



**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)
NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION**

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.

We are required by law to maintain the privacy of Personal Health Information and to provide you with notice of our legal duties and privacy practices with respect to Personal 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 our Privacy practices, procedures, and terms of this HIPAA Notice of Privacy Practices for Personal Health Information (“Notice”) as necessary, and to make the new Notice effective for all personal health information maintained by us. If a material change is made to the terms of this Notice, a revised Notice will be provided to all primary insureds. You may also obtain a copy of the Notice by accessing our website at www.bostonmutual.com or by mailing a request to the address below.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Your Authorization

Except as outlined below, we will not use or disclose your Personal 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. We will honor your request to revoke as of the day we receive it and to the extent that we have not already used or disclosed your Personal Health Information in good faith with the authorization.

For Payment

We may use and disclose your Personal Health Information as necessary for payment purposes. For instance, we may use and disclose information regarding your medical care to process and pay claims.

For Health Care Operations

We may use and disclose your Personal Health Information as necessary, and as permitted by law, for our health care operations such as underwriting, customer service, premium rating, claims, fraud and abuse prevention and detection, and other functions related to your health policy. We may use and disclose your Personal Health Information to provide you with information about treatment alternatives or other benefits and services that may be of interest to you.

To Your Personal Representative

With your approval, we may disclose your Personal Health Information to designated family, friends, and others, to assist that person in caring for you or in 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 Personal Health Information with such individuals without your approval.

To Business Associates

At times it may be necessary for us to provide some Personal Health Information to one or more outside persons or organizations who assist us with our business activities. We require these business associates to appropriately safeguard the privacy of your information.

Additional Uses and Disclosures Without Your Authorization

We are permitted or required by law to make certain other uses and disclosures of your Personal Health Information without your authorization, including under the following conditions:

- for any purpose as required by law;
- for public health activities, such as required reporting of certain diseases;
- as required by law if we suspect child abuse or neglect;
- we may also release your Personal Health Information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- if required to do so by a court or administrative ordered subpoena, discovery request, or qualified protective order;
- to law enforcement officials as required by law;
- to coroners and/or funeral directors consistent with law;
- if necessary to arrange an organ or tissue donation from you or a transplant for you;
- for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- if you are a member of the military (*including veterans*) as required by armed forces services;
- we may also release your Personal Health Information if necessary for national security or intelligence activities;
- when necessary to avert a serious threat to your health or safety or to the health or safety of another individual or the public; or, to workers compensation agencies and similar programs if necessary for your workers' compensation benefit determination.

YOUR HIPAA PRIVACY RIGHTS

Right to Inspect and Copy Your Personal Health Information

You have the right to obtain a copy and inspect specific items of your Personal Health Information, such as your policy or claim information, for as long as we maintain it. We may deny your request to access certain Personal Health Information, as permitted or required by law. This includes psychotherapy notes and information collected by us in connection with, or in reasonable anticipation of or use in a civil, criminal or administrative action or proceeding. We may require your request for access in writing. Your request for access should contain as much detail as possible regarding the Personal Health Information you wish to review. We may charge a reasonable fee for access to your Personal Health Information.

Amendments to Your Personal Health Information

You have the right to request an amendment of the Personal Health Information we maintain about you if you believe it is incorrect. We are not legally obligated to make all requested amendments but will give each request appropriate consideration. Requests for amendment must be in writing and must state the reasons for the amendment request.

Accounting for Disclosures of Your Personal Health Information

You have the right to request a list or accounting of certain disclosures of your Personal Health Information. We are not legally obligated to provide an accounting of every disclosure but will give each request appropriate consideration. Requests must be made in writing. The accounting will not include disclosures made prior to April 14, 2003.

Restrictions on Uses and Disclosures of Your Personal Health Information

You have the right to request restrictions on certain uses and disclosures of your Personal Health Information for treatment, payment, or health care operations by notifying us of your request for a restriction in writing. We are not legally required to agree to your restriction request.

Confidential Communication of Personal Health Information

You have the right to request that communications regarding your Personal Health Information be provided to you at an alternative location or by alternative means. We will accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request. Any such request must be made in writing to the Privacy Officer at the address shown below.

Complaints

If you believe your privacy rights have been violated, you can file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services in Washington D.C., 200 Independence Ave. SW, Washington, DC 20201. There will be no retaliation for filing a complaint. All complaints must be submitted in writing.

How to Contact us

If you have questions or need further assistance regarding this Notice, or wish to exercise any of the above-mentioned rights, you may contact the HIPAA/Privacy Officer at the address below:

Life Insurance Company of Boston & New York
Privacy Office
277 North Avenue - Suite 200 • New Rochelle, NY 01801
(800) 645-2317 Ext. 650

Your State Privacy Rights

Your state law may provide additional privacy rights.

Effective date

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