

**Atlas Insurance Agency, Inc.**

**NOTICE OF PRIVACY PRACTICES**

**Effective Date July 2013**

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.

This Notice of Privacy Practices describes the privacy practices of Atlas Insurance Agency, Inc. (“Atlas”).

In order to assist your group health plan in providing you with health insurance coverage, Atlas requires personal information about you and your dependents. We may use this information in one of several ways:

**Health Care Operations:** We may use and disclose personal information about you during the course of our business. For example, we may share your information when seeking bids from insurers for the provision of health insurance coverage for your group health plan.

**Payment:** We may use and disclose your personal information to help pay for your covered services. For example, we may use your information to facilitate the submission and payment of claims for reimbursement for covered services.

**Treatment:** We may disclose your personal information to health care providers who treat us. For example, health care providers may seek information from us to complete their records.

**Our Responsibilities**

Atlas is required to:

1. Maintain the privacy of your health information.
2. Provide you with this notice of our legal duties and privacy practices pertaining to the information we collect and maintain about you.
3. Abide by the terms of this notice.

**Your Health Information Rights**

You have the rights described below with respect to your health information.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use about you. You also have the right to request a limit on the health information we disclose to others.

We are not required to agree to a restriction request related to treatment or health care operations. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request a restriction on the use or disclosure of your health information for treatment or health care operations, you must make your request in writing to our Privacy Officer. In your request, you must inform us: what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply. We may terminate our agreement to a restriction if: (1) you request the termination in writing, (2) you orally agree and the oral agreement is documented, or (3) we inform you that we are terminating the agreement. If we decide to terminate the agreement, it will be effective after we have informed you of the termination.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you in a certain way or at a certain location. Requests for confidential communications will be agreed upon to the extent that it is reasonable for us to do so. Agreements for confidential communications are conditioned upon, when appropriate, information as to how payment, if any, will be handled and specification of an alternate address or other method of contact.

**Right to Inspect and Copy:** You have the right to inspect and obtain copies of personal information that we maintain about you. This right does not extend to information we put together to prepare for a legal action and certain information covered by laws relating to laboratories. If your health information is maintained electronically, you have the right to obtain a copy of such information in an electronic format. To inspect or obtain a copy of your health information, please submit a request in writing to our Privacy Officer. We may charge you a reasonable fee for the costs of copying mailing your health records.

We may deny your request to inspect and copy your records in certain very limited circumstances, i.e. if we felt that it may result in harm or injury to you or others. We will notify you in writing if we deny you access and explain how you may appeal the decision. In certain very limited situations, we must deny you access and you will not have the right to appeal that decision.

**Right to Amend:** If you feel that the health information we have in our records is incorrect or incomplete, you may ask us to amend this information. You have the right to request a reasonable amendment for as long as we maintain this information. We may deny your request for an amendment in certain situations, such as when we believe the information in our records is accurate. If this occurs, you will be notified of the reason for the denial. If you disagree with our denial, you may submit a statement of disagreement or ask that your request become part of your record. In response, we may prepare a rebuttal statement. These will be made a part of your record. To request an amendment, please contact our Privacy Officer. Requests must be in writing and must provide reasons for requesting the amendment. We will respond to your request within sixty (60) days.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your health information that we make.

To request an accounting, please submit your request in writing to our Privacy Officer. Your request must state a time period, which may not extend more than six (6) years prior to the date of the request. Your first accounting request within a twelve (12) month period will be provided at no charge. We may charge you a reasonable fee for the cost of providing you with subsequent accounting requests. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before you are charged. We will respond to your request for an accounting of disclosures within sixty (60) days of receipt of your request.

**Right to a Copy of this Notice of Privacy Practices:** You have the right to receive a paper copy of this Notice of Privacy Practices at any time.

**Right to Notice of a Breach:** You have a right to be notified following a breach of your personal information.

**Right to Make a Complaint:** You have the right to file a complaint if you believe your privacy rights have been violated. To do so, contact our Privacy Officer or the Office of Civil Rights at the addresses provided below.

