

# 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.**

The following organizations within the Ullico Family of Companies use health information about you for payment, health care operations, and administrative purposes.

- The Union Labor Life Insurance Company

## Our Legal Duty

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Health Information Technology for Economic Clinical Health Act (“HITECH Act”) and applicable state law to maintain the privacy of your Protected Health Information (“PHI”) and to provide you with notice of our legal duties and privacy practices concerning PHI. 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 PHI maintained by us.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this notice.

## Definitions

"Protected Health Information" means individually identifiable health information, as defined by HIPAA, whether oral, written or electronic, that is created or received by us and that relates 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; and that identifies the individual or for which there is reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

# Uses and Disclosures of Your Protected Health Information

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

**Your Authorization** – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke the authorization in writing except to the extent that we have taken action in reliance upon the authorization.

**Uses and Disclosures for Payment:** We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatments to process and pay or reimburse claims. We may also disclose your PHI for the payment purposes of a health care provider or a health plan.

**Uses and Disclosures for Health Care Operations:** We may use and disclose your PHI in connection with our health care operations, which includes the following:

- Underwriting, premium rating and other activities related to the creation, renewal, reinsurance or replacement of health insurance;
- Quality assessment and improvement activities;
- Conducting training programs, accreditation, certification, licensing or credentialing activities;
- Medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- Business planning and development; and,
- Business management and general administrative activities, including management activities related to privacy, customer service, resolution of internal grievances, and creating de-identified health information or a limited data set.

We may also disclose your protected health information to another entity that has a relationship with you for its health care operations, as described above.

We may use your protected health information to contact you with information about health-related benefits and services, or treatment alternatives, which may be of interest to you.

**Family Involved in Your Care:** In emergency situations, we may disclose your PHI to health care providers and immediate family members prior to or after the rendering of treatment, for activities related to treatment, payment or healthcare operations. This information will be limited to a general description of your condition, location in the medical facility and the contact information at the medical facility. If you are available, you will be provided with the opportunity to object to the sharing of PHI.

**Business Associates:** At times we use outside persons or organizations to perform certain aspects of our business. Examples of these outside persons and organizations might include agents, brokers, third party administrators, cost containment vendors, underwriting services, and reinsurers. We will enter into a Business Associate Agreement (“BAA”) that governs the handling of PHI. The Business Associate may not further disclose the PHI other than as permitted by the BAA or as required by law.

**Other Uses or Disclosures:** We may make certain other uses and disclosures of your PHI without your authorization:

- We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order. ;
- We may disclose your PHI for public health activities, such as reporting disease, injury, birth and death, and for public investigations. We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI if authorized by law to government oversight agencies (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors;

- We may use or disclose your PHI for cadaveric organ, eye or tissue donation. We may use or disclose your PHI to avert serious threat to health or safety of a person or the public.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose your PHI if you are a member of the military, as required by armed forces services, and we may also disclose your PHI for other specialized government functions, such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of PHI, as described above, we will restrict our uses or disclosures of your PHI in accordance with the more stringent standard.

## Rights That You Have

**Access to Your PHI:** You have the right of access to copy and/or inspect your PHI that we maintain in designated record sets. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider). Requests for this information should be sent to Ullico Inc. Privacy Officer. We may charge you a fee for copying and postage. You may contact us using the information at the end of this notice for an explanation of our fee structure.

**Accounting for Disclosures of Your PHI:** You have the right to receive an accounting of certain disclosures made by us of your PHI within the last 6 years. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your personal representative. These requests should be sent to Ullico Inc. Privacy Officer. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your PHI:** You have the right to request restrictions on certain of our uses or disclosure of your PHI treatment, payment or

healthcare operations. For example, you may request that we do not disclose your PHI to your spouse. Your request must be in writing and 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. We retain the right to terminate an agree-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. You may make a request for a restriction (or termination of an existing restriction) by contacting us at the address below.

**Request for Confidential Communication:** You have the right to request that communications regarding your PHI be made by alternate means or alternate locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your personal representative, and sent to us at the address below.

**Amendments to Your PHI:** You have the right to request that PHI 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. To be considered, your amendment request must be in writing, must be signed by you or your personal representative, and must state the reasons for the amendment/correction request.

**Right to a Copy of the Notice:** You have the right to a paper copy of this Notice upon request by contacting us at the address below.

## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you believe that your privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing to the U.S. Department of Health and Human Services in Washington, D.C. within 180 days of a violation of your rights. We support your right to the privacy of your health information.

We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Contact Office Mailing Address:**

ULLICO Inc., Attn: Privacy Officer, 8403 Colesville Road, Silver Spring, MD 20910

Effective Date: This Notice is effective September 1, 2016