



## HIPAA NOTICE OF PRIVACY PRACTICES

NEW YORK LIFE INSURANCE COMPANY  
6200 Bridge Point Parkway, Suite 400, Austin, Texas 78730-5006

### HIPAA NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996

**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 applies to New York Life's long-term care insurance product, which is covered by the Health Insurance Portability and Accountability Act ("HIPAA"). It provides our long-term care customers with detailed information about our privacy practices concerning your personal health information, including:

- Our obligations concerning the use and disclosure of your personal health information; and
- Your privacy rights regarding your personal health information.

You may receive additional privacy notices from us. Those notices are provided in accordance with other laws and regulations, and describe our practices with respect to personal and financial information in addition to medical information.

If you have questions about this Notice or need further assistance, please contact us at:

New York Life Insurance Company, Long Term Care  
6200 Bridge Point Parkway, Suite 400  
Austin, TX 78730-5006  
Telephone: 1-800-224-4582  
Web Site: [www.newyorlifeltc.com](http://www.newyorlifeltc.com)

**NEW YORK LIFE WILL NOT USE YOUR PERSONAL HEALTH INFORMATION OR  
DISCLOSE IT TO OTHERS UNLESS DOING SO IS NECESSARY AND ALLOWED BY LAW.  
THE FOLLOWING DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR HEALTH  
INFORMATION.**

**When you provide an authorization.** Except as described in this Notice, we will not use or disclose your personal health information without written authorization from you. You may revoke in writing any authorization you provide regarding the use and disclosure of your personal health information. After you revoke your authorization, we will no longer use or disclose your personal health information for the reason described in the authorization, except in the following situations:

- If we have taken action in reliance on your authorization before we received your written revocation;
- If you were required to give us your authorization as a condition of obtaining insurance; or
- If state law gives us the right to contest a claim under your policy.

**For your treatment.** We may disclose your personal health information to others who may assist with the long-term care or other health services you may receive such as:

- A physician, professional nurse or other health care provider, or
- Your spouse, children or parents.

**To family and friends helping with your care.** With your approval, we may share your personal health information with a friend or family member who is helping to care for you, or to pay for your health care or related services.



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- If you are unavailable, incapacitated or facing an emergency medical situation, and we determine it is in your best interest, we may share limited personal health information with these individuals without your approval.
- If you have designated someone to receive information regarding payment of the premium on your policy, we will inform that person when your premium has not been paid.
- We may also share limited personal health information with a public or private entity that is authorized to assist in disaster relief efforts, such as to help us locate a family member or friend who may be involved in caring for you.

**To verify that covered services were provided or to obtain payment.** For example, we may contact your health care provider to certify that you received services, and we may request details regarding the services received to process and pay claims. We also may need to use your personal health information to obtain payment from third parties that may be responsible for your premium payments, such as family members.

**To provide quality products and services and operate our business.** Examples include providing customer service, underwriting your coverage, resolving claims and grievances, activities relating to the creation, renewal or replacement of an insurance policy, auditing, and ensuring compliance with HIPAA and other legal requirements. Be assured that in each instance we will use and disclose only the minimum information necessary to perform these functions.

**To ensure that our agents and contractors can perform required services.** As part of operating our business, we rely on our agents and on certain outside firms and individuals with whom we have entered into contracts. At times, we may need to provide your personal health information to one or more of these to assist us in ensuring your coverage or in connection with your payments or our business operations. Often, the information we disclose is limited to non-medical information such as billing status or the fact that you own a policy with us. The law treats this type of information as “health information,” even though it does not refer to your health status or medical conditions. In all cases, we disclose only the minimum information necessary for these business associates to perform their responsibilities, and we require them to appropriately safeguard your information. Examples of these business associates include:

- Our licensed insurance agents
- Care assessment agencies
- Underwriting services
- Reinsurers
- Legal services
- Enrollment and billing services
- Claim payment and collection services

**So we may inform you of other benefits and services.** From time to time, we may consider your personal health information in determining whether to provide information to you concerning enhancements to your long-term care insurance policy or to offer enhancements to your current coverage as permitted by HIPAA.

