

# Sentinel Security Life Insurance Company

## HIPAA NOTICE OF PRIVACY PRACTICES

### FOR PROTECTED HEALTH INFORMATION

#### Use and Disclosure of Protected Health Information without Your Written Authorization

**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.**

#### Why You Are Receiving This Notice

This notice describes how Sentinel Security Life Insurance Company (Sentinel) and its affiliated companies protect Protected Health Information related to your Health Plan and how we use and disclose that information.

The Health Insurance Portability and Accountability Act (HIPAA) requires us to:

- Maintain the privacy of your Protected Health Information;
- Provide you with this notice of our legal duties and privacy practices with respect to your Protected Health Information; and
- Follow the terms of this notice.

If you reside in a state whose law provides privacy protections more stringent than those provided by HIPAA, we will maintain the privacy of your Protected Health Information as required by your stricter state law. We are required to maintain the privacy of your Protected Health Information for 50 years following your death.

#### Definitions

**Protected Health Information** means information about an individual that is created or received by Sentinel that either identifies the individual or, based on a reasonable belief, could be used to identify the individual, and that relates to:

- The past, present or future physical or mental health condition of the individual;
- The provision of health care to the individual; or
- The past, present or future payment for the provision of health care to the individual.

**Health Plan** is defined by HIPAA to include the following individual and group insurance products: major medical, Medicare supplement, hospital indemnity, long term care, dental, specified disease (such as cancer) and pharmacy benefit plans.

#### Use and Disclosure of Protected Health Information with Your Written Authorization

We will not use or disclose your Protected Health Information without your written authorization unless the use or disclosure is described in this notice. If you give us written authorization to use or disclose your Protected Health Information, you have a right to revoke the authorization at any time by writing to the contact listed at the end of this notice. However, any action Sentinel or others have already taken in reliance on the authorization cannot be changed.

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#### For Payment

We may use and disclose your Protected Health Information without your authorization if it is needed for payment purposes. For Example, we may use or disclose information about your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary or to preauthorize or certify services covered under your Health Plan. We may also disclose your Protected Health Information for payment purposes to a health care provider or another "Health Plan" issued by a different insurance company or HMO.

#### For Health Care Operations

We may use and disclose your Protected Health Information without your authorization if it is needed for our health care operations. Health care operations include our usual business activities. For example, business management, accreditation and licensing, peer review, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to servicing your Health Plan. However, we are prohibited from using or disclosing genetic information about you for underwriting purposes unless we are underwriting long term care coverage.

#### To Individuals Involved in Your Care

In certain limited situations we may, without your permission, disclose your Protected Health Information, either before or after your death, to a family member, or other relative, your close personal friend or any other person involved in your health care. In these circumstances, we only disclose the Protected Health Information that is relevant to that person's involvement with your care or with the payment of your care.

Without your permission, we may disclose your Protected Health Information to a family member, your personal representative or another person responsible for your care to notify them of your location, general condition, death or to assist any of these people in identifying or locating you.

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

- We obtain your agreement;
- We provide you an opportunity to object and you do not; or
- 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 need 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.

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If you have designated a person to receive information regarding payment of the premium on your long-term care or Medicare supplement 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.

#### **To Our Business Associates**

We may disclose Protected Health Information to an affiliate or to a business associate outside of Sentinel if they need Protected Health Information to provide a service to us and have confirmed that they follow the HIPAA rules relating to the protection of Protected Health Information. Examples of these business associates include our insurance agents, financial auditors, quality accreditation services, actuaries and underwriting support and billing service providers, claim payment administrators, information technology service or system providers and collection agencies.

#### **For other Products and Services**

We may contact you, without your permission, to provide information regarding other health related benefits and services that may be of interest to you. For example, we may use and disclose your Protected Health Information, without your permission, to tell you about our health insurance products that could enhance or substitute for your existing coverage, and about health related products and services, such as case management or care coordination, that may add value to you. If you would like to opt-out from receiving marketing materials, please contact us at 1-800-247-1423.

#### **For Other Uses and Disclosures**

We are permitted or required by law to make some other uses and disclosures of your Protected Health Information without your permission. Examples of these uses and disclosures include:

- We may release your Protected Health Information, if required by law, to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.
- We may release your Protected Health Information if required to do so by a court order or administrative court ordered subpoena or discovery request. In most cases you will have notice of such a release.
- If you receive your health coverage through a group Health Plan, we may release your Protected Health Information to your plan sponsor for their benefits administration activities.
- We may release your Protected Health Information for public health activities, such as required reporting of disease, injury, birth and death and for required public health investigations.
- We may release your Protected Health Information, as required by law, if we suspect child abuse or neglect or if we believe you to be a victim of abuse, neglect or domestic violence.
- We may disclose your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls.
- We may release your Protected Health Information to law enforcement officials, as required by law, to report wounds, injuries or crimes.
- We may release your Protected Health Information, if we believe it is necessary to do so, to arrange an organ or tissue donation from you or a transplant to you.
- We may release your Protected Health Information to coroners and/or funeral directors consistent with law.

