

Effective Date: September 23, 2013

**NOTICE OF PRIVACY PRACTICES FOR
PERSONAL HEALTH INFORMATION**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND YOUR DEPENDENTS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GENERAL INFORMATION ABOUT THIS NOTICE

This Notice relates to the use and disclosure of your medical information with respect to your Health Insurance coverage with us and is intended to comply with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the applicable regulations 45 CFR 160 and 164 ("HIPAA");

Please note that, depending on the circumstances, the term "Plans" as used in this Notice may mean multiple Plans or a single Plan.

Physicians' Benefits Trust Life Insurance Company ("PBT") is committed to maintaining the confidentiality of your medical information for purposes of your Plan coverage. This Notice describes PBT's legal duties and privacy practices with respect to that information. This Notice also describes your rights and PBT's obligations regarding the use and disclosure of your medical information. You are entitled to a copy of this Notice.

This Notice applies to:

- The PBT,
- Any PBT employee or other individuals acting on behalf of PBT, and
- Third parties performing services for PBT.

PBT is required by law to:

- Make sure that medical information that identifies you is kept private in accordance with legal requirements;
- Give this Notice of PBT's legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

PBT'S USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

PBT is required by law to maintain the privacy of your protected health information ("PHI"). PHI is the information that is created or received by or on behalf of PBT and includes:

- Information that relates to your past, present, or future physical or mental health or condition, or that of your covered dependents, including genetic information;
- The provision of health care to you or your covered dependents;

- The past, present, or future payment for the provision of health care to you or your covered dependents; and
- The information that either identifies you or your covered dependents or with respect to which there is a reasonable basis to believe the information can be used to identify you or your covered dependents.

This information may be maintained or transmitted either electronically or in another form or medium. We are required by law to notify you if you are affected by a breach of your unsecured PHI.

PBT needs to use your PHI in certain ways that are described below in more detail. Unless indicated below, usage of your PHI in this manner does not require your authorization.

Use or disclosure for treatment: PBT may use and disclose your PHI for treatment purposes. For example, PBT may coordinate or manage your health care with a health care provider.

Use or disclosure for payment: PBT may use and disclose your PHI so that proper payment can be made for the services provided to you. For example, PBT may use your PHI to determine your benefit eligibility or coverage level, to pay a health care provider for your medical treatment, or to reimburse you for your direct payment to a health care provider.

Use or disclosure for health care operations: PBT may use and disclose your PHI to the extent necessary to review the competence or qualifications of health care professionals. For example, PBT may use your PHI in the process of deciding whether or not to keep a provider or practitioner within the network.

Uses or disclosure for underwriting: If we use or disclose your PHI for underwriting purposes, we may not use or disclose your PHI that is genetic information for such underwriting purposes.

Uses or disclosure for promotion/marketing: PBT may use or disclose your PHI in order to promote other health-related products and services available to you as part of PBT's plan of benefits as long as PBT does not receive "financial remuneration" for the promotion. "Financial remuneration" means a direct or indirect payment from a third party whose product or service is being described. In the event PBT intends to use your PHI for any other promotion or for marketing purposes, however, PBT will first obtain your authorization prior to doing so, except where not required to do so under HIPAA.

Disclosure to the Employer: With respect to Health Insurance coverages with us provided by your Employer, PBT may use and disclose your PHI to your Employer as permitted or required by the Plan documents or as required by law. Any PHI disclosed to the Employer by PBT for other than treatment, payment or health care operations, or that does not fall within an exception under HIPAA, will require your written authorization.

Disclosures to Family or Close Friends: Under certain circumstances, PBT may release your PHI to either a family member or someone who is involved in, your health care or, payment for

your care. However, except in emergency circumstances, PBT will inform you in advance of any such disclosure and give you the opportunity to agree or prohibit or restrict such disclosure.

