

# **HILB, ROGAL AND HOBBS COMPANY**

## **HIPAA Notice of Privacy Practices for Protected 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.**

Original Effective Date: April 14, 2003

This notice describes how Hilb, Rogal and Hobbs Company and its affiliated companies ("HRH Companies") protect the protected health information we have about you which relates to insurance, including third-party administrative, services provided by us with respect to the health plan in which you participate, and how we may use and disclose this information under the Health Insurance Portability and Accountability Act ("HIPAA").

### **1. Statement of Our Duties**

We are required by law to maintain the privacy of a participant's protected health information and to provide you with this notice of our privacy practices and legal duties with respect to protected health information. We are required to abide by the terms of our Privacy Notice as currently in effect. We reserve the right to change the terms of this notice and to make any new provisions effective to all of the protected health information that we maintain about you. If we revise this notice, we will provide you with a revised notice by mail.

### **2. Statement of Your Rights**

You have the right to know how we may use or disclose your protected health information. This notice informs you of these uses and disclosures. There are certain uses and disclosures of your protected health information that we are permitted or required to make by law without your permission. For all other uses and disclosures, we first must obtain your permission. In addition, you have the following rights:

- \* The right to request that we place additional restrictions on our uses and disclosures of your protected health information. However, we are not obligated to agree to impose any such additional restrictions.

- \* The right to access, inspect and copy the protected information pertaining to you that we maintain in our files about you, and the right to have us correct or amend any information that we create in error. Requests to access or amend your health information should be sent to the contact person and address provided in paragraph 8 below.
- \* The right to receive an accounting of the disclosures of your protected health information that we make for purposes other than activities related to your treatment, or our payment functions or other health care operations.
- \* The right to request that you receive communications of protected health information in a confidential manner.
- \* The right to obtain a paper copy of this notice upon request to the contact person and address provided in paragraph 8 below.

### 3. Information We Collect About You

We collect the following categories of information about you from the following sources:

- \* Information that we obtain directly from you, in conversations or on applications or other forms that you fill out.
- \* Information that we obtain as a result of our transactions with you.
- \* Information that we obtain from your medical records or from medical professionals.
- \* Information that we obtain from other entities, such as health care providers or other insurance companies, in order to service your policy or carry out other insurance-related needs.

### 4. Permissible Uses and Disclosures of Protected Information

- \* **To Carry Out Treatment Functions.** We may use or disclose your health information without your permission for health care providers to provide you with treatment.
- \* **To Carry Out Payment Functions.** We may use or disclose your health information without your permission to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining coverage, and providing benefits under the policy of insurance that you are purchasing. Such

functions may include reviewing health care services with respect to medical necessity, coverage under the policy, appropriateness of care, or justification of charges.

- \* **To Carry Out Certain Operations Relating to Your Benefit Plan.** We also may use or disclose your protected health information without your permission to carry out certain limited activities relating to your health insurance benefits, including reviewing the competence or qualifications of health care professionals, claims management, placing contracts for stop-loss insurance and conducting quality assessment activities. In connection with our health care operations, we may disclose your protected health information to the health plan and sponsor in which you participate.
  
- \* **In Situations Permitted Or Required By Law.** We also may use or disclose your protected health information without your written permission for other purposes permitted or required by law, including the following:
  - As authorized by and to the extent necessary to comply with workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.
  - To a health oversight agency for activities including audits or civil, criminal or administrative proceedings.
  - To a public health authority for purposes of public health activities (such as to the Food and Drug Administration to report consumer product defects).
  - To a law enforcement official for law enforcement purposes or in response to a court order or in the course of any judicial or administrative proceeding.
  - To organ procurement organizations, or to other entities for approved research purposes.
  - To a government authority, including a social service or protective services agency, authorized to receive reports of abuse, neglect or domestic violence.
  
- \* **For Any Purposes To Which You Have Not Objected.** In certain limited circumstances, we may use or disclose your protected health information after we have given you an opportunity to object and you have not objected. For example, if you do not object, we may use limited information about you to maintain an office

directory, to notify family members or any other person identified by you regarding issues directly related to such person's involvement with your care or payment for that care, or in emergency circumstances.

- \* **For Purposes For Which We Have Obtained Your Written Permission.** All other uses or disclosures of your protected health information will be made only with your written permission, and any permission that you give us may be revoked by you at any time, except to the extent that we have taken action based on the authorization.
- \* **To Group Health Plan Sponsors Pursuant to Plan Restrictions.** We may disclose your protected health information to plan sponsors of group health plans pursuant to the restrictions imposed on the plan sponsors under the documents governing such plans.

## **5. Complaints About Misuse of Health Information**

You may complain either directly to us or to the Secretary of the United States Department of Health and Human Services if you believe that your rights with respect to our protection of your health information have been violated. You may file a complaint with us by submitting a complaint in writing to the contact person listed in paragraph 8 below. The complaint should include as many details (such as names and dates) as possible. You will not be penalized or retaliated against for filing a complaint.

## **6. Our Practices Regarding Confidentiality and Security**

We restrict access to nonpublic protected health information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic protected health information. Notwithstanding anything to the contrary herein, we will comply with the terms of any applicable state law to the extent it pre-empts, or is more restrictive than, HIPAA.

## **7. Our Policy Regarding Dispute Resolution**

Any controversy or claim arising out of or relating to our privacy policy, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

## **8. Privacy Official Contact Information**

You may have additional rights under other applicable laws. You may request additional information regarding our privacy policies by submitting a request in writing for such information to our Privacy Official listed below:

Gloria Gilbert, Vice President Operations  
HRH Northern New England  
PO Box 40  
Auburn, ME 04212-0040  
(207) 783-2211