



## NOTICE OF PRIVACY PRACTICES

### **EFFECTIVE DATE:**

This Notice of Privacy Practices is effective December 1, 2008.

**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.**

The terms of this Notice of Privacy Practices apply to Great American Financial Resources Health Insurance Companies operating as affiliated covered entities<sup>1</sup> with Central Reserve Life Insurance Company, Continental General Insurance Company, Great American Life Insurance Company's Long Term Care Insurance Division, Loyal American Life Insurance Company, Provident American Life & Health Insurance Company, United Benefit Life Insurance Company and United Teacher Associates Insurance Company.

The terms of this Notice of Privacy Practices apply to, for example, the following types of insurance policies: long term care insurance; Medicare supplement insurance; major medical insurance; cancer insurance; heart attack and/or stroke insurance; hospital surgical policies; dental insurance; hospital or intensive care unit insurance policies that pay benefits on an expense incurred basis; or any other coverage that meets the definition of "health plan" as defined in the HIPAA Privacy Regulation. The terms of this Notice of Privacy Practices do not apply to, for example, the following types of insurance policies: life insurance; annuities; accident insurance; disability income insurance; hospital or intensive care policies that pay benefits on an indemnity basis; or any other coverage that does not meet the definition of "health plan" as defined in the HIPAA Privacy Regulation.

### **OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:**

We understand that certain medical information about you and your health is protected. We are committed to protecting health information about you, in accordance with pertinent laws and regulations. This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your protected health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to protected health information about you; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make

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<sup>1</sup> To the extent that any of the affiliated covered entities administers a covered policy on behalf of another insurance company, this Notice of Privacy Practices is also being provided on behalf of such other insurance company that originally issued the policy.

the new Notice effective for all protected health information maintained by us. If material changes to our Privacy Practices are made, copies of revised Notices will be mailed to all named insureds then covered under applicable health plans.

As an insured under the covered policies, you have the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means. Copies may be obtained by mailing a written request to our Privacy Officer at the address identified at the end of this Notice.

**Protected Health Information.** Protected health information means information that is created or received by any one of the companies identified at the top of this Notice and relates to the past, present, or future physical or mental health or condition of a person who is covered by any one of the types of insurance policies to which this Notice applies; the provision of health care to such covered person; or the past, present, or future payment for the provision of health care to such covered person; and that identifies such covered person or for which there is a reasonable basis to believe that the information can be used to identify the covered person.

## **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

**Your Authorization.** Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing, except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining insurance and we have the right, under other law, to contest a claim under the policy, or the policy itself.

**Uses and Disclosures for Payment.** We will make uses and disclosures of your protected health information as necessary for payment purposes. For instance, we may use information regarding your medical procedures and treatment to process claims and to determine coverage, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health benefits plan. We may also forward such information to another health plan that may also have an obligation to process and pay claims on your behalf.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your protected health information as necessary for our health care operations which may include credentialing health care providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to your health benefits plan.

**Disclosures for Treatment.** We will make disclosures of your protected health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain components of your protected health information that we hold in order to make decisions about your care.

**Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your protected health information to family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. If you have designated a person to receive information regarding payment of the premium on your policy, we will inform that person when your premium has not been paid. We may also disclose limited protected health information 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.

**Business Associates.** Certain aspects and components of our services may be performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial services, legal services, etc. At times it may be necessary for us to provide certain of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations.

**Other Health-Related Products or Services.** We may, from time to time, use your protected health

information to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services which may be available to you as an insured. For example, we may use your protected health information to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as an insured. We will not use your protected health information to communicate with you about products or services which are not health-related without your written permission.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your protected health information without your authorization.

- We may use or disclose your protected health information for any purpose required by law.
- We may disclose your protected health information for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may disclose your protected health information if we suspect child abuse or neglect. We may also disclose your protected health information if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your protected health information to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your protected health information in the course of a judicial or administrative proceeding; for example to respond to a subpoena or discovery request.
- We may disclose your protected health information to the proper authorities for law enforcement purposes.
- We may disclose your protected health information to coroners, medical examiners and/or funeral directors.
- We may use or disclose your protected health information for cadaveric organ, eye or tissue donations.
- We may use or disclose your protected health information to avert a serious threat to health or safety.
- We may disclose your protected health information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy.
- We may use or disclose your protected health information if you are a member of the military as required by armed forces services. We may also use or disclose your protected health information for other specialized government functions such as national security or intelligence activities.
- We may disclose your protected health information to workers' compensation agencies for your workers' compensation benefit determination.
- We may use or disclose your protected health information if it is included within a limited data set. However, we will not disclose your protected health information in a limited data set without first entering into a data use agreement with the recipient of the limited data set.
- We will, if required by law, disclose your protected health information to the Secretary of the Department of Health and Human Services for enforcement of the Health Insurance Portability and Accountability Act (HIPAA).

In the event applicable law other than the HIPAA Privacy Regulation prohibits or materially limits our uses and disclosures of protected health information as set forth above, we will restrict our uses or disclosures of your protected health information in accordance with the more stringent standard.

## RIGHTS THAT YOU HAVE

**Access to Your Protected Health Information.** You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. All requests for access must be made in writing, must state that you want to access your protected health information, and must be signed by you or your representative. If you request a copy of your protected health information, we will charge a reasonable fee based on our costs. You may obtain an access request form by contacting our Privacy Officer at the address identified at the end of this Notice.

**Amendments to Your Protected Health Information.** You have the right to request in writing that protected health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction requested. You may obtain an amendment request form by contacting our Privacy Officer at the address identified at the end of this Notice.

**Accounting for Disclosures of Your Protected Health Information.** You have the right to receive an accounting of certain disclosures made by us of your protected health information. You may request an accounting of the types of disclosures as described above under the title "Other Uses and Disclosures" except for disclosures made for national security or intelligence purposes. Requests must be made in writing and signed by you or your representative. You may obtain an accounting request form by contacting our Privacy Officer at the address identified at the end of this Notice. The first accounting in any 12-month period is free. We will charge a reasonable fee based on our costs for each subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your Protected Health Information.** You have the right to request restrictions on certain of our uses and disclosures of your protected health information for insurance payment or health care operations, disclosures made to persons involved in your care and disclosures for disaster relief purposes. All requests for a restriction must be in writing and mailed to our Privacy Officer at the address identified at the end of this Notice. Your request must describe in detail the restriction you are requesting. We are not required to agree to your restriction request. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate any agreed-to restriction by sending such termination Notice to our Privacy Officer at the address identified at the end of this Notice.

**Requests for Confidential Communications.** You have the right to request that communications regarding your protected health information be made by alternative means or at an alternative location. We will accommodate reasonable requests if you inform us that disclosures of all, or part of, the information could endanger you. Requests for confidential communications must be in writing, signed by you or your representative, and mailed to our Privacy Officer at the address identified at the end of this Notice.

**Complaints.** If you believe your privacy rights have been violated, you can file a written complaint with our Privacy Officer at the address identified at the end of this Notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. You will not be penalized for filing a complaint.

## FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact:

Great American Financial Resources Health Insurance Companies

ATTN: Privacy Officer

P.O. Box 26580

Austin, Texas 78755-0580

1-800-880-8824