#### *Uses and Disclosures of Your Health Information*

In addition to using your personal information for health care operations, payment and treatment, we may use your information for the following purposes:

**Plan Administration:** We may disclose your information to your employer or group health plan, when appropriate language is included in the plan documents, or when summary data is disclosed to assist in bidding or amending a group policy.

**Research:** We may disclose your information to researchers, provided appropriate measures are taken to protect your privacy.

**Business Associates:** We may disclose your information to those that we contract with as business associates so that they may perform the job we have asked them to do. Examples of business associates include, but are not limited to, accountants and consultants. Business associates are required under federal law to implement appropriate physical and technical safeguards to protect your health information.

**Industry Regulation:** We may disclose your information to the State Insurance Commission or other government agencies that regulate us.

**Law Enforcement:** We may disclose your information to federal, state and local law enforcement officials.

**Legal Proceedings:** We may disclose your information in response to a court order or other lawful process.

**Public Health and Welfare:** We may disclose your information to public health authorities as required or permitted by law.

#### *Uses and Disclosures that You Will Have the Opportunity to Agree or Object To*

Provided you do not object, we may disclose your health information in the following situations after we discuss it with you. However, if in an emergency situation you cannot exercise your opportunity to object, we will disclose your health information if it is consistent with your known prior expressed wishes and the disclosure is determined to be in your best interests. As soon as you are able, we will give you the opportunity to object to any further disclosures.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your health information to a member of your family, a close friend, any other person you identify as participating in your care, or any person you identify who helps pay for your care, provided that the information is relevant to that person's involvement in your care or payment related to your care and/or to notify them about your location, general condition, or death. For example, if a family member calls us with prior knowledge of a claim, we may confirm whether the claims has been received or paid. You may limit this type of disclosure by submitting a request to our privacy officer.

*Uses and Discloses We May Make Without Your Authorization*

**When Required By Law:** We will use and disclose your health information when we are required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your health information to prevent a serious threat to your health and safety or the health and safety of others.

**For Organ and Tissue Donation:** We will release your health information to a designated organ donor program as required by law.

**For Legal Proceedings:** We may disclose your health information in response to a court order or other lawful process by someone else involved in a dispute, but only after efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**For Law Enforcement:** We may use or disclose your health information for law enforcement purposes, where required by federal, state or local law or in response to a court order or similar process.

**For Health Oversight:** We may disclose health information about you to a state or federal oversight agency that is authorized by law to oversee our operations. These activities are necessary for the government to monitor our healthcare system, government programs, and compliance with civil rights laws.

**To Coroners, Medical Examiners, and Funeral Directors:** We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information to funeral directors as necessary for them to carry out their duties related to you or your family's request.

**For Public Health:** We will disclose health information to public health authorities for public health activities, investigations, or interventions as required by law.

*Other Uses and Disclosures of Your Health Information*

Other uses and disclosures of health information not covered by this Notice of Privacy Practices or the laws that apply to us will be made only with your written permission. If you authorize us to use and disclose health information about you, you may revoke that permission at any time by sending us a request in writing addressed to our Privacy Officer. You understand that we are unable to take back any disclosures we have already made with your permission. If the authorization was to permit disclosure of your information to an insurance company as a condition of obtaining coverage, other laws may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked your authorization.

### Changes to This Notice

We reserve the right to change our privacy practices as described in this Notice of Privacy Practices at any time. Except when required by law, we will write and make available upon request a new Notice of Privacy Practices before we make any changes in our privacy practices. The privacy practices in the most current Notice of Privacy Practices will apply to information we already have about you as well as any information we receive in the future. This Notice of Privacy Practices will contain an effective date.

### Complaints

If you have any questions or would like additional information about our privacy policies, or if you would like to submit a complaint please contact the person listed below.

Privacy Officer  
Atlas Insurance Agency, Inc.  
1132 Bishop Street, Suite 1600  
Honolulu, Hawaii 96813  
Phone: 808-533-3222

In addition, you may file a complaint with the Office of Civil Rights at the following address:

Office of Civil Rights  
United States Department of Health & Human Services  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, California 94103  
Telephone: (415) 437-8310  
Fax: (415) 437-8329  
TDD: (415) 437-8311

We will not retaliate against you if you file a complaint.