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- We may release your Protected Health Information for a national security or intelligence activity or, if you are a member of the military, as required by the armed forces.
- We may release your Protected Health Information to workers' compensation agencies, if necessary, for your workers' compensation benefit determination. All other uses and disclosures, including those for marketing purposes and disclosure that constitute the sale of medical information, require your written authorization.

#### **Your Rights**

##### **Right to Inspect and Copy Your Protected Health Information**

You have the right to inspect and receive a copy of your Protected Health Information that is in a designated record set. You may request your records be in paper or electronic format. All requests for access to Protected Health Information must be made in writing and signed by you or your authorized representative. We may charge you a fee for each page and an administrative fee for processing your request. We will inform you of the fee before we process your request. We may deny access to your Protected Health Information for certain reasons. The reasons will be made available in writing at the time of the denied request. We will also provide you with information about how you can file an appeal if you are not satisfied with our decision. You may obtain an access request form by contacting us using the contact information at the end of this notice. We do not keep complete copies of your medical record. If you would like a copy of your medical record, send your doctor a written request.

##### **Right to Amend Your Protected Health Information**

You have the right to request that the Protected Health Information we maintain about you be amended. We are not obligated to make all requested amendments, but will give each request careful consideration. All amendment requests must be in writing, signed by you or your authorized representative, and must state the reasons for the amendment request. You may obtain an amendment request form by contacting us using the contact information at the end of this notice. If the amendment request is part of your medical record, you will need to contact the doctor who wrote the record and request a change. Once the medical record had been changed, have your doctor send a copy to us for our files.

##### **Right to an accounting of the Disclosure of Your Protected Health Information**

You have the right to receive an accounting of certain disclosures we made of your Protected Health Information during the six years prior to the date the accounting is requested. All requests must be made in writing and signed by you or your authorized representative. Examples of disclosures we are required to account for include those to state insurance departments, pursuant to a legal process, or for law enforcement purposes. Examples of disclosures not subject to such accounting include those made to carry out our payment or health care operations, or those made with your authorization. Your request must give the time period that you want to know about. You may obtain an accounting request form by contacting us using the contact information at the end of this notice. There will be no charge for the first accounting in any 12-month period. For additional accountings in any 12-month period, you may be charged a fee. The fee will be a per-page fee and an administrative fee. We will inform you of the fee before we process your request. We may also charge you postage costs associated with your request. We may charge you postage costs associated with your request for additional accountings during any 12-month period.

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**Right to Request Confidential Communications**

You have the right to request that communications from us regarding your Protected Health Information be sent by alternative means or to alternative locations. For instance, you may ask that messages not be left on voice mail or that correspondence not be sent to a particular address. We are required to accommodate your request if you inform us that disclosure of all or part of your information could place you in danger. You may request confidential communications in writing and may send your request to the contact identified at the end of this notice.

**Right to request Restrictions on Use and Disclosure of Your Protected Health Information**

You have the right to request restrictions on some of our uses and disclosures of your Protected Health Information for medical treatment, payment, or health care operations by notifying us in writing of your request for a restriction; mailed to the contact 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 requests, but will attempt to accommodate your request. We retain the right to terminate an agreed-to restriction. In the event of a termination by us, we will notify you of such termination, but the termination will only be effective for Protected Health Information we receive after we have notified you of the termination. You also have the right to terminate in writing, or orally, any agreed-to restriction by sending your termination to the contact identified at the end of this notice.

**Right to be Notified Following a Breach of Unsecured Protected Health Information**

You have the right to and will receive a notification if Sentinel or one of its business associates has a breach of information security involving your unsecured Protected Health Information.

**Complaints**

If you believe your privacy rights have been violated, you can file a complaint with Sentinel or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Sentinel, send the complaint in writing to the contact identified at the end of this notice. There will be no retaliation for filing a complaint.

**Changes to This Notice**

We are required to abide by the terms of this notice for as long as it remains in effect. We reserve the right to change the terms of this notice and make a new notice effective for all Protected Health Information maintained by us, including Protected Health Information, which was received by us before the effective date of the new notice. If we do revise our privacy notice, a copy of the new notice will be posted on our website at [www.sslco.com](http://www.sslco.com) and/or sent to you if the changes are material.

**Copies of This Notice**

You may obtain a paper copy of this notice at any time, even if you have already requested a copy by e-mail or other electronic means. Please contact us and we will mail it to you.

**Effective Date**

This notice is effective March 26, 2013/ Revised on October 15, 2018, April 23, 2024, and February 26, 2025.

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**Contact Information**

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

Sentinel Security Life Insurance Company  
Attn: Privacy Officer  
P.O. Box 25837  
Salt Lake City, UT 84125  
Privacy@sslco.com  
1-800-247-1423