**When required or permitted by law.** We may disclose your personal health information without your authorization when required or permitted by law such as:

- If required to do so by a court or administrative subpoena or discovery request;
- If we believe you to be a victim of abuse, neglect or domestic violence;



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- As required by armed forces officials if you are a member of the military;
- To workers' compensation agencies if necessary for your workers' compensation benefit determination;
- If required or permitted by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings or to insurance regulatory authorities;
- To protect the public health, such as required reporting of disease or injury, and for required public health investigations;
- To law enforcement agencies or national security officials to help prevent fraud, unlawful activity, and to report crimes; or
- To a coroner or medical examiner, a funeral director, or for organ or tissue donation purposes.

**When your authorization is required.** Your prior written authorization would be required before we could use or disclose psychotherapy notes. We would also need to obtain your prior written permission if your personal health information were to be used for marketing or sales purposes.

**Your rights regarding your personal health information.** It is important to us that you understand that you have certain rights regarding the personal health information we maintain about you. To exercise any of your rights, just contact us at the location listed on the cover of this Notice.

**You have the right to specify how we communicate with you.** For instance, you may ask that we contact you at home, rather than at work. To make such a request, all you have to do is tell us your preferred means of communication; we will accept all reasonable requests.

**You have the right to request a restriction on our use or disclosure of your personal health information.**

- To do so, just send a request in writing. Please provide specific details concerning the restrictions you are requesting. We will grant all reasonable requests. If we agree to a restriction, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary for your treatment.
- We retain the right to terminate a restriction if we believe it is necessary and appropriate, but we will notify you before doing so.

**You have the right to inspect and/or obtain an electronic or hand copy of your personal health information.** This includes underwriting, payment and claim records, but does not include certain records such as psychotherapy notes or records prepared in connection with legal proceedings or fraud investigations. You may also send a written request designating another individual to receive your personal health information on your behalf. Written requests must be signed and dated by you or your personal representative and must clearly identify the individual to receive your personal health information and his/ her contact information. In the unlikely event that we do deny your request, you may obtain a review of our denial. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

**You may ask us to amend your health information if you believe it is incorrect or incomplete.** We are not required to make all requested amendments but will give each request careful consideration.

- Requests must be in writing, signed by you or your representative, and must state the reasons for the amendment.



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- If the information you want to amend is in medical records we have received, you will need to speak to the doctor or other provider who wrote the record and ask that he or she make the change. You can then have your doctor or provider send a copy of the revised records to us at the address above.

**You have the right to request an “accounting of disclosures.”** An accounting of disclosures lists disclosures we have made of your personal health information outside of treatment, payment or business operations.

To obtain an accounting, submit a written request.

- All requests must identify the time period, which may not be longer than six years and may not include dates before April 14, 2003.
- The first list you request within a 12-month period is free of charge. We will let you know if any costs will be involved, and you may withdraw your request before you incur any costs.

**You are entitled to receive notification of unauthorized access to your personal health information.** We maintain physical, electronic and procedural safeguards to protect our customers’ personal information that are compliant with all applicable federal and state laws. However, if your personal information is ever compromised, we will notify you of the incident.

**You have the right to file a complaint.** If you believe your privacy rights have been violated, it is your right to file a written complaint with us or write the Secretary of Health and Human Services. Complaints filed with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. must be submitted within 180 days of the suspected violation. **You will not be retaliated against for filing a complaint.**

### INFORMATION ABOUT THIS NOTICE

We hope that you will find this description of our medical information privacy practices helpful. Protecting your personal health information is of the utmost importance to us, and we want you to know that we do not share your personal health information other than as described in this Notice.

If your state provides privacy protections more stringent than those provided by HIPAA, we will maintain your personal health information in accordance with the more stringent state standard.

We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your records, whether they were created or maintained in the past or in the future. If we do change the information in the Notice, copies of revised Notices will be mailed to all policyholders. Of course, you may request a copy of our current Notice at any time.

### EFFECTIVE DATE

This notice is effective June 1, 2013.