

# Notice of privacy practices

For long term care, expense-based cancer, hospital confinement, or intensive care policies, certain medical coverages, and other health plans\* pursuant to the Health Insurance Portability and Accountability Act ("HIPAA")

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 value our relationship with you and are committed to protecting the confidentiality of protected health information.

## Unum and Colonial Life understand the importance of your privacy

This notice describes your rights concerning "protected health information" ("PHI") about you. PHI is information that may identify you and that relates to (a) your past, present, or future physical or mental health or condition or (b) the past, present or future payment for your health care.

We are committed to preserving the confidentiality of PHI about our customers and in accordance with the requirements of the law, we pledge to:

- Maintain the privacy of PHI about you
- Provide you with a notice of our legal duties and privacy practices with respect to PHI
- Abide by the terms of our current notice of privacy practices

It may be necessary to change the terms of this notice in the future. We reserve the right to make changes and to make the new notice effective for all PHI that we maintain about you, including PHI we created or maintained in the past. If we make a material change to this notice, a revised notice will be provided to each policyholder then covered by a health plan.

## Uses and disclosures of PHI for treatment, payment or operations

- *For treatment* — We are not a health care provider (a doctor, for example) and do not engage in "treatment" of individuals as a health care provider would. Accordingly, although we are permitted to use or disclose PHI about you for treatment purposes, we do not do so.
- *For payment* — We may use and disclose PHI about you to obtain premiums or to determine or fulfill our responsibility to provide you with insurance coverage or

benefits under your policy. For example, we may use or disclose PHI about you in order to determine whether you are eligible for coverage or to decide your claim for benefits under your policy.

- *For health care operations* — We may use and disclose PHI about you in order to operate our business. For example, we use PHI about you in order to underwrite your insurance policy.

## Uses and disclosures in special circumstances

### Public health activities

We may disclose PHI about you in order to notify public health authorities of public health risks, such as potential exposure to a communicable disease, or to report child abuse or neglect.

### Health oversight activities

We may disclose PHI about you to a health oversight agency for oversight activities, including for investigations relating to possible insurance fraud.

### Judicial and administrative proceedings

We may disclose PHI in the course of a judicial or administrative proceeding, such as in response to a subpoena, discovery request or other lawful process.

### Law enforcement

We may disclose PHI to law enforcement, for purposes such as reporting a crime on our premises or in an emergency. We may also disclose to law enforcement or a correctional facility PHI relating to inmates as necessary for health, safety and security.

### Prevention of serious harm

We may use or disclose PHI about you if we believe it is necessary to prevent or lessen serious harm (abuse, neglect, or domestic violence) to you or to other potential victims.

### Serious threat to health/safety

We may use or disclose PHI when it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

### Specialized government functions

We may use or disclose PHI about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities.

### Workers' compensation

We may disclose PHI about you in order to comply with workers' compensation laws.

### Research organizations

We may disclose PHI to research organizations if the organization has satisfied certain conditions about protecting the privacy of PHI.

### Plan sponsors/group health plan

We may disclose PHI to the plan sponsor of a group health plan for plan administrative functions if the plan documents contain provisions concerning restrictions on how the plan sponsor may use or further disclose PHI.

### Related benefits and services

We may contact you to inform you of benefits or services related to your policy that may be of interest to you.

### Decedents

We may disclose PHI to a coroner, medical examiner, or funeral director to permit them to carry out their legal duties.

### Donation/transplantation

We may use or disclose PHI for the purpose of facilitating organ, eye or tissue donation and transplantation.

### Business associates

We may disclose PHI to our business associates, such as our third-party administrators, accountants, or attorneys if those business associates have signed a

written agreement concerning appropriate uses and disclosures of PHI.

### ***Involvement in individual's care***

We may disclose PHI about you to a family member, close personal friend or other person identified by you if directly relevant to that person's involvement with your care or payment related to your health care.

