

**National General**  
**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.**

The terms of this Notice of Privacy Practices apply to National Health Insurance Company, Integon National Insurance Company, Integon Indemnity Corporation, and Time Insurance Company. Your privacy and the protection of your health information are important to National General. Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 we are required to maintain the privacy of your protected health information (PHI) and to provide you with this notice regarding our duties and practices with respect to your protected health information.

**Your Rights**

Ask us to limit what we use or share

- You have the right to request your PHI not be used or disclosed for treatment, payment or healthcare operations. The request must be in writing to the National General Privacy Office at the address listed at the end of this notice. The request should include:
  - The information you want restricted
  - Whether the restriction is for use, disclosure or both
  - To whom you want the restriction to apply
- National General is not required to agree to your request and we may say “no” if it would affect your care. You will be notified, in writing, if this is the case.

Request confidential communications

- You have the right to request that National General communicate with you in a specific way or to send mail to a different address. National General will consider any reasonable requests, and must say “yes” if you tell us you would be in danger if we do not. Your request should be sent in writing to the National General Privacy Office at the address listed at the end of this notice. The request should include:
  - The alternate way or address that you want us to use when contacting you
  - The reason for this alternate method of contact
- National General will contact you, in writing, if we are unable to grant your request

Get a copy of health and claims records

- You have the right to see and obtain a copy of your PHI contained in the designated record set.
- There may be a fee to copy and mail the requested information. You will be notified of the fee prior to incurring the charge. The designated record set at National General contains your application for insurance, copies of Explanations of Benefits for medical treatment, copies of bills submitted by providers, case management and utilization review information, and any medical record information received from providers and used in the underwriting or benefit analysis process.
- Under certain circumstances, National General may have the right to deny you access to your designated record set. You will be notified in writing if one of those circumstances exists at the time of your request. You may file an appeal with the National General Privacy Office at the address listed at the end of this notice if you are not satisfied with National General’s decision. The review of the appeal will be done by a licensed healthcare professional who did not participate in the original decision to deny, and National General will comply with the decision of the reviewer.

Ask National General to correct health and claims information

- You have the right to request an amendment to the PHI contained in the designated record set. You need to submit your request in writing to the National General Privacy Office at the address listed at the end of this notice. Please include the reason for requesting this change.
  - National General may say “no” to your request, but we’ll tell you why in writing within 60 days. Get a list of those with whom we’ve shared information
- You have the right to request an accounting of the people or organizations National General has disclosed your

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PHI to for as far as six years prior to the date you ask.

- National General will include all disclosures except those about treatment, payment and health care operations. National General will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- The accounting will state the time of the disclosure, the purpose for which it was disclosed, and a description of the information disclosed.
- You need to send your written request to the National General Privacy Office at the address listed at the end of this notice.
- You may have additional rights available under your state's laws and regulations.

Get a copy of your privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. National General will provide you with a paper copy promptly by calling our Member Service department at 1-888-781-0585. An electronic version is also available on National General's website at [www.nhic.com](http://www.nhic.com).

File a complaint if you feel your rights are violated

- You can complain if you feel National General has violated your rights by contacting us using the following contact information.

National General  
ATTN: Privacy Office  
4455 LBJ Freeway, Suite 375  
Dallas, TX 75244

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- National General will not retaliate against you for filing a complaint.

**Your Choices**

For certain health information, you can tell us your choice about what National General may share. If you have a clear preference for how we share your information in the situation described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following cases we never share your information unless you give us your written permission:

- Marketing purposes
- Sale of your information

**National General Uses and disclosures**

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

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We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We also may use and disclose your information for underwriting health coverage. Although, outside of long term care insurance, we are prohibited from using or disclosing any genetic information for these underwriting purposes.

*Example: We use health information about you to develop better services for you.*

### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner, coroner, or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

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### Respond to lawsuits and ~~Notice of Privacy Practices~~ Privacy Practices for Protected Health Information

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### **Abuse, Neglect or Domestic Violence Reporting.**

To alert State or local authorities if we believe someone is a victim of child abuse or neglect or domestic violence.

#### **Inmates.**

If you are an inmate of a correctional facility or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official in order to provide you with medical services, protect you or others, or to ensure the safety of the correctional facility.

#### **Fundraising.**

To contact you for fundraising activities and you have the right to opt out of receiving such communications.

#### **Use and Disclosures Requiring Authorization**

Most uses and disclosures of psychotherapy notes require us to obtain an authorization. Finally, if your **PHI** is requested for a use or disclosure that requires your approval or authorization, you will be told why your information is requested, who is asking for the information, and what information is requested. Any time you provide us with a written authorization, you may revoke it any time in writing, to the extent that we have not already taken action in reliance on your previous authorization.

#### **National General's Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We must let you know if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **Changes to the Terms of this Notice**

National General can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

#### **Other Instructions**

- Effective date of this notice is October 27, 2016
- You may review and print a copy of our most current Notice of Privacy Practices for Protected Health Information by visiting our Web site at [www.nhic.com](http://www.nhic.com) or you may request a hard copy by calling our Customer Service Department at 1-888-781-0585 or by emailing us at [Privacy@nhic.com](mailto:Privacy@nhic.com).
- Send all questions or requests, such as the ones detailed in this notice  
to: National General  
ATTN: Privacy Office  
4455 LBJ Freeway, Suite 375  
Dallas, TX 75244