

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH 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 Transamerica Worksite Marketing (referred to as "we," "us," or "our") as an affiliated covered entity with respect to the medical expense coverage provided by the companies listed above (referred to as "Company" individually or as "Companies" collectively). We will share protected health information of insureds as necessary to carry out payment and health care operations as permitted by law.

The Companies are required by law to maintain the privacy of the protected health information of their insureds who have medical expense coverage and to provide them with notice of our legal duties and privacy practices with respect to their protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. Copies of revised notices will be mailed to all insureds who have medical expense coverage and copies may be obtained by mailing a request to the address provided at the end of this Notice.

### 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 other 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 we have taken any action in reliance on the authorization.

**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 and pay claims or forward such information to another health plan or another carrier which 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, and as permitted by law, for our health care operations which could include enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to the medical expense coverage you have with one of the Companies.

**Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your protected health information to designated 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.

**Business Associates.** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, 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 plan operations. They may also, in the course of performing services for us, obtain protected health information. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

**Payment of Claims and Other Services.** We may communicate with you regarding your claims, premiums or other things connected with your health plan. You have the right to request, and we will accommodate reasonable requests by you, to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish messages to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to the address provided at the end of this Notice.

**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:

- share protected health information with our operations that administer life insurance or disability insurance coverage you may have with one of the Companies in order to allow them to administer that other coverage.
- release your protected health information for any purpose required by law;
- release your protected health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- release your protected health information as required by law if we suspect child abuse or neglect or believe you to be a victim of abuse, neglect, or domestic violence;
- release your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;

- release your protected health information to your plan sponsor; provided, however, your plan sponsor must certify that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other employee benefit determinations or in any other manner not permitted by law;
- release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- release your protected health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- release your protected health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- release your protected health information to coroners and/or funeral directors consistent with the law;
- release your protected health information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- release your protected health information if you are a member of the military as required by armed forces services or if necessary for national security or intelligence activities; and
- release your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

#### **RIGHTS THAT YOU HAVE**

Any written requests to exercise these rights should be directed to the address provided at the end of this notice.

**Access to Your Protected Health Information.** You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. We are not always required to grant such requests but each request will be carefully reviewed and approved if warranted. All requests for access must be made in writing and signed by you or your representative. We may charge a reasonable fee according to our schedule of fees for copying, locating and retrieving copies of certain of your protected health information that we have. We will also charge for postage if you request a mailed copy and will charge for the time to prepare a summary of the requested information if you request such summary.

**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 requested amendment or correction. If we make an amendment or correction you request, we may also notify others who have copies of the uncorrected record, if we believe that such notification is necessary.

**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. Requests must be made in writing and signed by you or your representative. The first accounting in any 12-month period is free. You will be charged a fee according to our fee schedule 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 treatment, payment, or health care operations. Your request must describe in detail the restriction you are requesting. We are not required to agree to your request but will attempt to accommodate reasonable requests when appropriate and 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, in writing or orally, any agreed-to restriction.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint. The complaint must be in writing. 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. There will be no retaliation for filing a complaint.

#### **FOR FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, you may contact our Customer Service Department at 1-888-763-7474. As an insured 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.

#### **EFFECTIVE DATE**

This Notice of Privacy Practices is effective April 14, 2003.

**Transamerica Worksite Marketing  
Compliance Department  
P.O. Box 8063  
Little Rock, Arkansas 73302-8063**