### ***Notification of location/condition***

We may use or disclose PHI to give notice or assist in giving notice of your location, general condition or death to a family member, personal representative or another person responsible for your care.

### ***Genetic information***

We may not use or disclose PHI that is genetic information for underwriting purposes for all health plans excluding long term care.

### ***Disclosures required by law***

We will use and disclose PHI about you when we are required to do so by federal, state, or local law.

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 disclosure of PHI in accordance with the more stringent standard.

## **Uses and disclosures of PHI made only with your written authorization**

We will not sell your PHI without your express written authorization to do so. With certain limited exceptions, we will not use or disclose psychotherapy notes for any purpose, and we will not use or disclose PHI for marketing purposes.

Other uses and disclosures of PHI about you not described in this notice will be made only with your written authorization, unless otherwise permitted or required by law as described in this notice. You may revoke your written authorization, at any time, in writing, except to the extent we have taken action in reliance on that written authorization before you revoked it. You may not revoke your authorization to the extent that other law

provides us with the right to contest a claim under the policy or the policy itself, if the authorization was obtained as a condition of obtaining insurance coverage.

### **Your rights**

#### ***Right to a paper copy of this notice***

An electronic copy of this notice is available at [unum.com/privacy](http://unum.com/privacy) or [coloniallife.com](http://coloniallife.com). If you would like to have another paper copy of this notice, send a written request to the Unum Privacy Officer.

#### ***Inspection and copying***

You have the right to access your information. 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). You have the right, upon written notice, to inspect and copy certain PHI that may be used to make decisions about your insurance coverage, including medical records and billing records, but not including psychotherapy notes. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

#### ***Amendment***

You may ask us to amend PHI about you (as long as the information is kept by or for us) if you believe it is incorrect or incomplete. Such requests must be in writing to the Privacy Officer and must include a reason for the request. If your request and a reason supporting the request are not submitted in writing, we may deny your request.

#### ***Alternative contact information***

You have the right to receive communications of PHI about you from us in a certain manner or at a certain location, so long as the request is reasonable under the circumstances. For example, you may prefer to have mail from us sent to your work address rather than to your home. Submit requests for an alternative method of contact in writing to the Privacy Officer.

### ***Breach***

You have the right to receive notification of a breach involving your unsecured PHI.

### ***Requesting restrictions***

You have the right to request restrictions on our use or disclosure of PHI about you. We are not required to agree to your request. If we do agree, however, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary for your treatment. Your request must clearly and concisely describe (a) the information you wish restricted; (b) whether you are requesting to limit our use, disclosure or both; and (c) to whom you want the limits to apply.

### ***Accounting***

You have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures we have made of PHI about you other than disclosures you authorized and other than disclosures made for treatment, payment or operations. The request must be in writing. The first request for an accounting that you make within a 12-month period is free; however, we may charge you for additional requests within the same 12-month period. We will notify you of the costs of the additional requests, and you may withdraw your request before incurring any costs.

### ***Fundraising***

We reserve the right to use or disclose your PHI for fundraising purposes. If we contact you to raise funds, you will then have the right to opt out of receiving such communications at any time.

### ***Complaints***

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. All complaints must be submitted in writing. We will not penalize you for filing such a complaint.

In order to exercise any of your rights as set forth in this notice, please write to:

Privacy Officer  
Unum Group  
2211 Congress Street, C476  
Portland, ME 04122

For further information about matters covered by this notice, please contact the Privacy Office at the above address.  
Unum customers may also call 1-800-227-4165. Colonial Life & Accident customers please call 1-800-325-4368.

Unum is providing this notice to you on behalf of the following insuring companies: Unum Life Insurance Company of America, First Unum life Insurance Company, Provident Life and Accident Insurance Company, Provident Life and Casualty Insurance Company, Colonial Life & Accident Insurance Company, The Paul Revere Life Insurance Company and the Paul Revere Variable Annuity Insurance Company.

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