

# 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.**

At Penn Treaty Network America Insurance Company (In Liquidation) (Penn Treaty Network America Life Insurance Company in California), American Network Insurance Company (In Liquidation), and American Independent Network Insurance Company of New York (collectively “Penn Treaty,” “we” or “our”), we are very aware of your concerns about the privacy of your personal, financial and protected health information (“your information”). We are obligated under the law to maintain the privacy of your information. We would like to take this opportunity to explain what information we obtain and how we use that information.

Federal and state laws and regulations require us to provide you with this notice at the time of application for insurance and at least annually thereafter. We are required to follow the terms of this notice. We reserve the right to change our privacy procedures and the terms of this notice at any time. Before we make a significant change in our privacy procedures, we will revise this notice and provide you with a new, updated notice. For more information about our privacy procedures, or to request a copy of this notice, please see the contact information on the reverse side of this notice.

Where state regulations provide for greater protections, we will use and disclose your information in accordance with the more restrictive regulations.

### Why do we collect your information?

We collect your information to process, pay or investigate a claim you have submitted to us, to evaluate a policy for reinstatement purposes, or to provide or supply a service to you. Different types and amounts of information are collected based on the type or amount of insurance, the requirements of state laws or regulations, and the circumstances of claims submitted to us.

### How do we collect your information?

The vast majority of your information we receive is given to us voluntarily by you, our policyholder, when you request information, or file a claim. We may obtain information from other sources as necessary to administer our business, such as from your medical provider or long-term care facility or home care agency/provider.

### What happens to your information if you stop being our policyholder?

Your information will continue to receive the same protections it did when you were a policyholder.

## Uses and Disclosures of Your Information

We are required to have your permission to use and disclose your information, except under the following circumstances:

### To the Covered Individual

We may disclose your information to you or your authorized representative(s), such as a power of attorney or an executor of your estate.

### For Treatment, Payment, and Health Care Operations

We may use and disclose your information for treatment, payment, and health care operations. Treatment may include the provision, coordination, or management of health care and related services. For example, if you present a claim for benefits, we may conduct an assessment or have one performed by a third party to assess your care needs. Payment may include obtaining premiums and determining or fulfilling our responsibility for coverage and benefits under your insurance policy. Our health care operations may include underwriting, premium rating, and other activities related to the issuance, renewal or replacement of a policy, or for reinsurance purposes.

### To Others Involved in Your Care

We may disclose your information to a family member, friend, or other person to the extent necessary to help with your care or payment if you agree or, if you are unavailable to agree, when we determine that a medical emergency or other situation indicates that disclosure would be in your best interest.

### To Our Business Associates

We may disclose the minimum necessary information to service providers, known as business associates, who perform various functions on our behalf. We will take appropriate steps to ensure that the business associates will safeguard your information.

### Other

We may also use or disclose your information (a) when we are required to do so by law, including, but not limited to, reporting insurance fraud; (b) for public health activities; (c) to appropriate authorities, if we believe you are a victim of abuse, neglect, or domestic violence; (d) to health oversight agencies authorized to oversee the health care system or

entities subject to government regulatory programs; (e) in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances; (f) to a law enforcement official for certain law enforcement activities; (g) to a medical examiner or coroner (and if legally authorized, a funeral director) for identification, to determine cause of death or to carry out other legally authorized duties; (h) to facilitate organ, eye or tissue donation and transplantation; (i) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; (j) to military authorities regarding Armed Forces personnel under certain circumstances; (k) to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities; and (l) to the extent necessary to comply with laws relating to workers' compensation or similar programs.

## **Uses and Disclosures of Your Information Requiring Your Written Authorization**

We may use or disclose your information if we have received a written authorization from you or your authorized representative. You or your authorized representative may revoke the authorization at any time by writing to us at the address listed at the end of this notice, but that revocation will not affect any permitted use or disclosure while the authorization was in effect.

We must have your written authorization to use your information for marketing or fundraising. We do not use, sell or share your information for marketing or fundraising purposes.

## **Individual Requests**

You have the right to be notified following the breach of your unsecured information. You also have the right to make the following requests with respect to your information:

### **Request to Inspect and Copy**

You may request to view and receive copies of your information kept in our records (with some limited exceptions). We will provide the information to you in the format you request unless we determine that the request is unreasonable. Please note that we may charge you a fee for copies of the information you request. You must make a request in writing to obtain access to or get copies of your information.

### **Request to Amend**

You may request that we amend your information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

### **Request to Obtain List of Certain Disclosures**

You may request a list of instances in which we disclosed your information for purposes other than treatment, payment, health care operations and certain other activities.

### **Request for Restrictions on Use or Disclosures**

You may request restrictions on the use or disclosure of your information. Please note that we may not agree to these additional restrictions.

### **Request for Confidential Communication**

You may request that we communicate with you about your information by means other than the phone numbers or address contained in our records. You must inform us in writing that communication by other means or at other locations is required to avoid endangering you. We will accommodate your request if it is complete and reasonable.

## **Questions and Contact Information**

If you want more information about these privacy procedures, or if you have questions or concerns or a complaint about this notice or a decision we make concerning your information, please contact our legal department at the address listed below. You will not be penalized if you choose to file a complaint.

You may also submit a written complaint to the U.S. Department of Health and Human Services.

### **Contact Information**

Penn Treaty  
Attn: Legal Department  
3440 Lehigh Street  
Allentown, PA 18103

Telephone: 800-362-0700  
Fax: 610-967-1098

E-mail: [privacy@penntreaty.com](mailto:privacy@penntreaty.com)