YOUR WRITTEN AUTHORIZATION

Generally, PBT must have your written authorization to use or disclose your PHI in circumstances not covered by this Notice or the laws that apply to the Plans, or when we use or disclose your PHI as follows: for marketing purposes, for the sale of your PHI, or for uses and disclosures of psychotherapy notes (except certain uses and disclosures for treatment, payment, or health care operations). If you provide PBT with authorization to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your authorization, PBT will no longer use or disclose your PHI for the reasons covered by your written authorization. However, you understand that PBT is unable to take back any disclosures already made based on your prior authorization.

SPECIAL SITUATIONS

The following are examples of situations when PBT may disclose your PHI without your authorization:

Required by Law: PBT may use or disclose your PHI to the extent required by law.

Public Health Reasons: PBT may disclose your PHI for public health reasons. These reasons may include the following:

Prevention or control of disease, injury or disability;

- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify individuals of recalls of medication or products they may be using; and
- To notify a person who may have been exposed to a disease, or may be at risk for contracting or spreading a disease or condition.

Victims of Abuse, Neglect or Domestic Violence: As permitted or required by law, PBT may disclose your PHI to an appropriate government authority if PBT reasonably believes you are the victim of abuse, neglect or domestic violence.

Health Oversight Activities: As required by law, PBT may disclose your PHI to health oversight agencies. Such disclosure will occur during audits, investigations, inspections, licensure, and other government monitoring and activities related to health care provision or public benefits or services.

Judicial Proceedings, Lawsuits and Disputes: PBT may disclose your PHI in response to an order of a court or administrative tribunal, provided that PBT discloses only the PHI expressly authorized by such order.

If you are involved in a lawsuit or a dispute, PBT may disclose your PHI when responding to a subpoena, discovery request, or other lawful process where there is no court order or administrative tribunal. Under these circumstances, PBT will require satisfactory assurance from the party seeking your PHI that such party has made reasonable efforts (i) ensure that you have been given notice of the request or (ii) secure a qualified protective order.

Government/Law Enforcement: In response to a court order, subpoena, warrant, summons or other appropriate legal or governmental request, or upon a law enforcement official's request, PBT may release your PHI to a law enforcement official. PBT may also release medical information about you to authorized government officials for purposes of public and national security.

Coroners, Medical Examiners and Funeral Directors: Upon your death, PBT may release your PHI to a coroner or medical examiner for purposes of identifying you or determining a cause of death, and to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: PBT may release medical information about you to authorized federal officials for intelligence, counterintelligence, and any other national security activities authorized by law.

Military and Veterans: If you are or were a member of the armed forces, PBT may release your PHI as required by military command authorities. PBT may also release PHI about foreign military personnel to the appropriate authority.

Workers' Compensation: PBT may release your PHI to comply with state workers' compensation or similar laws.

To the extent required under law, we use the minimum amount of your PHI as is necessary to perform these tasks.

State law may further limit the permissible ways PBT may use or disclose your PHI. If your state of residence imposes stricter restrictions on PBT, we will comply with those stricter restrictions.

YOUR RIGHTS

You have the following rights regarding your PHI maintained by PBT:

Right to request restrictions: You have the right to request a restriction or limitation on PBT's use or disclosure of your PHI for treatment, payment or health care operations purposes as set forth above. You also have the right to request a limit on the PHI PBT discloses about you to someone who is involved in your care or the payment of your care. **PBT is not required to agree to your request, except as required by law.** We are required to comply with your request for restrictions on the use or disclosure of your PHI to health plans for payment or health care operations purposes when you have paid for the item or service out of pocket in full, we have been notified of the request for

restriction in writing, and the disclosure is not required by law. For other types of restriction requests, **we may not be able to grant your request if it would impact our ability to provide services to you.** If PBT agrees, it will comply with your request until you terminate the restriction or unless the information is needed to provide you with emergency treatment.

To request a restriction, you must make your request in writing to Physicians' Benefits Trust Life Insurance Company, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.

Right to receive confidential communications: You have the right to request that PBT communicate with you about your PHI in a certain manner or at a certain location. For example, you may request that PBT contact you only at home and not at work.

