement officials.
- **Limited Data Sets.** We may disclose limited amounts of your PHI contained in limited data sets.
- **Judicial or Administrative Proceedings.** We disclose PHI in response to legal and administrative processes.
- **Public Welfare.** We disclose PHI to in matters of public interest; public health purposes; and suspected abuse, neglect, or violence.
- **Serious Threat.** We may disclose PHI to prevent serious harm to the public or to an individual.
- **Specialized Purposes.** We disclose PHI of members of the armed forces as authorized by military command authorities. We disclose only as much IHI as necessary for national security, intelligence, and protection of the president.
- **Workers Compensation.** We disclose PHI to workers' compensation agencies if necessary for your benefit determination.
- **As Permitted By Law.** We may disclose your PHI without your consent, as permitted by law.

PERMISSION FOR OTHER USES AND DISCLOSURES

If we wish to use or disclose your IHI for any purpose not identified in this notice and not permitted by law without your consent, we will first obtain your written permission. You may revoke such permission at any time **in writing**. However, you may not revoke uses and disclosures that are permitted or required by law. If you revoke your permission, then we will no longer use or disclose your IHI for the reasons described in the permission, except to the extent that:

- We have taken action in reliance on your authorization before we received your written revocation.
- You were required to give us your authorization as a condition of obtaining coverage, and we have a right by law to contest a claim under your policy or the policy itself.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. **Confidential Communications.** You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at work, rather than at home. You must send such a request **in writing** at the address below. You must specify the method of contact or the location where you wish to be contacted. For us to consider your request, it must clearly state that the disclosure of all or part of your information could endanger you.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IHI for payment or health care operations. You also have the right to request that we limit our disclosure of your IHI to individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request. However, if we do, we are bound by our agreement except when otherwise required by law. Your written request must describe:
 - The information you wish to restrict;
 - Whether you are requesting to limit our use or disclosure, or both; and
 - To whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you. This includes medical and billing records, but not psychotherapy notes. In order to inspect and/or obtain a copy of such information, you must submit a request **in writing** to us. We may charge a reasonable fee for the costs associated with your request. We may deny your request when access to the information is restricted by law or was gathered in reasonable anticipation of, or for use in, a legal or administrative action or proceeding. Our denial may be reviewable in certain situations.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete. You may request an amendment for as long as the information is kept by or for us. To request an amendment, you must submit a request to us **in writing**. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request and the reason for your request **in writing**. Also, we may deny your request if you ask us to amend information that is:
 - Accurate and complete;
 - Not part of the health information kept by or for us;
 - Not part of the health information that you would be permitted to inspect and copy; or
 - Not created by or for us, unless the person or entity that created the information is not available to amend it.
5. **Accounting of Disclosures.** You have the right to request a list of disclosures we have made of your PHI, other than disclosures:
 - To carry out payment or health care operations;
 - To you or someone that you have authorized;
 - To persons involved in your care or payment, for disaster relief, or for facility directories;
 - For national security or intelligence purposes, as provided by law;
 - To law enforcement officials, as provided by law;
 - Incident to uses or disclosures permitted or required by law;
 - Made prior to April 14, 2003.

In order to obtain this accounting, you must submit your request **in writing** to us. Your request must state a time period, less than six years. Your request may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge. We may charge you for any additional lists you request within the same 12-month period. We will notify you of any cost involved with additional requests.

6. **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this notice upon request.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with HHS. All complaints must be submitted to us **in writing** within 180 days of the date you know or should have known of the event giving rise to the complaint. You will not be retaliated against for filing a complaint.

CONTACT INFORMATION

Written requests or complaints under this notice or questions about it should be directed to:

NTA Life Insurance Company of New York Administrative Office, Attention: Director of Compliance, P.O. Box 802207, Dallas, TX 75380. Questions may also be directed to our Customer Service Department at 1-855-NTA-LIFE (682-5433).

Applicable to: NTA Life Insurance Company of New York; National Teacher Associates, Inc. and affiliated state licensed agency corporations (affiliated agencies); and NTA Life Business Services Group, Inc. (third party administrator and HIPAA Business Associate).