

# STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

## *NOTICE OF 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.**

**If you have any questions about this Notice, please contact:**

**William J. Hogan**

**Privacy Officer**

**1 Moody Plaza,**

**Galveston, Texas 77550**

**[HIPAA.COMPLIANCE.OFFICER@ANICO.COM](mailto:HIPAA.COMPLIANCE.OFFICER@ANICO.COM)**

**281.538.4844**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to protect the privacy of your information, provide this notice about our information practices, and abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. You can request a copy of our notice at any time.

### **Uses and Disclosures of Protected Health Information**

We use protected health information about you for health care operations, underwriting, claims processing and policyholder service. For example, we would use or disclose protected health information to MIB, a non-profit membership organization of life and health insurance companies, which operates an information exchange on behalf of its members.

Any other uses or disclosures of your protected health information will be made only with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

We may use or disclose identifiable health information about you without your authorization for other reasons. Subject to certain requirements, we may disclose protected health information without your consent or authorization as for public health purposes, for auditing purposes, for research studies, and for emergencies.

We also provide protected health information when otherwise required by law, or for law enforcement purposes, legal proceedings, military activity and national security, to a coroner, funeral director or medical examiner, and when required by the Secretary of the Department of Health and Human Services.

## Your Rights

Although your health record is the physical property of Standard Life and Accident Insurance Company, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- obtain a paper copy of the notice of privacy practices upon request
- inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- amend your health record as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose protected health information except to the extent that action has already been taken

You have the right to inspect and copy your protected health information for as long as we maintain the protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Officer if you have questions about access to your records.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree to a restriction that you may request. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction.

You have the right to amend your protected health information. This means you may request an amendment of protected health information about you in a record for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your records.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Your Rights (cont.)

You have a right to request receipt of confidential communications by alternative means or at alternative locations if you clearly state that disclosure could endanger you. You have the right to have this request reasonably accommodated.

You have the right to obtain a paper copy of this notice from us.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer, William J. Hogan, HIPAA Privacy Officer, Standard Life and Accident Insurance Company, 1 Moody Plaza, Galveston, TX 77573, [hipaa.compliance.officer@anico.com](mailto:hipaa.compliance.officer@anico.com), 281.538.4844 for further information about the complaint process.

This notice was published and becomes effective on April 14, 2003.