To request a specific manner to receive confidential communications, you must make your request in writing to Physicians' Benefits Trust Life Insurance Company, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602, and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to review and copy your PHI: You have the right to review and copy your PHI, on paper or in an electronic format that is contained in records maintained, used, collected or disseminated by PBT. Usually, this includes the medical and billing records maintained by PBT but does not include (i) psychotherapy notes, if any, to which PBT has access, (ii) PHI collected by us in connection with, or in reasonable anticipation of any claim or legal proceedings, and (iii) PHI that is subject to a law that prohibits access to such information.

To review and copy your PHI maintained by PBT, you must make your request in writing to Physicians' Benefits Trust Life Insurance Company, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602, and specify where you wish to receive the copy. PBT will charge you a fee for the costs of copying, mailing or other supplies directly associated with your request as allowed by law.

PBT may deny your request under certain circumstances. If your request is denied, you may have the ability to seek review of our denial.

Right to amend your PHI: You have the right to request an amendment to your PHI if you believe the PHI that PBT has about you is incorrect or incomplete. You have this right as long as your PHI is maintained by PBT.

You must provide your request and your reason for the request in writing, and submit it to Physicians' Benefits Trust Life Insurance Company, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend PHI that:

- is accurate and complete;
- was not created by us, unless the person or entity that created the PHI is no longer
- available to make the amendment;
- is not part of the PHI kept by or for us; or
- is not part of the PHI which you would be permitted to inspect and copy.

Right to receive an accounting of disclosures of PHI: You have the right to request a list of the disclosures of the PHI PBT has made about you, subject to certain exceptions.

In order to receive an accounting of disclosures, you must submit your request in writing to Physicians' Benefits Trust Life Insurance Company, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before January 1, 2008. Your request should indicate in what form you want the list (for example, on paper or electronically).

Your first request within a 12-month period will be free. PBT may charge you for costs associated with providing you additional lists. PBT will notify you of the costs involved, and you may choose to withdraw or modify your request before you incur any costs.

Right to file a complaint

If you believe your rights have been violated, please let us know immediately. We will take steps to remedy any violations of our privacy policy or this Notice.

You may file a formal complaint with our Privacy Officer and/or the United States Department of Health and Human Services at the addresses set forth below. You should include a brief description of how you believe your rights have been violated, and attach any documents or evidence that supports your belief (make sure to keep a copy). PBT takes complaints very seriously. **PBT's policy and federal law prohibit retaliation against any person filing such a complaint.** Please send all complaints to:

Physicians' Benefits Trust Life Insurance Company
 Attn: Mr. Robert J. Kane, Privacy Officer
 20 N. Michigan Avenue
 Chicago, IL 60602
 Fax: (312) 782-2023

Region V, Office for Civil Rights
 U.S. Department of Health and
 Human Services
 233 N. Michigan Ave., Suite 240
 Chicago, IL 60601

ADDITIONAL INFORMATION ABOUT THIS NOTICE

Changes to this Notice

PBT reserves the right to change its privacy practices as described in this Notice. These changes may affect the use and disclosure of your PHI already maintained by PBT, as well as any of your PHI that PBT may receive or create in the future. PBT will provide a copy of the current Notice to individuals currently covered under the Plans and to new Plan enrollees at the time of enrollment. A copy of the current Notice is also available during normal business hours upon request to (800) 621-0748, and at *www.pbtinsurance.com*. Additionally, PBT will provide you with the revised Notice within sixty (60) days of a material revision to this Notice.

No Change to Plans

Except for the privacy rights described in this Notice, nothing contained in this Notice shall be construed to change any rights or obligations you may have under the Plans. You should refer to the Plan documents for complete information regarding any rights or obligations you may have under the Plans.

CONTACT INFORMATION

If you have any questions regarding this Notice, please contact:

Physicians' Benefits Trust Insurance Office
20 N. Michigan Avenue, Suite 700
Chicago, IL 60602

Telephone: (800) 621-0748